

MORE nurses MORE beds MORE care

UNA's provincial Negotiating Committee raises a cheer for nurses' priorities in negotiations on the steps of the Provincial Legislature. Update on negotiations inside.



**United Nurses of Alberta
NewsBulletin**



Published by the United
Nurses of Alberta six times
a year for our members

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The game is afoot

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March 8, 2010. International Women's Day this year was remarkable for how Alberta proposes to treat its nurses. We will remember 2010 negotiations as the round when employers (Alberta Health Services, Covenant Health, Bethany Group Camrose and Lamont Healthcare Centre) proposed unprecedented "rollbacks" - in monetary and language provisions. Since our initial exchange, I have heard many comments and questions from members; questions such as "how long will bargaining take?" However the number one question is: Is Alberta Health Services serious?

The answer to that number one question will determine how long bargaining will take and ultimately how a conclusion will be reached.

Prior to exchanging, I was the optimist. I thought a new Minister and a positive budget would move AHS away from a "blame the nurses, blame the nurses' contract" mentality. David Harrigan was the pessimist; he expected AHS would propose cuts, especially to designated days of rest and in-charge provisions. But even he was "gob-smacked" by the magnitude of rollbacks they proposed. Perhaps it is a strategy to get UNA members to accept a few concessions? The rollbacks have the potential to pit full-time against part-time and senior against junior nurses, the old divide and conquer approach.

How serious is AHS? I believe that will become clear very soon. I am still optimistic the employers realize that attempting to force rollbacks on nurses would provoke a serious crisis and would not improve nursing care.

Your Negotiating Committee knows that good care for our patients depends on making progress in these talks. We need to enhance nursing care, that's what Albertans need. That's what's behind our recent message: More nurses + more beds = more care!

What can you do? Keep yourself informed about these negotiations. Facebook and Twitter, our website and our members-only UNANet, are all easy to access. Keep talking with your Local executive and attend your Local meetings. Share information with your colleagues and let your management know how damaging these rollbacks would be for nursing in the province. Wear your RN or RPN pin proudly. Remember our motto: "Forward Together".

Bargaining has begun. While we sleuth out the employers' real priorities and strategy, I am reminded of Sherlock Holmes' words - the game is afoot.

Heather Smith - President, UNA

Talks open with “disappointing” rollback proposals from Employers

UNA opened provincial contract negotiations with a one-page shortlist of key issues nurses say must be addressed to improve nursing conditions and safety. Unfortunately, the Employers brought proposals for rollbacks in 34 of the 44 articles, in just about every aspect of the provincial agreement.

“Our health care system is still struggling with a nursing shortage and too few beds,” said UNA President Heather Smith. “We want these negotiations to make progress. We want to deal with the core problems that are leaving patients waiting far too long in emergency rooms, or packed into ‘overcapacity beds’ or waiting for surgery.”

“More nurses, more beds, more care is what Albertans need,” she said.

“They are being intentionally provocative in their proposals,” Heather Smith said. “The AHS Board set principles that suggested working together and then brought forward proposals to cut salaries, benefits, safe care provisions, scheduling protections and just about every aspect of our contract. It’s an extreme proposal that we think is

unreasonable. Trying to push nurses back won’t move health care forward.”

“It’s unfortunate we have to begin negotiations with this exaggerated posturing from the Employer.”

Nurses voted at the provincial demand setting meeting last November to make a streamlined offer to leave most of the agreement as is and focus on the urgent issues. When AHS said it could not proceed with the key issues shortlist, UNA provided AHS with the larger set of proposals that had been voted on at the November meeting.

UNA reacted strongly to the AHS rollback proposals.

“There’s no way these proposals will be implemented,” Heather Smith said in TV interviews. “Nurses are not prepared to give up the ability to advocate for themselves or their patients. We’re not prepared to go back decades in terms of having an appropriate amount of time between shifts in order to ensure safety.”

