

NewsBulletin



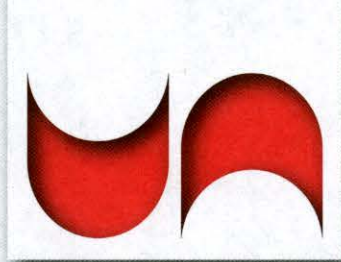
How to find & keep nurses?

Nurses looking for contract
improvements to address
the nursing shortage

RN Kim Philpott nurses
at the Royal Alexandra
Hospital in Edmonton.



NEGS 2007



Message from the President

Heather Smith



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Enclosed with this NewsBulletin is a UNA 2007 pin. Included with the pin is a handy card of contact information, small enough to put in your wallet for quick reference. This is the year we celebrate our 30th anniversary, which is one reason to have a special edition pin. A second reason to wear the pin is to show your support for achieving positive changes in our workplaces across Alberta.

On January 23rd, we exchanged in-going proposals with HBA Services (Health Boards of Alberta Services) and now the talks begin. Twenty-eight bargaining days remain to achieve a settlement before March 31st. We still need to exchange and undertake negotiations with the Alberta Cancer Board and long term care employers who are not participating in the HBA Services talks. We want to achieve settlements at all tables so that we can all vote at the same time.

This is the "retention and recruitment" round. Time will tell whether or not we can agree on the right mix of changes to enhance retention of the workforce we have and create attractive provisions to recruit the nurses Alberta desperately needs.

The day before our exchange with HBA Services the national media had several stories about Alberta "poaching" nurses from other provinces. The day we exchanged I received a letter from a nurse in Edmonton who has dedicated more than thirty years of her career to helping Albertans, but who now feels she "can no longer function in this extreme environment without serious harm to my present and future health."

This is the third such letter in a couple of weeks. Two veteran nurses in Calgary who feel they have no alternative but to leave the profession, wrote about intolerable workloads and unsupportive management. The words "I feel all used up" say it all.

Somehow we have to break the cycle and "detoxify" workplaces. Excessive workloads caused by staff shortages are forcing members to retire, opt for lower FTE's (full time equivalents) or transfer to casual employment. The result is more short staffing. Management actions or inaction often accelerate the rate of turnover.

What will persuade members who are eligible to retire to continue to participate in the workforce? What provisions will entice new workers, not just to come to Alberta but to stay? Recruitment is not just about finding new Employees, it is also about supportive environments that encourage current Employees to commit to higher permanent FTE's.

Regardless of what a new Collective Agreement includes, if we do not have supportive practices and attitudes we will have the same old toxic environments. Let's hope that in this round of negotiations we can produce outcomes worth celebrating.

Heather Smith

President, UNA

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How to find & keep nurses?

Nurses looking for contract improvements to address the nursing shortage

How to find and keep the nurses Alberta's health system desperately needs? Make sure Alberta continues to have the best compensation package for nurses in Canada. UNA nurses are looking to contract negotiations to reduce the crisis. On January 11, UNA members voted on the proposals they will take into the provincial contract talks. Many of the proposals focused on recruitment and retention issues. A summary of the major proposals follows on the next page.



Left to right, top row: Sheila Dorscheid, Jodi Rutley, Daphne Wallace, Pippa Cowan, Arlene Moreside, Bernadette Bredin, Merlin ZoBell, Judith Christie, Marg Hayne. Seated: Judy Brandley, Heather Smith, David Harrigan and Wanda Zimmerman.

Who's who in negotiations

UNA's Negotiating Committee

Heather Smith President	Jodi Rutley North Central District
David Harrigan Spokesperson and Chief Negotiator	Bernadette Bredin Central District
Judy Brandley Co-Chair, South District	Daphne Wallace South Central District
Wanda Zimmerman Co-Chair, Central District	Judith Christie South Central District
Marg Hayne North Central District	Merlin ZoBell South District
Sheila Dorscheid North District	Pippa Cowan UNA staff
Arlene Moreside North District	

Negotiating for the Health Regions

On the Health Boards of Alberta Services bargaining team are:

Cory Galway Spokesperson, HBA Services	Roy Wotherspoon Capital Health Region
Leslie McCoy Chinook Heath Region	Sheli Murphy Caritas Health Group
Kim LeBlanc Calgary Health Region	Leita Siever HBA Services
Janice Stewart Calgary Health Region	Scott Wiggs HBA Services
Peggy Hearonemus David Thompson Health Region	

It takes REGISTERED NURSES
for safe health care!



