

United Nurses of Alberta
NewsBulletin



Alberta needs more,
not fewer, full-care beds.

See page 3



Real care in Long-term Care

Part of the solution to ER and hospital crisis

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

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Here come the 1990s?

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In winter, weather tends to dominate a lot of our conversations. But this winter it has been all about politics and health care. The big news is of course the sudden announcement by Premier Ed Stelmach that he will be stepping down. Many speculate a new leader will be chosen before summer, allowing MLA's and candidates to use the summer months for early campaigning.

Undoubtedly the pre-Christmas wranglings with MLA Dr. Raj Sherman and emergency wait times added to Mr. Stelmach's decision. A potential revolt (or palace coup) over the upcoming provincial budget appeared to be the proverbial last straw for the Premier. In announcing his departure, Mr. Stelmach included important observations about today's politics in Alberta:

"There is a profound danger that the next election campaign will focus on personality and US style negative, attack politics that is directed at me personally."

"The danger is that it could allow for an extreme right party to disguise itself as a moderate party by focussing on personality, on me personally."

"This type of US style wedge politics is coming into Canada, and it comes at our peril."

"Albertans deserve to have better level of public debate on our policy options."

If disagreement about the budget was the last straw, Mr. Stelmach's remarks may well be an omen for our future. Not just our future as citizens and taxpayers, but as workers in the health care system.

Already the lines are being drawn between investment in public services, such as health care, and "fiscal constraint". The rhetoric is reminiscent of the early 1990s, when we had "Mr. Massive" and "Mr. Brutal" fighting over who could deliver the biggest cuts in public spending. Those who cannot remember the past are condemned to repeat it.

One year ago, we were promised five years of predictable stable funding for health care. If a future Premier and government renege on that promise, we can expect the chaos of the 1990s. All the efforts to address health system capacity and wait times will fall by the wayside. Private payment and delivery of health care will again be touted as the solution (at least for those with money).

What will the spring bring? Who knows? Here in Alberta, politics seem as changeable as the weather. 🇨🇦

*In solidarity,
Heather Smith - President, UNA*

Province's freeze of LTC beds, big part of ER waits

For years, Alberta's ER doctors have identified the shortage of long-term care beds as being a primary cause for the Emergency department back-ups and waits. Too many people are in our hospitals awaiting placement in a nursing home, doctors and others have pointed out. But the wait lists for nursing home beds is getting longer, not shorter, and the province has frozen the number of long-term care beds.

The most recently released provincial "5 year plan" lays out the different major options, home care, supportive living and facility living. The plan says capacity must increase as our population ages. But there is no plan to increase full long-term care, nursing homes and auxiliary hospitals. This is the category of care that is most needed to take pressure off our hospitals.

The 2008 government long-term care plan ("Aging in the Right Place") also foresaw freezing the number of full long-term care at 14,500. Meanwhile wait lists for this full long-term care care continue to grow.

Long waits for long-term care

In 2008, the government's "Aging in the Right Place" plan indicated 1,700 Albertans were on the waiting list for long-term care. In its 2010 budget, AHS noted there are "about 700 Albertans waiting in acute care or sub-acute care settings for a long-term care or supportive living space." Hundreds of others are waiting on the list, while at home or in other settings.

Government numbers show the province had 14,486 LTC beds in 2001 and by the end of March 2009 there were 14,651 LTC beds an increase of only one per cent over the nine years.

Last year, AHS CEO Stephen Duckett reported: "Over the next decade we aim to add about 900-1,000 new seniors' beds every year, with most of them being supported living." (Duckett Blog Aug. 27, 2010).

Unfortunately, the patients waiting in our hospitals for long-term care beds

often cannot be accommodated in supportive living, because they require significant daily nursing care. Too often we have heard of patients sent from hospital or their home to supportive living (also often called assisted living) only to arrive back at the Emergency in an ambulance.

Long-term care refers to a nursing home or an auxiliary hospital with on-site care by Registered Nurses and Licensed Practical Nurses. Supportive living is a different category and has NO on-site Registered Nurses. Only at the highest level (Level 4) of supportive living are regulated professional staff (LPNs) required to be on-site on a 24-hour basis. Supportive living Levels 1 and 2 have no requirements and Supportive Living 3, the second highest level of supportive living, requires only that "qualified or trained" health care aides, not regulated professional staff, be on site.



On January 11th, UNA Local 161 at Lethbridge Extencicare held its final meeting to dissolve the Local. Lethbridge Extencicare officially closed on January 6, 2011.

The nurses who were with the Local are (l to r): Leah Roche, Matty Blankenstyn, Carol Gwatkin, Kathy Huggins, Pat Morrow, Linnea Brown, Sue Mason. Missing from the photo are: Dolly Deringer, Roxanne Remington and Mary Pinches. Carol Gwatkin was one of the charter members of the local in 1987.