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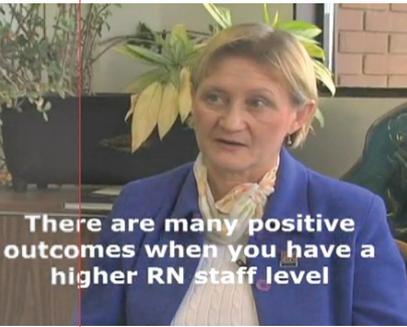


Heather Smith responds to rollbacks in video

President Heather Smith did a number of TV interviews outlining UNA’s response to the AHS in-going proposal. A short summary of her statement can be seen in a special UNA video. See it on www.Youtube.com, search *UnitedNursesAlberta*, or *From Videos* on UNA’s website.



UNA’s Negotiating Committee displays the winning formula for better health care in Alberta.



Nursing Professor Donna Wilson addresses "workplace transformation" concerns in new video

The AHS "workplace transformation" plan will deskill nursing practice and erode the quality of care says University of Alberta nursing instructor Donna Wilson in a new UNA video. It's a plan, she says, for "a very flexible and inexpensive workforce" she says.

"When you are an RN or an LPN, you actually argue against poor planning... you have some voice there. If we move a health care system primarily run by people without a license... it's a lot easier to herd the workforce, to do whatever you want to the health system." See it on www.Youtube.com, search [UnitedNursesAlberta.com](http://www.UnitedNursesAlberta.com).

Week Two of negs focus on process and priorities

On March 17, 18 and 19, bargaining continued with initial discussions centered on bargaining processes and clarifying priorities. UNA did not make any public statements about the talks. Several other days of negotiation have been set down in March and April.

Government has direct representation on AHS bargaining team for first time

For the first time in the history of UNA bargaining, a representative from the Department of Health and Wellness has been added to the Employer team.

Deb Kaweski, Executive Director Labour Relations Branch, Alberta Health and Wellness is a member of the employer's negotiating team. Ms. Kaweski was a late addition, and was just appointed the week before talks started. The Employers developed their proposals prior to Ms. Kaweski joining.

The Employer committee represents Alberta Health Services and Covenant Health Services in these talks. The members on the Employer committee are: Sean Chilton (*Grande Prairie*), Lois Stefaniuk (*Royal Alex*), Janice Stewart (*RockyView Hospital*), Kathy VanVeen (*Royal Alex*), Pemme Cunliffe (*Covenant*), Marty Schultz (*Lethbridge*), Leita Siever (*AHS*), Cory Galway (*AHS*), Deb Kaweski (*Health and Wellness*). 🍷

Examples from the AHS rollbacks.

The Employers proposed rollbacks in nearly every aspect of the Provincial Agreement, including:

- Delete the requirement to have a nurse in charge of each unit. One person may be in charge of more than one unit, with no requirement that person be a Registered nurse.
- Eliminate ability to take OH&S or PRC issues to the Board of Trustees.

- Overtime cannot be banked and taken at time in lieu. All overtime will be paid out.
- Limit the use of seniority in selection of vacation. Limit vacation to four weeks during Employer-defined peak periods. Nurses can not carry over more than five days of vacation into the next year.
- Delete designated days of rest for part-time Employees.
- Reduce time off between shifts from 15.5 hours to 10 hours. Employer can change scheduled shifts or days of rest with 7 days notice instead of the current 14.
- Casuals can be terminated without cause and without recourse to the grievance procedure as they will always remain in the probationary period.
- Reduce vision care to \$300 every 2 years (current is \$600 every 2 years).
- Eliminate lump sum amounts. Delete 2% long service retention payment. 🍷

Get the latest on negotiations



UNA's website: www.una.ab.ca

UNANet, UNA's member conference system: (go to Member Area on UNA's site for free access)

UNA on **Facebook**, search "United Nurses of Alberta"

UNA on **Twitter**, United Nurses of AB

Or sign up for UNA's email **E-Update**. Send your home (NOT work) email address to: nurses@una.ab.ca

UNA meets with Health Minister, Duckett

New Health and Wellness Minister Gene Zwozdesky raised the topic of repairing health workers' morale at a meeting UNA attended with the minister and AHS CEO Stephen Duckett recently.