"It's great when I can
really help people."



"My patients are what's
most important."



"Our team saves lives.
It's wonderful."

United Nurses of Alberta
www.una.ab.ca

Reminding Albertans about the important work of RNs and RPNs

UNA currently has its largest ad campaign of recent years running on buses, rapid transit trains and billboards around the province. The slogan is "It takes Registered nurses for safe health care".

The campaign reminds Albertans who UNA is and that nurses care about patients. It also helps to remind the Alberta government and HBA Services that we are ready to go public.

The transit approach is a cost effective way to reach people in Edmonton, Calgary, Lethbridge and Medicine Hat. The billboards are located in Red Deer and in many rural locations and should have quite a local impact.

The ads feature three UNA members, Luke Wong and Sheila Jensen who both work at the Royal Alexandra Hospital in Edmonton and Deb Adams-Druar who works in homecare nursing in Edmonton.

Are RPNs left out?

On the transit ads, the posters mention that UNA is 23,000 Registered Nurses and Registered Psychiatric Nurses, but there was no equivalent way to do this on billboards. It is also impossible to use the lengthy phrase "Registered Nurses and Registered Psychiatric Nurses" in a headline. We use the phrase Registered nurses to include all nurses who are registered.

Radio ads for holiday season

UNA also ran special radio ads on many Alberta radio stations over the holiday season. The short message began with Registered nurses don't want to see you for the holidays. Not in the clinic not in emergency. It went on to wish everyone to have a safe and healthy holiday season. 🍷

Summary

Retention of experienced nurses

Employers and experts recognize that retention of experienced nurses is crucial to dealing with the growing shortage. Improving working conditions and reducing workload and stress will be essential. Nurses are proposing many changes that will help:

- Dedicate a minimum of 1% of the payroll of the bargaining unit for recruitment and retention initiatives.
- Increase vacation time and ensure nurses get their vacations, including up to 3 weeks continuous vacation.
- Schedule stability, so a nurse who is off is not constantly called to come in.
- Ensure nurses can refuse overtime and refuse to work when they are too tired.
- Recognize the preceptor role when nurses are training students OR other staff.
- Reimburse nurses' educational costs to \$750 per year.
- Add Easter Sunday and increase pay for working Named Holidays to 2x.
- Improve leaves of absence including family leave and bereavement leave.
- Flexible scheduling for nurses in pre (semi) retirement.
- Employees working for more than one Employer have all hours recognized for annual increments.
- Limit the number of times an Employer can call a nurse about more work to three times a day.
- Allow casual employees to buy into the benefit plans.

Recruitment

Proposals to enhance recruitment into new and permanent positions

- Dedicate a minimum of 1% of the payroll of the bargaining unit for recruitment and retention initiatives.

Nearly 600 UNA members gathered at the provincial Demand Setting Meeting in Edmonton last November. The delegates discussed and voted on all the proposals to take in to negotiations. The proposal package they created went to a province-wide vote of members on January 11, 2007.



- Create weekend worker positions.
- A new premium of \$2 an hour for working during summer months.
- Require all employers to have recruitment program for new graduates.
- Paid benefits for the full year of maternity leave.

Safety of nurses

The recent national report showed nursing to be one of the most dangerous jobs in Canada, with more nurses off ill than almost any other occupation. And nurses are exposed to more abuse and violence than almost all other Canadian workers as well. Protecting our caregivers is essential.

- Enforcement of zero tolerance of staff abuse.
- Mandate the use of non-latex gloves and other non-latex medical equipment where available.
- Use of "safetyengineered" needles and other medical sharps device
- A Sharps Injury Log with detailed information on skin-piercing injuries
- Increase sick leave accrual to 2.5 days per month and remove the 120 day cap
- The right to refuse to do particular work if there are reasonable grounds to believe this work will endanger their own health, safety, or physical well-being, or that of another Employee
- The right to refuse overtime work, without fear of discipline.