The closure of the Lethbridge facility closes almost all of the remaining long-term care beds in the region.

This is part of the government's established trend of moving to supportive or assisted living, with lower standards of care, and no RN or RPN care based at the site.

Long-term care refers to a nursing home or an auxiliary hospital with on-site care by Registered Nurses and Licensed Practical Nurses.

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The Alberta government has been side-stepping its own regulations by reclassifying facilities.

Unfortunately, this distinction between full long-term care and supportive living is rarely made. In fact, government news releases commonly group both long-term care and supportive living under the umbrella term “continuing care.” Throughout 2010 government repeatedly announced the opening of continuing care spaces for seniors. In recent months, the frequency of these announcements have escalated in response to concerns about the negative impact on lengthy ER wait times of patients in acute care facilities awaiting placement in less acute facilities.

Opening supportive living facilities will only provide a safe option for a small portion of the 700 patients now in hospital beds and the hundreds of others on other wait lists.

Working around the standards in the Nursing Home Act

The current Nursing Home Act Regulations (which are slated for change with the advent of the second phase of Alberta Health Act legislation), stipulate that residents of nursing homes must receive 1.9 hours of personal care per day of which 22% (about 25 minutes daily) must be provided by an RN. The Act applies to nursing homes, usually designated as long-term care facilities, but NOT to auxiliary hospitals which have to provide safe staffing under the Hospitals Act.

The Alberta government has been side-stepping it’s own regulations by reclassifying facilities – and moving residents – into supportive living facilities which are defined as housing and NOT health care. Nursing Home standards do not apply.

Facilities, like Youville Home in St. Albert, have been reclassified as auxiliary hospitals which are not subject to the Nursing Home standards. At Youville, RN staffing for the Day and Evening shifts is dropping from a total of eight RNs to just two RNs on day shift and just one on evenings. 🍷

Canadian study shows for-profit long-term care lowers quality

A new Canadian research study says for-profit long-term care facilities tend to provide lower quality care. The report from the Institute for Research on Public Policy reviewed the US and Canadian research on the ownership and quality of services in these facilities. The report concludes that for-profit facilities are less likely to provide quality care than nonprofit or public facilities.

The study points out that one of the principal mechanisms for generating profit is reducing staffing levels, which results in an inferior quality of care.

As a result the authors recommend that legislated minimum staffing levels be adopted, and that adequate ongoing funding be provided to meet these benchmarks, including a budget envelope specifically dedicated to direct nursing care.

They also recommend that provinces reverse the trend of funding more and more for-profit facilities and “public sector funding, rather than private capital, be used to build new facilities, and that nonprofit organizations be offered the loans and the technical support necessary to enable them to bid competitively on new residential care projects.” 🍷

A full copy of the report is available on the IRPP website: www.irpp.org/summary.php?id=359

WHAT NURSES ARE SAYING:

“Ambulances bring us patients from the assisted living facility all the time. They fall, or they get their meds confused. There is no nurse on site, so the staff just call the ambulance. They come in, usually we do an assessment, which could have just as easily been done at their site by an RN. It’s a colossal waste and a terrible way to treat these people. So many of them must be terrified to go in the ambulance. They must think it’s their last ride. Having RNs on site could save so much grief and money.”

– Alberta ER nurse.

Truth comes out on secret plan behind Alberta Health Act

Despite loud public protests, the Alberta government used closure to force through the Alberta Health Act last fall. But even before it pushed the legislation through, claiming it was not at all about privatization, a major government policy document leaked out, revealing the real agenda behind the act.

“This is one of the most serious issues Albertans have ever faced – a back-door, middle of the night attempt by a deceitful government to move to two-tiered, American-style health care,” said Liberal Leader David Swann when he released the leaked government document last November.

The government policy paper was presented to the provincial Conservative Caucus July 5, 2010. It revealed the Alberta Health Act is a key legislative component in moving to a privatized, two-tier health care system with only “essential” care provided publicly and many more services provided by for-profit healthcare business.