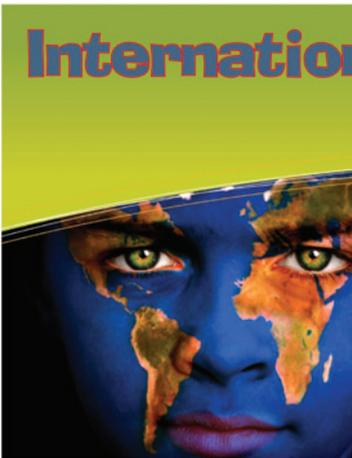
Dr. Chip Doig, President of the Alberta Medical Association, the Health and Wellness Deputy Minister Jay Ramotar, Catherine Roozen, Vice Chair of the AHS Board, and several others also attended the meeting on Wednesday, February 24th. Heather Smith and Director of Labour Relations David Harrigan represented UNA.

"It was the first meeting of its kind," Heather Smith said. "The Minister said it was an historic event, and I agree."

The informal discussion covered many areas of health care in the province, including health workforce numbers, hiring student nurses, performance measures, activity-based funding and even primary care networks. ♥

"It was the first meeting of its kind. The Minister said it was an historic event, and I agree."

- Heather Smith



International Solidarity Fund

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Are you going abroad to provide humanitarian assistance? You could be eligible for a travel subsidy from CFNU. Apply online at: www.nursesunions.ca
Toll free: 1-800-321-9821

Canadian Federation of Nurses Unions
THE NATIONAL VOICE FOR NURSES

Applications for travel in 2010 will be considered quarterly. Applications for travel in 2011 must be received by December 31st, 2010.

UNA tells minister "redevelop Alberta Hospital Edmonton"

UNA told Health and Wellness Minister Gene Zwozdesky the province needs to redevelop Alberta Hospital Edmonton and increase the province's psychiatric bed capacity at a meeting at AHE on March 12.

"Our message was clear," says UNA Local #183 President Jamie Suchan, "our patients need more, not fewer, full psych beds."

UNA gave the minister a fact sheet showing that Alberta is already at only 0.39 psych beds per

1,000 people far below national and international standards. Alberta is already far below many countries in psychiatric beds. WHO World comparisons: Japan,

2.8 beds, Europe, 1.0 and in Canada the national average is 1.9 beds for each 1,000 people. The Canadian Psychiatric Association says that attempts to use fewer than 0.5 beds per 1,000 population, or to function without adequate community resources, leads to "the substitution of more expensive general medical beds."

"Our fact sheet says plainly, the last thing Alberta needs to do is shut down psychiatric beds," said UNA President Heather Smith after the meeting.

The fact sheet shows that to bring Alberta up to the Canadian Psychiatric Association standard would require another 412 beds – the equivalent of another complete Alberta Hospital. ♥

Alberta Hospital



Rallies like this one last October 5 forced the government to put "a hold" on closure plans for Alberta Hospital Edmonton, but redevelopment plans are still NOT in place.

Activity-based funding phases-in first for long-term care

On Monday, March 1, Alberta Health Services held an information session for long-term care organizations in the province on how “activity-based” funding will work as it is being “phased-in” over the next six months.

CEO Stephen Duckett gave introductory remarks to the audience of long-term care providers, explaining simply that there are three methods of health care funding: historical (based on what funding was provided before), political or negotiated (based on clout and lobbying) and activity-based (based on services provided).

“Activity-based funding” (or acuity-based, an alternate term suggested by AHS’s activity-based funding chief, Gordon Kramer) is only an evolution in

long-term care, not a radical new change. Kramer said it will use the existing CMI (Case Mix Indexing) and new information to link funding to patient acuity. Long-term care funding has been based on Case-Mix Indexes and the RAI (Resident Assessment Instrument, RAI/MDS 2.0) for some time.

But, as Kramer explained, several things will be changing in long-term care: the 3.6 hours of staffing care standard has been measured in “paid hours” which includes vacation and sick leave time. The new model will be based on “worked hours”, and the 3.6 standard will be adjusted down accordingly.

AHS expects to phase in standardized staff funding over the next “26 quarters” (six years)

When Duckett sat down, dead quiet filled the room. It was apparent the long-term care organizations were not enthusiastic boosters of the new funding model.

RN Angela Beiko assists LTC resident.

AHS expects funding to be equivalent for private, voluntary and public institutions

“We fund care, not accommodation, or capital or buildings,” Kramer said, explaining that capital costs and “hotel” costs are outside the AHS model.