Patient safety and patient advocacy

Nurses top concern is safe care, and safe staffing levels to ensure that care. Nurses must be able to advocate for safe care. A number of proposals deal with patient safety.

- Safe levels of nursing care with a process to establish and modify safe nurse/patient ratios and consequences for non-compliance
- Access to arbitration to revolve Professional Responsibility concerns about patient safety.
- An RN or RPN to be designated in charge of every unit or program.
- The right to refuse overtime work.
- The person designated in-charge shall have the authority to make decisions to augment staff.
- Quality staff education with "hands on" in-services, not "on-line" courses.
- Higher premiums to attract nurses to work evening, night and weekend shifts.

Nurses' advocacy for nurses

Nurses must be able to advocate for safe conditions and safe care. Nurses are also proposing to strengthen their representation in a number of ways.

- Protections for employees' privacy when they are ill
- Employees have the right to union representation during evaluation as well as during any disciplinary interview
- Disciplinary letters or notices to remain on file for one year only and the employee receives a copy of everything that is put on their file
- No termination without just cause, including during probation
- The Employer shall provide Union leave with full pay and benefits as directed by the Local for individuals elected to do the work of the bargaining unit.

Ensure the best compensation in Canada

Alberta has an advantage in one of the best nurses' contracts in the country. Alberta also has the highest increases in cost of living in Canada. Nurses want to keep Alberta as a desirable destination for Canadian nurses.

- 12% salary increase in each year of a two-year agreement.
- Increase the Evening Shift premium to \$5 an hour and the Night Shift premium to \$8 an hour.
- Enhance benefits, including vision care.
- Increase overtime to 2.5x rate to discourage excessive overtime.
- Increase on-call rates to one third of employees basic rate of pay.
- Increase the in-charge premium to \$5 an hour.
- Increase the preceptor premium for nurses training students OR other employees to \$2.50 an hour.
- Nurses to be paid 2x, when they work a Named Holiday
- A summer premium of \$2 an hour to encourage nurses to take shifts in the months of June, July and August.
- Increase the education allowances for all relevant certificates by 50 cents an hour.
- Make all hours worked eligible for matching RRSP contributions and make all employees eligible for the RRSP plan.
- Increase severance to 4 weeks pay per year of service and remove the 40-week cap.

Provincial negotiations begin

Negotiations proper began on January 23 when UNA's Negotiating team exchanged proposals with the health region employers.

UNA and HBA Services have set 29 dates for the negotiations over the next three months. Through these talks the process may produce a settlement agreement. If the UNA Negotiating Committee reaches a settlement agreement, it must bring its recommendations to a Provincial Reporting Meeting, where delegates from all the affected Locals decide whether to accept the agreement and take it to a vote of all the members.

Before any province-wide vote, every affected UNA Local holds an information meeting, which is the best place for members to get information and discuss any pending decisions.

UNA members endorse proposals

Nurses endorsed UNA's package of negotiation proposals in a province-wide vote, held January 11.

The proposals for negotiations come initially from nurses and their UNA Locals. Those proposals were debated at length at the provincial Demand Setting Meeting held last November. At that meeting, over 600 members voted on specific proposals, which created the package that was put to the province-wide vote.

Contracts expire March 31, but terms continue

UNA's provincial agreement expires on March 31, 2007, however the terms continue to be in force until a new agreement is in place or until there is a lock out or strike. The contract had been a three-year term, beginning in April 2003, but nurses voted to extend it a further year. Contracts with many long-term care employers and the Alberta Cancer Board will also be expiring at the same time, and negotiations with these other groups will begin shortly as well.

Many Locals involved in the provincial negotiations round

Provincial negotiations cover many collective agreements and occur at several different negotiation tables during the "provincial round". The main table of provincial negotiations is for collective agreements covering about 23,000 UNA members working for the Health Regions. Health Boards of Alberta Services handles these negotiations for employers at this main table.

continued on next page

Get the latest on negotiations

There are a number of sources for information on UNA negotiations.

UNA's Website: www.una.ab.ca will have the latest public information on the negotiations. However, because UNA and the health employers have agreed to not negotiate publicly through the media, information on the public website may be limited.