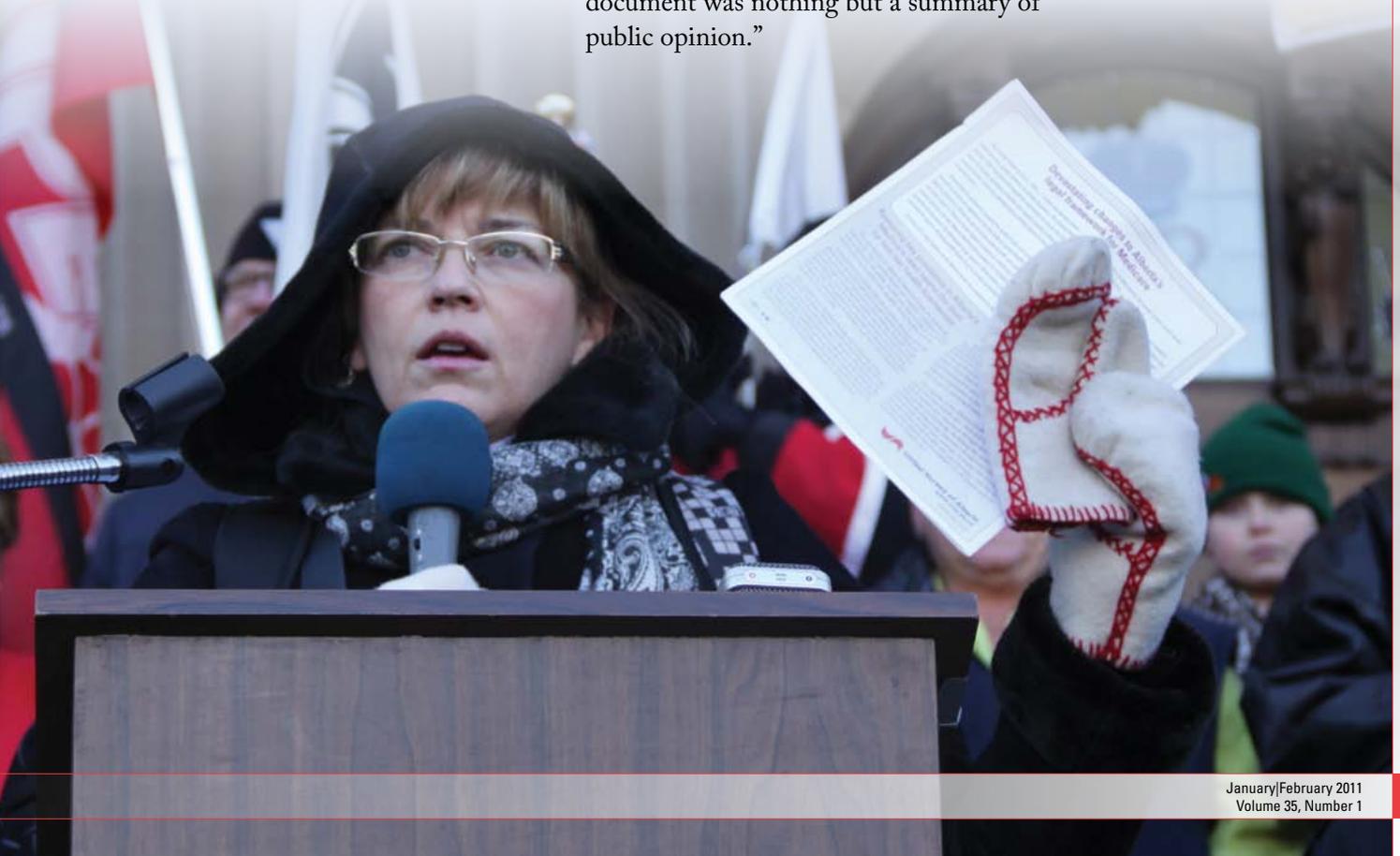
Early in December the NDP released a second leaked government document, a “Timing and Process Map.”

NDP Leader Brian Mason said “A few days ago the health minister told us repeatedly there is no agenda and no secret plan. He claimed to know nothing of a July 5 meeting, and said the leaked document was nothing but a summary of public opinion.”

“What Bill 17 [the Alberta Health Act] sets us up for is public money for private delivery. It’s public money for private privilege.”

– President Heather Smith speaking at the Dec. 4 2010 rally about the Alberta Health Act

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“Now we can clearly show Zwozdesky didn’t tell the truth.”

MLA Raj Sherman, who was the parliamentary assistant for health before being fired from the Tory caucus in November, said he understood the ideas in the leaked document were to be introduced following the next provincial election.

The leaked government 27- page document, titled Alberta’s Health Legislation: Moving Forward, advocates policies that would shrink and undermine the public health system, a direction that is consistent with this government’s track record and which Albertans have consistently and repeatedly rejected.

The paper shows that Phase 2 of the process, after the Health Act is “replacing the five statutes” meaning the core Medicare laws of the province. This was originally the plan for the Act itself but controversy forced the government to put it to Phase 2, which apparently comes only after the next election.

MLA Raj Sherman addresses Friends of Medicare Rally

The document also showed it planned to allow doctors to work both for the public system, and for their own business at the same time. This change alone creates a tremendous business opportunity for doctors and health entrepreneurs, as a way to charge separately (extra bill) for some services. It would escalate the charges Albertans could be required to pay out-of-pocket for health care.

Reducing services covered by Medicare

“Moving Forward” proposes to “Establish Essential Services” what it calls “fully-funded, partially funded, and unfunded services.”