Kramer was not specific about funding in the other continuing care models; the assisted living spectrum, now called Supportive Living Levels, 1, 2, 3, 4 and 4D (Dementia).

The message was not well-received by the providing organizations who asked several times about funding for capital costs. The “hotel” costs are not in the

formula, Kramer said, adding that the province would be addressing this by reassessing long-term care charges. Other questions came up about variances like the severe nursing shortage which forced providers to pay high overtime costs and hire expensive agency nurses. Not in the formula, Kramer explained.

AHS also reassured all the providers that there would be no immediate loss of funding, in fact all would get an across the board increase for inflation, plus a small quality bonus in the new year starting April 1. 🍷

For help untangling the acronym jungle in Alberta long-term care, see:
http://seniors.alberta.ca/housing/continuingcare/Standards_SupportiveLiving.pdf

For a large index of publications on the field see:
<http://www.health.alberta.ca/newsroom/pub-continuing-care.html>



UNA gives iPods to winners of E-Update contest



Heather Smith presents a brand new iPod Touch to Shauna Gallagher for signing up for UNA's email list E-Update.

UNA presented four "loaded" iPod Touches to members who sent in their home email address to sign up for the UNA E-Update list.

The lucky winners are: Michelle Shewchuk, Local 31, Ponoka; Shauna Gallagher, Local 67, Devon; Bev Hendricks,

Local 120, Lethbridge; Kamalpreet Mann, Local 314, Dr Zetter Centre Edmonton.

The contest is over, but you can still get the latest news from UNA on your email. Send your HOME, NOT your work, email address and UNA member number to: nurses@una.ab.ca 🇨🇦

UNA and Canadian Nurses contribute to disaster relief for Haiti

"Doctors Without Borders" is a very reliable and safe organization for these types of donations.

Nurses from across Canada contributed \$73,260.27 to a special fund for Haiti after the earthquake. The UNA Executive Board approved a motion to donate \$10,000 to the fund set up by the Canadian Federation of Nurses Unions. Donations came in from nurses unions, other organizations and individual nurses from across Canada.

The funds are being sent to Médecins Sans Frontières (MSF - Doctors Without Borders). UNA had hoped to send its

contribution to a nursing organization in Haiti, but there is no really viable one. "Doctors Without Borders" is a very reliable and safe organization for these types of donations.

"Thank you to all unionized nurses across the country who have been calling and emailing CFNU to relay their best wishes to all humanitarian workers and offer assistance to the victims and their families in this time of terrible uncertainty," says CFNU. 🇨🇦

An evening gala dinner and reception in honour of the 30th Anniversary.



Friends of Medicare

May 15, 2010 6:00 PM

Chateau Louis 11727 Kingsway Avenue Edmonton

Speaker Dr. Brian Goldman
of CBC's White Coat Black Art

Join us for the opportunity to celebrate all of our work and hard-won battles and enjoy a talk from one of Canada's best known healthcare experts.

Tickets \$70
Call: (780) 423-4581

30th Anniversary Celebration

Celebrating 30 years of Medicare education and advocacy.

Since 1992...



I started as a new grad here in August of 1992. The hospital looked very different than it does today...

- Natasha Burger

UNA member Natasha Burger from the High Prairie Health Complex describes the reductions since she arrived at the hospital as a new nurse in 1992. Natasha was speaking about nursing at the Join Together Alberta townhall meeting held in High Prairie.

I have restrictions on what I can say in public. Alberta Health Services has a code of conduct for employees that says I can lose my job if I speak out against my employer's decisions, and of course I cannot say anything about individual patients as I need to protect their privacy. What I can say is the facts as I know them and allow you to make your own opinions.

I started as a new grad here in August of 1992. The hospital looked very different than it does today, and I would just like to compare the services we had then compared to what we have today.

In 1992, there were 75 acute care beds providing a range of services -obstetrical, surgical, short and long term medical, intensive care, palliative care and pediatrics.

Today we have 25 acute care beds, but have had only 15 of those beds open since July of 2009 due to staffing shortages. Many of those beds are filled with patients who have long-term, chronic health problems, and often beds are not available for short-term patients. Those short-term patients now are often treated as day patients through the outpatient department or transferred to other hospitals in other communities.