UNA*Net UNA's internal email and conferencing system is exclusively for members (if you have your membership card, you can get on-line through the website: www.una.ab.ca). It offers free email and the latest discussions on nursing topics and negotiations.

negotiations@una.ab.ca Or you can email for more information on negotiations.

Call the **UNA Fact Line** 1-800-804-4541 (496-9262 in Edmonton area)

Talk to your Local Executive Member Local executives has access to the latest information on negotiations and are the best source for inside information.

Local meetings are the single best place to get information and discuss decisions.

If urgent communication becomes necessary, the Negotiating Committee also has other mechanisms available including podcasts, telephone fanouts, and telephone message broadcasting. 📞

There are a number of other UNA collective agreements also negotiated in conjunction with the main table. These other collective agreements up for negotiation are with:

- Alberta Cancer Board
- Bethany Care Calgary
- Bethany Care Cochrane
- Carewest Calgary
- Capital Care Edmonton

The Good Samaritan Society (including Stony Plain, Southridge, Pembina Village, Millwoods Centre, Dr. Gerald Zetter Care Centre and Southgate Centre).

- St. Joseph's Hospital Edmonton
- St. Michael's Long-term Care Edmonton
- St. Michael's Health Centre Lethbridge
- Youville Home St. Albert

These agreements are negotiated separately, at the same time as the main table.

Bethany Nursing Home Camrose and Rosehaven has agreed to join the main provincial table represented by HBA Services.

Health Regions come to table to discuss alternatives and solutions


The Health Region employers came to the bargaining table with a full range of proposals, including, for the first time in recent history, a monetary proposal. The employers' "in-going" proposals suggest some rollbacks, notably in hours of work, and part-time. The general tone from the employers, however, is a willingness to discuss solutions and alternatives to "meet the differing needs of multiple generations within the work force".

"It is important to remember, these are the employers' in-going proposals," said UNA President Heather Smith. "We have 28 more days of talks booked to negotiate on all these points," she said after the first day's meeting.

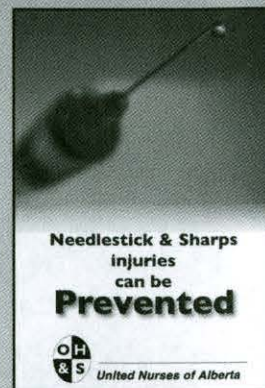
The employers' bargaining team said they wanted to discuss a whole range of retention and recruitment options, including:

- Creative ways to recognize Employees' need for quality work life and meet staffing requirements.
- Options to retain experienced nurses.
- In-charge pay within the context of workload and staffing issues.

Brief summary of Employer proposals

- 4 year term (April 1, 2007 to March 31, 2011)
 - Increase wages (% varies from 1.5% per year at Step 1 to 3.5% per year at Step 9)
 - Step 1 = 1.5% each year
 - Step 2 = 1.75% each year
 - Step 3 = 2.0% each year
 - Step 4 = 2.25% each year
 - Step 5 = 2.5% each year
 - Step 6 = 2.75% each year
 - Step 7 = 3.0% each year
 - Step 8 = 3.25% each year
 - Step 9 = 3.5% each year
 - Reduce scheduling provisions:
 - 10 hours versus 15.5 hours off duty between shifts
 - schedules only posted 8 weeks in advance versus 12 weeks ability to change schedules without penalty with only 7 versus 14 days notice.
 - Diminish obligations to provide adequate rest to Employees working on-call.
 - Increase transportation to 43¢/km. Delete \$130/month car allowance. An Employee required to have an automobile would receive 57¢ instead of 43¢/km.
 - An Employee shall be limited to 4 weeks of vacation during peak vacation periods, unless allowing more does not interfere with the ability to approve vacation for other Employees. Payout of vacation above 4 weeks if Employee requests.
 - Increase time to discipline from 10 to 14 days.
 - Extended Work Day options to include a mix of 7.75 and Extended Work Days.
-
- Shift differential and weekend premium provisions in light of staffing, quality of work life for Employees and the need to retain experienced Employees.
 - Discuss options for providing vacation pay rather than paid vacation time to Part-time Employees for shifts worked above their FTE.
 - Creative alternatives to enhance availability of Casual Employees.
 - Options to enhance timely recruitment of Canadian nurses from outside Alberta.
 - Application for Educational Allowances for the One year Diploma and the BSN. 