The plan is re-defining what is in the medicare basket on the basis of ‘essential’ and ‘non-essential’ health care services. This could effectively create a small core of publicly funded ‘emergency’ services, de-listing the balance of health care services and opening them to private funding and for-profit delivery.

Forcing Albertans to pay directly or buy more private insurance

The leaked plan said it would make changes to allow private insurance to cover more services, presumably delisted services, but possibly even publicly-delivered services. Amazingly, the document says “Prohibiting private insurance limits choice.” The reality is forcing Albertans to buy more private insurance and rely on it to cover services, is a major change in Americanizing our health services.

UNA published a full expose on the Alberta Health Act and what the secret government documents revealed. You can download it from the UNA website at: <http://www.una.ab.ca/news/archive/pdfs/LeakAlbertaHealthAct.pdf>



PRCs at Alberta Children's in Calgary result in real improvements to patient safety



Nurses on the paediatric mental health unit at the Alberta Children's Hospital in Calgary are seeing some big changes as a result of their hard work and commitment to their work environment and patients. They brought their concerns to the Professional Responsibility Committee and now are seeing some real improvements.

There have been changes with better-trained security, staff have personal walkie talkies, panic alarms are being installed and a special high observation room is being built, all as a result of the safety concerns raised by nurses. An overcapacity bed and another bed were closed and a new nursing staff rotation is on the way.

UNA Local 95 Vice President Jennifer Borgland says, "It's a success story... it did take a long time...but we are seeing results."

It began last summer with nurses filing Professional Responsibility Committee complaint forms.

The PRCs documented several dangerous incidents where staff and security were attacked and where other patients were put in harm's way.

"In one month we received many PRCs and we knew we had to raise the concerns. The management side was overwhelmed with what the staff had to go through and how patient safety was being jeopardized," Jennifer Borgland says.

"The staff were unhappy and they were losing senior nursing staff because the perception was their concerns were not being addressed," she said.

Jennifer is the co-chair, together with an employer representative, of the Professional Responsibility Committee at the hospital.

"As there were numerous PRCs being filed with minimal immediate results, the local executive, with the support of the staff, decided to progress to the next stage to meet with the AHS CEO," says Rob Catena, Local 95 President.

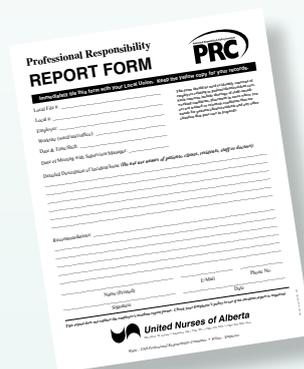
The meetings went ahead and the AHS response, in a letter from Vice-President Lori Anderson, indicates several initiatives are underway to address the nurses' safety concerns. Besides the security improvements, AHS says it will put a priority on filling some of the 4.89 FTE vacancies on the unit.

Jennifer Borgland says that some of these initiatives still have to be implemented. But the nurses on the unit have been encouraged by the progress.

"They are getting a new rotation by the end of the month, and they are very hopeful," Jennifer Borgland says.

President Rob Catenda says that "although several of the recommendations will be implemented there still remain outstanding issues."

"The local executive hopes that after further collaboration, these additional issues will also be addressed." 🍷



The PRCs documented several dangerous incidents where staff and security were attacked and where other patients were put in harm's way.



Local 95 executive (l to r): Secretary-Treasurer Suzanne Neild, Vice-President Jen Borgland, and President Rob Catena.



Fatigue

Worn out and worn down

Fatigue has been defined as a subjective feeling of tiredness and exhaustion that is an unrelenting overall condition. It can significantly interfere with an individual's physical and cognitive ability to function at their normal capacity and may persist despite periods of rest.

What are the signs of fatigue?

- tiredness
- sleepiness including falling asleep against your will ("micro sleeps")
- irritability
- giddiness
- loss of appetite
- digestive problems
- increased susceptibility to illness

What are the effects of fatigue in the workplace?

Fatigue can effect and individual's physical and health which also affects their ability to provide safe patient care.

- reduced decision making ability
- reduced productivity and performance
- reduced attention to detail
- unable to stay awake
- loss of memory or ability to recall details
- reduced reaction time
- increased workplace illness and injuries

In a study that looked at the effect of fatigue (hours of wakefulness) on performance researchers found that moderate levels of fatigue produce higher levels of impairment than alcohol intoxication. After 17 hours of sustained wakefulness an individual's psychomotor performance decreased to a level equivalent to performance impairment at a blood alcohol concentration of 0.05%. After 24 hours of wakefulness the impairment was equivalent to the performance deficit observed at a blood alcohol concentration of 0.10%.

What are the factors that contribute to fatigue in the workplace?

In a recently released study, Nurse Fatigue and Patient Safety, conducted by the Canadian Nurses Association and the Registered Nurses Association of Ontario the following were identified as the top factors contributing to fatigue in nurses.