In 1992, our outpatient department was staffed 24 hours a day, seven days a week, and saw about 9000 patients a year. To-

day we are still open 24 hours a day, seven days a week but see about 16000 patients a year - many of those patients who come in daily or several times a day for treatments that they would have gotten as inpatients before our beds were cut. Patients needing care that we cannot provide used to be easily transferred to other hospitals, now there is a critical care phone line necessary to arrange a bed at another community since there are not many bed vacancies in the hospitals we refer to.

For patients who needed to see a specialist, we used to have visiting specialists in Ear Nose Throat, a rheumatologist, an orthopedic specialist, a pediatrician, an internal medicine specialist and an on-site radiologist. No specialists come today. Patients must travel to other communities to see a specialist.

We had a full range of obstetrical services - low-risk deliveries, inductions of labour, booked and emergency cesarean sections - were all available and High Prairie had about 30 babies a month born here. Now we must transfer out to other hospitals all of our maternity patients, except those that are unsafe to travel because we expect the baby to be born before they would reach the next hospital.

We used to do surgeries five days a week, and the operating room staff were



One nurse explains how local hospital services have greatly shrunk in High Prairie

on call 24 hours a day, seven days a week to provide emergency surgical services. In 1992, there were 468 surgeries and 223 endoscopies performed. We no longer have an operating room in High Prairie, no anesthetist and no operating room nurses on staff, so today there are no surgeries done in High Prairie.

Long-term care, or what was once called Nursing Home care, had 50 beds in 1992 and very short wait lists for the elderly needing 24 hour nursing care. Today there are 35 beds in long term care, and very long wait lists. The overall age of the population is going up, so the de-

mand for long-term care beds is expected to increase.

Many of the services that were available in High Prairie when I started are no longer available in the community. You decide if we are better served today than 20 years ago.

When there is a disaster anywhere in the world, emergency service agencies rush in with the essentials - food, water, healthcare, and then education and infrastructure support. We are not a third world country. We deserve to have publicly-funded services in our own communities. It is not too much to ask. ♥♥

Many of the services that were available in High Prairie when I started are no longer available in the community.

UNA sponsoring two to AFL Kid's Camp

UNA is once again sponsoring two children of members to attend the 16th Annual Alberta Federation of Labour Kids' Camp. As always, the camp takes place at the Goldeye Centre near Nordegg from August 9-13, 2010. It combines summer activities, with educational activities on union and social justice issues. Activities include canoeing, wall climbing, hiking, horse back riding, swimming and a tour of the abandoned coal mine.

All union members are welcome to send their children to the Camp. The deadline to register for Kid's Camp is June 18. Call the AFL at 780 483-3021 or 1-800-661-3995 for more information or to register. They suggest you register early as space is limited. ♥♥



Camper's name: _____ Camper's Age: _____

Parent's name: _____

Mailing address: _____

City: _____ Postal Code: _____

Home phone: _____ Email: _____

Draw entries must be return to Provincial Office
(900-10611 98 Avenue Edmonton Alberta T5K 2P7 Fax: 780- 426-2093)
by **16:30 Tuesday June 1, 2010**

Public Works!

Alberta's public services work . . . for all of us

An attack on the public sector is an attack on the whole economy and on the well-being of all Albertans.

Introduction to a special report produced by the Alberta Federation of Labour for the Join Together Alberta campaign. The full report documents the economic value in boosting public services. Download the report from the AFL website publications page (afl.org).

While many on the political right like to portray the public sector as a drain on the economy, nothing could be further from the truth. Our schools, hospitals and other public services are part of the fabric that holds our communities together: they provide support for individuals, families and businesses. Even in a healthy economy, the private sector could not function without the support of the public sector, which includes federal, provincial and municipal governments, as well as public entities financed by government, such as school boards, hospitals, universities and the post office.

In an economy in recession or slow-down, the public sector can step up to protect all Albertans, including those working in the private sector, by using its financial muscle to bolster the economy against being severely damaged or falling into a true depression. This report examines the vital role played by the public sector and how the economy, and all Albertans, would suffer if the public sector is not supported, or if it is faced with severe



cutbacks. We dispel the myths that the public sector is a drain on the economy; that true wealth is created only by the private sector; that public spending is out of control; and that government spending and regulation is “bad for business.”