Every day nearly 30 Albertans will sustain an injury from "sharps"



Needlesticks and other medical sharps devices injure more than 70,000 Canadians each year. In Alberta, each year 10,400 people (29 per day) will sustain a sharps injury – the majority are nurses.

These injuries cost our health care system an estimated 140 million dollars per year. The cost of these injuries is even higher if you factor in lost time and the cost of replacement workers. A majority of these costs do not show up in the traditional measures of costs associated with workplace injury and illness such as WCB and Long Term Disability premiums. Post Exposure testing and treatment is often done on site and absorbed as part of the patient care costs.

In addition to the monetary impact sharps injuries have a personal impact on the injured worker. There is a six to twelve month waiting period for a test result, which has a serious psychological impact on the workers and their families. If required, post-exposure treatment is very debilitating.

However, these statistics are for those injuries that are reported. Studies have shown that 58% of sharps injuries are not reported. These injuries go unreported for a variety of reasons:

- The worker considers the injury a low risk
- Workers feel guilty about the injury and Employers blame workers for the injury
- Lack of support from their manager or person that they report the injury to
- Concerns about confidentiality and the stigma of being HIV positive
- Employers discourage reporting to reduce WCB premiums

The majority of these injuries are preventable. By switching to safety engineered sharps devices the number of sharps injuries can be reduced up to 90%. Most of these devices cost less than a postage stamp.

Injuries from sharps devices expose nurses to serious potentially fatal infections from blood borne pathogens such as Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). Sharps devices include hypodermic needles, IV catheters, blood collection needles, suture needles, lancets, sutures and scalpels.

Diseases transmitted by sharps

There are at least thirty-three blood borne pathogens that can be transmitted from a patient as a result of a sharps injury. The three most common are HBV, HCV and HIV.

If a nurse sustains a sharps injury and is exposed to an infected patient, their risk of infection depends on the pathogen involved, the immune status of the nurse, the severity of the injury and the availability and proper use of post-exposure prophylaxis. The Canadian Centre for Disease Control (CDC) has gathered data that indicates that the approximate rate of transmission after exposure to an infected source is:

HBV - 30% HCV - 3% HIV - 0.3%.

Hepatitis C poses the highest health risk as it has a ten times higher transmission rate than HIV and currently there is no vaccine. Chronic infection develops in 75% to 80% of those exposed and 70% will develop active liver disease. Often there is up to a 10-year period between exposure and the development of liver disease.

Health Canada studies show that nurses sustain 56% of the injuries caused by sharps. These numbers translate into an injury rate of 4.2 injuries per 100 person years for nurses. Phlebotomists have an injury rate that is ten times higher at 42 injuries per 100 person years.

Blood-filled needles are the biggest risk

The highest risk is from hollow-bore, blood-filled needles. Specific features make some devices more dangerous:

- Hollow-bore needles
- Needle devices that have to be taken apart or manipulated by the worker
- Devices that retain an exposed needle after use
- Needles that are attached to tubing

The greatest number of injuries result from needles attached to syringes, followed by suture needles. However, blood-filled, hollow-bore needles present the highest risk of pathogen transmission. Blood-filled needles such as IV catheter stylets, butterfly needles and phlebotomy needles are associated with the greatest incident of high-risk exposures.

Reporting injuries

your best defense against workplace injury and illness

Alberta legislation states that all employees are required to report any workplace injury or illness, no matter how minor, to their employer. As part of their obligations under the OHS Code your employer is required to investigate every report of workplace injury.

In addition, nurses should fill out a UNA OH&S report form. Local OH&S committee members cannot help prevent workplace injuries and illness unless they know about them. If a nurse fills out a UNA report form it can be forwarded to the OH&S committee with recommendations for prevention of any further injuries. If the issue is not resolved at the committee level it can be presented to the Regional Health Board or higher management depending on the wording in your Collective Agreement.

Controlling the risk

At the Source – Eliminate the Risk – Safety Engineered Devices

Controlling the hazard at the source is the best and most effective approach to occupational health and safety. The best control method is to eliminate the hazard as opposed to trying to work safely with it. Safety engineered needles and medical sharps greatly reduce the risk. You can eliminate all unnecessary injections, using needle-less IV systems and jet injectors. Only when safety-engineered technology is not available should other methods of control be instituted.