- increased workload
- working short-staffed
- increasing expectations from patients and families
- high levels of patient acuity
- functionally disorganized workplaces
- relentless change within the workplace

The factors list above can all be characterized as workplace organizational factors or stressors. There are other factors that cause fatigue which include:

- shift work
- extended work hours
- mandatory and/or "guilt" overtime

What can you do?

As part of your responsibilities as a health care professional covered by the Alberta Health Professions Act you are required to assess your own fitness to work and to not work if you are unfit to practice.

Therefore it is imperative that you do not agree to work excessive hours and you track your hours of sleep and your hours of wakefulness.

If you are mandated to work overtime and/or double shifts and you do not feel that you are fit to work, you need to notify your supervisor of your concerns as soon as possible. If you are still required to work you should contact your local representative or labour relations officer. 🍷

Young Alberta nurse gets national Nursing the Future award

Shannon André recently won the New Graduate Leadership Excellence Award from Nursing the Future, a national not-for-profit organization that aims to assist new nursing graduates transition from student to professional practice. Shannon André works at the WestView Health Center in Stony Plain. She has been the Edmonton Chapter Coordinator for NTF since May 2009. In December she travelled to Toronto for the 6th Annual Workplace Integration of New Nurses (WINN) – Nursing The Future (NTF) Conference.

“I felt very honoured,” Shannon said later, “because I was nominated by my peers.” She said she was also surprised because she didn’t learn about it until just a couple of days before she left for the conference.

Another Alberta nurse Lindsey White, who works at the University of Alberta Hospital, was also nominated. She’s been involved with NTF for some time and edits the local NTF newsletter.

“We reach out to new nurses across Canada – help them out as much as possible,” Lindsey White says. She benefited from the program as a new grad and has enjoyed helping others.

Shannon André was nominated for her passion and understanding about the transition to professional practice. According to one of her nominees, “Shannon is an amazing coach and Chapter Coordinator of the NTF Edmonton Leadership team who is genuinely invested in the development of her team while also making that difficult transition into her first year of practice.”



Shannon herself said the program “helped me through my first year... I learned that although transition can be difficult at times, it is ultimately a positive and transformative experience. I could not become the nurse I want to be without going through that transition.” Shannon has worked acute medicine and maternity during her first year at Westview. 🍷

Find more information about Nursing The Future at www.nursingthefuture.ca. The 2011 WINN-NTF Conference will be held in Halifax, Nova Scotia.

Shannon André (right) receives her NTF award along with Nova Scotia nurse Leanne MacKeen, recipient of the TORCH Award.

Lindsey White is Chief Editor of the national NTF e-Newsletter.





UNA Education programs expanding

UNA's program of educational opportunities for members is expanding into new territory with programs like a "Know your rights" workshop, with virtual "tool kits" and with two new education officers.

Long-time Labour Relations Officer Murray Billett is taking on a new education portfolio, as has Irene Smith who had been doing educational work with UNA's information systems. Irene still has a focus on technology, including special computer workshops. Irene and Murray join Tim Gough to bring the team up to three full-time education officers.

"We've developed our new "Know your rights" workshop specifically for new members, and younger nurses to learn more broadly about UNA, about unionism as well as about our own collective agreement," says Tim Gough.

"Most of our workshops have been focused on getting UNA activists, unit reps or new Local executive members, up to speed," he says. "But we're expanding that to reach out to new members who may not have been active before."

UNA's Occupational Health and Safety Officer, Janice Peterson also offers Basic and Advanced OH&S workshops for new OH&S Committee members and a Dealing with Abuse workshop that all UNA members can attend.

The schedule of upcoming workshops is available on line, on the UNA website (Look for Education on the left column) and on UNANet (check the Education Conference). To find out more, contact UNA Provincial Office 1-800-252-9394 (or 780 425-1025) 

UNA sponsoring members

UNA is funding 20 members-at-large to attend the CFNU 2011 Convention, and 7 members-at-large to attend the CLC Triennial Convention. UNA will attempt to send some Youth delegates to these conventions. Youth is define as under 30 years of age.



CANADIAN FEDERATION OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES ET INFIRMIERS

Canadian Federation of Nurses Unions 30th Anniversary - 2011 Convention June 13-17, 2011, Winnipeg Manitoba

Funding includes registration, travel, accommodation and necessary Leaves of Absence. (Members are encouraged to use Professional Development Day, where possible)

Name: _____ Local#: _____

Address: _____

Phone: _____ Email: _____

Cell: _____ Under 30 years of age? Yes No

Entry for the draw must be received at Provincial Office by **16:30 March 14, 2011.**



Canadian Labour Congress
Congrès du travail du Canada

Canadian Labour Congress Triennial Convention

May 8-13, 2011, Vancouver, BC
Funding includes registration, travel, accommodation and necessary Leaves of Absence.