For the past three decades, conservative politicians, right-wing think tanks and the market “fundamentalists” in media and business circles have criticized and demeaned the value of work done by public-sector employees. But the truth is that public-sector workers can hold their heads high in the knowledge that the work they do and the services they provide play a crucial role in knitting our communities together, maintaining our quality of life and creating an environment in which the private sector can thrive.

An attack on the public sector is an attack on the whole economy and on the well-being of all Albertans. It weakens the very fabric that holds our communities together.

In a time of global economic crisis, renewed attacks on the public sector threaten to derail our economy even further — weakening important services and strangling or reversing early signs of recovery. Cuts in jobs and spending also fly in the face of actions being taken by governments of all political stripes all



Public Works!

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Alberta Federation of Labour
February 2010



over the world to combat recession — and they are contrary to the advice of most economists.

Deep provincial budget cuts will also likely have the effect of making the crisis last longer and go deeper in Alberta — and they might leave Alberta trailing behind other provinces when the recovery begins. Instead of embarking on a counter-productive round of deep cuts as suggested by Premier Ed Stelmach, Alberta should take advantage of its debt-

free status and its wealth and draw the \$44 billion it has in assets to invest in our economy and our future.

Alberta is better positioned than almost any other jurisdiction in the world to ride out the recession without having to resort to panicky and ill-considered cuts. We are also better positioned than most to make the kind of investments today that will pay dividends in the future. Given our natural advantages the question is this: why are we heading the wrong way? 🍷

Over 700 people chanted “stop the cuts” at the Join Together Alberta march to the Legislature held on Saturday, March 20. “These cuts are unnecessary,” Alberta Federation of Labour President Gil McGowan told the cheering crowd. The protestors outline how over \$1 billion in provincial cuts to post-secondary education and people services are hurting people.

Nurses play big role in Join Together Townhall meetings

UNA members spoke up about health care at every one of the 22 townhall meetings held across Alberta by the Join Together Alberta campaign earlier this year.

Organizers said it was vital to have the contribution about health care, and health care cuts, from nurses at the meetings.

Nurses ARE speaking out about health care cuts and concerns. Thanks to these great members who stepped forward and make a great contribution to a crucial public discussion:

Derek McGowan, Local 407 Bassano; Sheila Bradford, Local 70 Medicine Hat;

Susan Shelton, Local 120 Lethbridge; Donica Geddes, Local 15 Camrose; Olson, Local 23 Pincher Creek; Jacquie Crooks, Local 217 East Central Community; Gloria Scott, Local 56 Edson; Michelle Blanchette, Local 24 St. Paul; Gina Stanley, Local 309 Lac La Biche; Lorne Ratcliffe, Local 149 Whitecourt; Judy Zutautas, Local 73 Westlock; Terry Herrick, Local 315 Slave Lake Community; Natasha Burger, Local 17 High Prairie; Sarah Craigen, Local 30 Peace River; Lisa Hein, Local 37 Grande Prairie; and Heidi Gould, Local 229 Community Fort McMurray. 🍷

Nurses ARE speaking out about health care cuts and concerns.



UNA scholarships to encourage nursing's future!



1st Vice-President Bev Dick, President Heather Smith and 2nd Vice-President Jane Sustrik present Camille Tritten with her scholarship. Camille's sponsor was her mother Celine, who nurses at St. Mary's Hospital in Camrose. Just two year's ago, Celine's other daughter, Alexandra Tritten-Champoux, also won the scholarship. Quite the nursing family.



Jennifer Desain was sponsored by her mom Chris Desain who nurses with Edmonton community, Local #196. Here, 1st Vice-President Bev Dick and President Heather Smith present her with the scholarship.



Kaylyn Cudrak is in first year nursing at the University of Lethbridge. Here she receives her scholarship from 1st Vice-President Bev Dick and President Heather Smith.



Trent Peters is also in nursing at the University of Lethbridge and receives his award from President Heather Smith

This year UNA gave seven \$750 scholarships to first year nursing students, plus the Canadian Federation of Nurses Union's \$1,000 scholarship. Justin Beaver from the University of Lethbridge nursing program was the winner of the CFNU \$1,000 award this year. Two other University of Lethbridge

students, Kaylyn Cudrak and Trent Peters won UNA awards.