Safety engineered needles and medical sharps must be the primary method of eliminating and reducing sharps injuries. These devices afford the worker with the best protection because the safety features are incorporated into the device. It is imperative that nurses who use sharps should be involved in choosing appropriate devices.

Other provinces moving away from sharps

In other provinces, including BC and Saskatchewan, health and safety regulations have been updated and are mandating a move away from use of sharps. In both provinces, phased in programs are in place to move to safety-engineered devices. Legislation is also underway in Ontario and Nova Scotia. Alberta has no plan to move to safety-engineered devices.

Alberta's new Occupational Health and Safety Code enacted in 2004 does deal in part with the sharps safety issue. Under the Code Employers must assess safety and risk in any work environment and involve employees in that assessment. Hazards – including biological hazards – that they identify must be eliminated or controlled. Employers must provide sharps containers as close as reasonably practicable. Employees must use the sharps containers and are prohibited from recapping needles. ❗

Your Occupational Health and Safety Committee

Your collective agreement contains a provision that requires the employer to establish an Occupational Health and Safety Committee. Your local has representatives that serve on this committee and are elected from the membership.

You have the right to file a complaint regarding health and safety matters through you local representatives. You can fill out a UNA Staff Abuse and OH&S report form or contact your local OH&S representative, office/unit representative or your local executive and tell them about your concern. In addition to the concern you and the local also make recommendations regarding how to resolve the concern.

If you sustain an injury

- Wash the wound with soap and water ASAP
- Report the injury to your supervisor
- Report the injury to OH&S and the Employer
- Document the incident (use the employer's report form)
- Follow up with your own physician
- Get post-exposure medications (if applicable) within two hours of exposure
- Get follow-up testing and confidential counselling
- File a WCB workers report of illness or injury
- File a UNA OH&S complaint form

All needlestick injuries must be reported to your supervisor. Then the employer needs to ensure that first aid and/or medical attention is available immediately. The details of the exposure must be recorded including the source patient's name (if known). The employer must then assess the significance of the exposure and provide appropriate follow-up advice and counseling.

Post exposure follow up should include the following actions:

- Medical evaluation/intervention (this should include blood tests)
- Post exposure prophylaxis (within two hours of exposure)
- Confidential counseling ❗



For more information on sharps safety contact UNA Provincial Office for a copy of the UNA OH&S package.

Nurse, your funny bone is showing

Judith Russell is a long-time nurse at the Red Deer Regional Hospital.



By Judith Russell

Bang! The automatic double doors burst open and a moving bed appears accompanied by two masked bandits seemingly in charge of a lifeless body.

Oh! Did I mention that I was expecting them? This is my job. I'm a registered nurse in the recovery room of a hospital. A doctor and a nurse from the operating room are the bandits and the body is a patient, not yet awake, who has just had surgery.

Laughter is the best medicine

These doors open abruptly about forty times a day and my colleagues and I are part of the chain of events that gets patients home again.

"How do you do it?" I have been asked this question many times over the thirty-five years of my nursing career. The answer is simple. Humour.

Laughter is the best medicine and in any area of nursing that I have pursued over the years, I have used it every day. It appears in all forms of jovialness from jokes to picking up lines that remind me of a song and of course you must

then break into song. This is my main survival technique. Humour prevails in my corner of the boxing ring.

There are so many situations to pick up a cue and run with it. An elderly man wants to sing "The old Rugged Cross" and why not sing along if you know the words. There is lots of opportunity to bring forth a chuckle with peers and with patients.

Not every moment is filled with laughter. Working in health care has many, too many, sad times. But to balance out the day, the week, and many years, we must laugh.

I was asked once by a manager, how I found so much to laugh about. And she wasn't always enamoured by my jesting either. I simply stated it was either going to be laughing or it would be barking under a table and I felt laughing was more helpful to my patients and my co-workers.

Clichés abound. Laugh and the world laughs with you. You use more muscles with a frown than a smile. So I'll take the easy route and smile. It should also save me from a face-lift.