Name: _____ Local#: _____

Address: _____

Phone: _____ Email: _____

Cell: _____ Under 30 years of age? Yes No

Entry for the draw must be received at Provincial Office by **16:30 March 14, 2011.**

ALL entries must be on a ballot – They can be mailed, emailed, faxed, or dropped off – but must be on ballot. Entries NOT on ballot will be disqualified.

UNA Education Workshops

Available for ALL members

- Dealing with Abuse
- Know your rights!

Available for Local representatives

- How to Run a Local
(for new Local Executive members)
- Treasurers' Workshop
(for Local President and Treasurer)
- Professional Responsibility Committee
(for new PRC Committee members)
- Grievance
(for new Grievance Committee members)
- Unit/Office Rep
(for new Unit or Office Reps)

UNA's Facebook brings thousands of nurses into the discussion

UNA has one of the largest Facebook presences of any union in Alberta, providing nurses with an online platform to connect with other nurses, get up-to-date information about healthcare and nursing in the province, and learn about how UNA members are working to improve nursing daily. There are also a growing number of UNA Locals with their own Facebook pages. You can find links to the individual Local pages on the UNA Facebook Page or on the UNA website.

Through Facebook, UNA is able to connect and interact with thousands of members and supporters across the province. UNA posts updates, links, news stories, and union information for members to read and discuss. All UNA members are encouraged to participate in the discussions about nursing and health care that are happening online.

Facebook is a great tool to connect with and reach out to people with similar interests and backgrounds. It has been helpful for many people trying to stay in contact with friends and family, to get in touch with long-lost colleagues or school mates, or to just keep an eye on what your kids are up to. There are a lot of great reasons to participate in this social network.

In discussions on UNA's Facebook Page, it is important to remember that – though it feels like you are in a different world online – you are still accountable for your words.

Being a nursing professional shouldn't stop you from having fun online, but no matter where you are, outside your home or on the internet, your activities reflect on you and the nursing profession. 🍷



Facebook privacy tips: protect yourself

If you have a personal account on Facebook, be sure to set your privacy settings to ensure that only you can decide who can view your personal information, your profile page.

It is your professional responsibility to not post information about patients and their families online, including on your Facebook profile page. This may sound like common sense, but it is sometimes easy to forget.

The Canadian Nurses Protective Society recommends following these points in order to decrease your professional and personal risks:

- avoid posting/sharing confidential information: an unnamed patient or person may be identifiable from posted information;
- avoid using social media to vent or discuss work-related events or to comment on similar postings by others;
- avoid posting negative comments about your colleagues, supervisors and other health care professionals; disclosing information obtained at work could be considered unprofessional and, if erroneous, could lead to a defamation claim;
- respect and enforce professional boundaries: becoming a patient's electronic "friend" or communicating with them through social media sites may extend the scope of professional responsibility;
- be aware that it is difficult to ascertain whether individuals providing or seeking information through a social media account are who they say they are;
- avoid offering health-related advice in response to comments or questions posted on social media sites; if relied upon, such advice could trigger professional liability;
- make your personal profile private and accessible only by people you know and trust;
- create strong passwords, change them frequently and keep them private; and
- present yourself in a professional manner in photos, videos and postings. 🍷

<http://www.facebook.com/UnitedNurses>

UNA's Retention and Recruitment innovations part of national nursing study

The innovative nurse retention and recruitment strategies in UNA's provincial Collective Agreement have been evaluated as part of the Canada-wide Research to Action initiative from the Canadian Federation of Nurses Unions, the Canadian Nurses Association and other partners.

The Transitional Graduate Nurse Recruitment Program (TGNRP), first introduced in the 2001 Agreement (about 1450 TGNRP participants since then), is "viewed as an 'amazing' recruitment and development tool," the Alberta section of the Research to Action report says.

UNA's 2007 Collective Agreement introduced three special flexible job categories: benefit-eligible casuals, weekend workers, pre-retirement FTE reduction and three other pilot programs. Overall, these innovations led to "improved retention and commitment among nurses able to participate" says the report. The options led to higher job satisfaction and some important benefits.

"We benefit the nurses, we benefit the patients and we benefit the system," Covenant Health manager Shelly Murphy said in a short video on the evaluation project.

But few nurses and worksites were able to take advantage of the innovative flexible positions. UNA President Heather Smith pointed out the problem at the briefing on the report. These retention and recruitment initiatives were just getting geared up in 2008 when the Health Region CEOs were fired and "paralysis set in."

The Alberta study surveyed 64 of the 97 nurses that they found had taken advantage of the pre-retirement FTE reduction, retirement preparation program and weekend worker options. These options continue to be available to nurses through the Agreement. They must be approved by the employer.

The study also surveyed 24 of 51 nurses who had moved to Benefit Eligible Casual positions. But the it only contacted 4 seasonal part-time nurses and just 1 flexible part-time nurse. Province-wide, there was very little uptake on these pilot programs.