Other winners of the UNA scholarships are: Jennifer Desain (University of Alberta), Camille Tritten (Grant MacEwan University), Andrea Ewanishan, (Grant MacEwan University), Joelle deGroot (Grant MacEwan University) and Kelsey Klippenstein (University of Alberta) 🇨🇦



Justin Beaver's proud father, Keith, is Vice-President of UNA Local #120 at the Lethbridge Regional Health Centre. Heather Smith presented Justin with the \$1,000 scholarship sponsored by CFNU.



Heather Smith and Jane Sustrik present Andrea Ewanishan with her UNA scholarship. UNA Labour Relations Officer Marg Hayne, Andrea's aunt, was her sponsor.



Joelle deGroot from Grant MacEwan University receives her scholarship from Heather Smith



Bev Dick, Heather Smith and Jane Sustrik present a scholarship to Kelsey Klippenstein who is in nursing at the University of Alberta.

Alberta OH&S Code includes safety-engineered sharps by July 1

The revised Alberta Occupational Health and Safety Code requires employers to use safety-engineered sharps devices by July 1. Some of the former Regional Health Authorities had previously converted some sharps to safety engineered devices. AHS will be selecting and purchasing safety devices on a province wide basis.

To ensure compliance with the new legislated requirement Alberta Health Services formed a Steering Committee to oversee the selection of devices, education and implementation. Unfortunately they did not include union or worker (end-user) representation.

UNA, HSAA and AUPE all expressed concern regarding the lack of union and worker involvement in the compliance process. As a result the employer has invited representatives from all three unions to participate on the Steering Committee.

In addition, a number of subcommittees (validation committees) have or will be recommending the purchase of the various safety devices. All most all of the validation committees have some front-line workers as members and at a recent meeting UNA's Executive Board approved funding to allow one nurse to participate on the IV and subcutaneous cannula validation committee.

UNA OH&S Officer Janice Peterson is looking for feedback from nurses about their experiences with the current safety-engineered devices.

A safety engineered sharps device should provide the highest level of protection against sharps injury, ensure safe patient care

The safety engineered sharps devices include:

- Hypodermic - needles & needle/syringe combos
- Phlebotomy devices - multi-sample needles, butterflies
- Intravenous catheters
- Subcutaneous access devices - butterflies
- Lancets
- Implant port access devices - huber needles
- Scalpel blades
- Arterial access devices
- AV fistula needles
- Insulin pens



UNA OH&S Officer Janice Peterson is looking for feedback from nurses about their experiences with the current safety-engineered devices.



Contact Janice with your input at Provincial Office 780 425-1025 or jpeterson@una.ab.ca 🇨🇦

Faces & friends

News about the people of United Nurses of Alberta.



Several UNA members joined in for the 13th Annual Harmony Brunch to celebrate the International Day for the Elimination of Racial Discrimination, March 21. At the brunch were (l to r) Beryl Scott, UNA Executive Board member; UFCW member Roselne; Marion McKenzie, Local 301; Gloria MacFarlane Local#301, Heather Smith, UNA President; Linda Robinson (front) from the Alberta Federation of Labour and Judith Moar, (UNA Executive Board member).



Edmonton United Way gives Local #33 award

The Edmonton United Way gave a special award to nurses at a recent banquet. Local #33 at the Royal Alexandra Hospital have been strong participants in the United Way Campaign and were kindly recognized for their contribution. Proudly displaying their award are: Marg Hayne (former President of the Local), Cari Noelck, President, Darlene Kulhawy Vice-President and Theresa Fairfull, Treasurer. ♡



Nursing Week 2010

May 10-16

Nursing Week is coming Monday, May 10 to Sunday, May 16.

As always, we want to hear – and see – your local nursing week activities. Send your stories and photos (even videos!) of your activities to communications@una.ab.ca.

Nursing Week is celebrated every year throughout Canada during the week of Florence Nightingale's May 12th birthday. It is a time to recognize the year-round dedication and achievements of Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses, and to increase awareness of nurses' contributions to the well-being of Canadians. ♡

UNA 2nd Vice-President Jane Sustrik waves her Alberta tartan scarf, symbol of the Join Together Alberta campaign at the rally March 20.



A CELEBRATION

2010 IYNurse, in recognition of the United Nations Millennium Development Goals (MDGs), seeks to recognize the contributions of nurses globally and to engage nurses in the promotion of world health.

2010 is also the Centennial Year of the death of modern nursing's founder — Florence Nightingale (1820-1910). To celebrate this historic milestone, the 2010

IYNurse is planned as a sustained public awareness initiative to actively involve the world's nurses — estimated to be more than 15 million — in a celebration of commitment to bring health to their communities worldwide. ♡

<http://www.2010iynurse.net/>

First granddaughter for Karen Craik

UNA's provincial Secretary-Treasurer, Karen Craik, left a provincial Executive Board meeting a bit early recently to rush off to be with her daughter Andrea in labour. The result was Karen's first granddaughter, Paige. As you can see in the photo, Karen is highly pleased with the result. Congratulations to Karen, and to Andrea and her husband, Chris.



Lt. Governor Norman Kwong and his wife Mary Kwong with Beryl Scott and Heather Smith at the Free Yourself Dinner Gala put on by the Centre for Race and Culture.



Voluntary exit plan settlement will give most Applicants the benefit

Late last year, Alberta Health Services announced the creation of a “Voluntary Exit Plan.” UNA members ratified the plan, although UNA advised members not to consider the plan unless they were intending to retire or resign anyway.

Some 300 nurses applied for the Plan. By now, AHS expected that they would have announced large elimination of positions and closures of beds and facilities. But, happily, public pressure has prevented this from occurring.

Unfortunately, this also has meant that hundreds of nurses who believed they would receive the Voluntary Exit Plan have not been approved.

UNA began discussions to resolve these concerns. We are pleased to announce that the matter has been resolved. Rather than requiring that a position be eliminated, applications will be granted unless it is not feasible for the employer to do so. Factors to be considered to determine feasibility are:

1. The Applicant’s position can be eliminated,
2. A vacant position in the organization can be eliminated,
3. There is another position in the bargaining unit that can be eliminated, and the process of such elimination would result in an Employee becoming available to fill the applicant’s position,
4. There is a requirement to retain the Applicant because accepting the application would result in:
 - assigning the work to Employees who do not have the ability to do the work, or
 - an inappropriate skill or staff mix to provide required service’s, or
 - a requirement for orientation or training of the Applicant’s replacement that would be an undue hardship for the employer.
5. There are other persons available, able and willing to take the position.

It should therefore be the rare case that Voluntary Exit is denied. Any nurse who applied for the Plan who has not been approved should contact the UNA office at 1-800-252-9394. 

Court issues ruling on Arbitration award on overtime for Named Holidays

Recently UNA found itself in court appealing an arbitration award from UNA Local #1, (Calgary General Hospital). The arbitrator ruled that although an employee earns two times her basic rate of pay on a Named Holiday, there is no additional payment if an employee is required to work overtime on that day.

A ruling from Justice L.D. Wilkins of Court of Queens Bench strongly rejected the Arbitration Boards Award and quashed the decision on how overtime is paid on a named holiday.

The ruling went so far as to give precise examples: “To avoid any prospect of further argument or confusion resulting from the conclusion of this court, the following examples set out the rates payable to an Employee for each hour of overtime:

18.03 (a) Overtime on a Named Holiday: Basic Rate of Pay, plus overtime premium (1 x Basic Rate of Pay), plus Named Holiday premium 0.5 x Basic Rate of Pay equals 2.5 x Basic Rate of Pay.

For the “superstat” holidays of Christmas and August Civic Holiday, the judge ruled overtime must be paid at 3 x Basic Rate of Pay.

“It is the conclusion of the court that there is no wording in the agreement which would permit the Arbitrator to reasonably conclude that pay premiums for work done on a Named holiday could never exceed the overtime rate of pay. Such a conclusion is not only wrong, but it is necessarily based on an unreasonable interpretation of the words of the collective agreement,” the decision reads. 



David Harrigan,
UNA Director of Labour Relations

Supporting nursing's future



UNA provides scholarships to first year nursing students.

Camille Tritten from Grant MacEwan receives \$750 from UNA President Heather Smith. Camille was sponsored by her mom, Celine, a UNA member for many years.

More winners on page 12.