The study said both managers and nurses saw the TGNRP and the Benefit Eligible Casual Employee (BECE) programs as opportunities to provide for more specialized skills and knowledge development. The BECE and Weekend Worker were also "positive Recruitment and Retention tools when managers have limited flexibility to offer full-time work with benefits."

Provinces across Canada initiated innovative pilot recruitment and retention projects as part of the Research to Action project. These projects have a new form of government-employer-union partnership.

The full national results are due out in March and will be discussed at a knowledge transfer conference being held in Ottawa. UNA President Heather Smith and other Alberta nurses will be at the meeting. 🍷

Arlene Weidner from AHS presents the Alberta Research to Action results to the government-AHS-UNA steering committee.

"Improved retention and commitment among nurses able to participate."

Report shows the number of nurses covered by the Alberta study.

The two numbers in brackets show (nurses-surveyed/total-number-of-nurses-in-the-jobs).

Initiatives Examined

- Transitional Graduate Nurse Recruitment Program (196/1450)
 - Survey participation highest for last 3 years (2007-2009) for both nurses and mentors
- In 2007, included in Collective Agreement:
 - Retirement Preparation Program (10/10)
 - Pre-Retirement FTE Reduction Retention Program (13/26)
 - Weekend Worker (41/61)
- Three pilot projects:
 - Seasonal Part-Time Positions (4/2)
 - Benefit Eligible Casual Employee Positions (BECE) (24/51)
 - Flexible Part-Time Positions (1/1)



Seated (l to r): 2nd Vice-President Jane Sustrik, 1st Vice-President Bev Dick, President Heather Smith, Secretary-Treasurer Karen Craik. Standing (l to r): Daphne Wallace (SCD), Lois Taylor (SCD), Tanice Olson (SCD), Roxann Dreger (ND), Alicia Steen (SCD), JoAnne Rhodes (SCD), Keith Lang, behind (NCD), Denise Palmer (SCD), in front Karen Kuprys (NCD) and behind her Susan Gullivan (NCD), Beryl Scott (NCD), in front Maxine Braun (SD), and behind her Teresa Caldwell (NCD), Wanda Zimmerman (CD) and behind her Dianne McInroy (CD), Terri Barr (NCD), John Terry (SD), Sandra Zak (CD), Judy Moar (NCD), Christina Doktor (NCD), Beverley Lawrence (NCD). Initials show representatives from UNA's region districts: ND North District (Grande Prairie and northern Alberta), NCD North Central District (Edmonton, Fort MacMurray and area) CD Central District (Red Deer and central Alberta) SCD South Central District (Calgary and area), SD South District (Medicine Hat, Lethbridge and southern Alberta).

Quebec nurses reach deal

On January 31, the 58,000-member Fédération interprofessionnelle de la santé, composed mainly of nurses, has ratified its a new collective with the Quebec government.

FIQ announced that 86 per cent of the nurses voted for the five-year deal - running until March 31, 20 15. The maximum possible salary increase is 10.5% over the five years, in a complicated formulate that factors in economic growth and inflation. A nurse at the top of the scale with at least 12 years experience goes from \$62,496 to \$66,002 after four years in the agreement.

All nurses working shift will now be paid for an extra 15 minutes "reporting" time. There is a 2 per cent increase in the premium for nurses working in critical care, but only for nurses who are available on at least 16 out of 28 days.

That same availability requirement has to be met for nurses to qualify for increases in evening and night premiums that can run as 8 per cent for evenings and 16 per cent for nights.

The employer also committed to reducing the use of agency or contract nurses by 40 per cent. In 2009 agency nurses provided 4.1 per cent of total nursing hours.

"This agreement in principle finally recognizes the work, roles, duties and responsibilities of the healthcare professionals working in the Quebec public health network," FIQ President Régine Laurent said about the new agreement. 🍷



Quebec nurses mobilized for months to fight a wage freeze.

CFNU tops busy year with new logo

The Canadian Federation of Nurses Unions (CFNU) has a new logo and new colours. CFNU proudly flies its new colours as national representatives of unionized nurses in Canada.

In recent months CFNU has published several important reports and mounted a significant lobby effort targeting provincial health ministers with a new report Experts and Evidence: Opportunities in Nursing. 🍷



**CANADIAN
FEDERATION
OF NURSES
UNIONS**

Faces & friends

News about the people of United Nurses of Alberta.



Lee McNiven Retires

“It was a good go,” retiring nurse Lee McNiven says about her nearly 45-year career. Staff at Diabetes and Pregnancy Clinic at the Peter Lougheed Centre held a retirement party for Lee, attended by her friends in UNA. Lee graduated as a nurse in Hamilton in 1968, and worked in Ontario and USA before coming to Calgary in 1980, right after nurses won their big raise of 30%. She got involved with UNA during the strike in 1982 and has been active in executive positions at Local 1 and other Locals ever since. Lee’s career saw her work on a stroke and spinal cord unit and for years as part of a travelling rural rehab team. That work took her to sites from Drumheller to Sundre, Charesholm, Vulcan and Bassano. In the last 25 years she has been working in diabetes education at CGH, and then Diabetes in Pregnancy at PLC. ♥♥

UNA Local 33 at the Royal Alexandra Hospital in Edmonton had a special celebration for retiring nurses who took advantage of the Voluntary Exit Plan that AHS requested and UNA agreed to negotiate. Almost everyone who applied for the AHS Voluntary Exit Plan before the December 23, 2009 deadline received the package. UNA had recommended that only nurses who were planning to leave anyway should consider taking the plan. ♥♥



Lee McNiven and UNA LRO Martin D'entremont.

At the retirement party (l to r): Lee McNiven, guest of honour, LRO Linda Harkness, Local 1 VP Tanice Olson, Local 121 VP Cynthia Perkins, and Local 1 President Diane Lantz.



Maine nurses strike for first time – over patient safety

Staffing at the second-largest hospital in Maine, with more than 900 registered nurses, had become so bare bones over the last year that one call-in from a sick nurse would spell disaster for the entire unit and even necessitate charge nurses taking on up to six patient assignments.

“I cannot physically and mentally carry on like this anymore. I’m tired,” one nurse wrote to her Local.

Nurses voted by overwhelming numbers to stage a one-day strike on Nov. 22 – the first time ever that Maine nurses have walked off the job. The Employer responded by spending millions on replacement staff for a two-day lockout. But the nurses were undaunted. (from National-NursesUnited.org) ♥♥



Arbitration ruling

Nurses required to attend meeting must be paid minimum 3 hours

Employers must pay for a minimum of three hours at the overtime rate when they require regular employees to attend a meeting on any normally non-work day, ruled arbitrator David Jones settling a recent UNA grievance.

The ruling stated that Article 9.04 [of the provincial Agreement] does apply and the Employer is required to pay employees for a minimum of 3 hours regardless of the length of the meeting.

The ruling includes such meetings as a performance interview, an in-service or an investigation meeting with management. 🍷



Canadian Blood Services has reached a tentative contract with UNA Locals 155 (Edmonton) Local 408 (Lethbridge) and Local 411 (Calgary). It is the first agreement for the Calgary nurses with Blood Services.

David Harrigan works with Local representatives during the negotiations.

UNA Locals reach contracts with most smaller employers

Most of the contract negotiations with several other UNA employers and UNA Locals have been wrapped up with settlements that meet the provincial salary standard increases. Five employers have yet to settle and UNA has called in a mediator to assist at three of those negotiating tables.

“The provincial standard is clear, and as in the past, we fully expect all employers to meet provincial salary rates,” says UNA President Heather Smith. Either she or Director of Labour Relations David Harrigan have been at most of the negotiating tables.

Negotiations continue with:

- The Good Samaritan Society – sessions with a mediator scheduled for February 24 and 25 (for all sites, Locals 212, 223, 227, 311, 314 and 316)
- Salem Manor – also in mediation, next date, February 14th.
- Touchmark at Wedgewood in Edmonton – negotiations yet to begin.
- Revera LTC (all sites) January 31 and February 1

Agreements that match salary parity with the provincial Agreement have been reached with:

- Extendicare – ratification vote on February 14th for all eight sites: 117, 143, 168, 170, 189, 209, 215, 224.
- Agape Hospice in Calgary
- St. Michaels LTC-Edmonton,
- Capital Care,
- Edith Cavel,
- Grande Prairie Care Centre,
- Venta Care Centre.
- Bethany Care at Calgary, Cochrane and Collegesside in Red Deer.

These agreements all mirror the provincial settlement, with salary increases of 0, 2% and 4%.

Most also have matched the provincial lump sum payments of \$875 biannually and have increases and language improvements in other areas, including for some in pensions and benefits.

Transition talks

Talks continue in mediation with AHS on bringing Alberta Corrections nurses into the UNA provincial agreement. Negotiations with the mediator present were inconclusive January 27 and 28. More talks are scheduled. 🍷

File a PRC!

When it's unsafe,
protect your patients,
protect yourself!

Documenting unsafe conditions with a PRC form filed with your local Professional Responsibility Committee, is an important first step to making changes.

UNA Professional Responsibility Committees have successfully improved staffing, increased safety and dealt with unsafe practices in hospitals and health sites across Alberta.

With more reliance on overcapacity beds, short staffing and lowered standards in long-term care, it's important for nurses to advocate for patients, clients and residents, and protect their own professional credibility and license.

THE FIRST STEP HAS TO START WITH YOU. FILE A PRC!