I recommend it to everyone and after all these years I still plan to have the last laugh. 🐾

CAUTION

ON WHISTLEBLOWING

NURSES NEED TO BRING ISSUES UP THROUGH DUE PROCESS BEFORE GOING TO MEDIA

Calling up a journalist when there's a problem in the health system may not be the wisest route to go. One nurse's call recently resulted in a newspaper article the next day with the headline: *Drug delays pose threat to patients*. The reporter had quoted a nurse anonymously complaining about drug supply problems. Capital Health's Chief Operating Officer Michelle Leahy was also quoted saying they would look into the delays immediately.

Capital Health was most unhappy with the negative publicity and was concerned it eroded public confidence in the health system.

They undertook a significant investigation, interviewing several nurses and other employees. They believed they had identified the nurse and were prepared to terminate until UNA intervened. One nurse finally was given a warning letter.

UNA's Director of Labour Relations David Harrigan points out that employees have a duty of fidelity to their employer and that means informing the organization about problems first and using every process available before "blowing the whistle".

"If nurses cannot get issues straightened out directly with their supervisor or manager, we have a clear process: the Professional Responsibility Committee," David Harrigan points out.

When a nurse takes the time to write down a concern about patient care and file a PRC complaint it does a number of things. It directly informs management about the problem. It involves co-workers through your Local and allows for support from co-workers. Putting it in writing also professionally protects the individual nurse who has taken the necessary step to alert management about a problem.

"We know the process takes time," David Harrigan says. "But it does work and has often resulted in important improvements."

"That certainly does not mean that nurses should never talk to reporters," he says. "But for complaints like this it is far safer to go through the process and then go to the media with the support of your union if all else fails," he says. 🐾

Nurses uncover two more mold cases

OH&S Success Stories

by Linda Peterson, UNA Occupational Health & Safety Officer

One of the most important ways to raise the profile of your Local or regional OH&S committee is to celebrate your successes. Members are more likely to raise health and safety concerns if they see positive results.

Many Locals are bringing concerns to their OH&S committees and assertively pursuing these issues through the process outlined in the collective agreement. The following examples demonstrate that taking a stand and refusing to take no for an answer can lead to positive change.

Local 120 at the Lethbridge Health Centre has had a longstanding concern in the Day Treatment Centre where staff have been reporting symptoms often associated with exposure to mold. These symptoms include runny nose or nasal congestion, eye irritation, cough or congestion, aggravation of asthma, fatigue, headaches and difficulty concentrating.

In the past there had been water leaks in the area. When the employer investigated they found mold in the wallboard of the kitchen area. Rather than remove the material they simply painted it with an "anti-fungal" paint.

Staff continued to suffer the same symptoms so the Local submitted a UNA OH&S form to the OH&S committee. The Local representatives recommended a visual inspection for evidence of water damage and fungal contamination, surface sampling and air testing.

The employer was initially unwilling to proceed with the testing but finally agreed when they realized that the Local would go to the Chinook Health Board.

The testing results showed high levels of mold in the kitchen area, high concentrations of carbon dioxide in the group therapy room and high levels of volatile organic chemicals in the workshop. The employer must remove and replace the wallboard in the kitchen and improve ventilation in the group therapy room and workshop.

The community nurses working at the Eastwood Public Health Centre in Capital Health have also had a long battle with their employer over mold contamination. Staff reported

extensive flooding to their Local in August 2003. Several administrative staff experienced symptoms of allergies and skin rash.

Local 196 representatives filed a PRC and asked the employer to do testing. They did proceed with air testing after steam cleaning the carpets. The testing results came back as low levels of mold. Air testing is considered an unreliable method of testing for mold contamination. The union arranged for independent surface sampling, which showed "toxic" mold in the basement kitchen area.

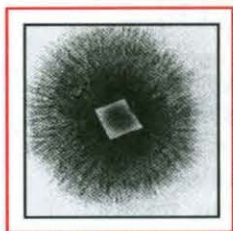
The clinic continued to experience frequent water leaks and flooding and staff began to report symptoms. But the employer refused to investigate further. They said that because they were renting the space they did not want to invest any money in improving the environment. In addition, Capital Health representatives repeatedly advised the staff that they would soon be relocating to a new site.

By 2006 there were no improvements and no move to another site in the works. In addition the employer decided to move a number of nurses down to the basement area where we knew there was mold contamination. The Local decided to take a more aggressive stance and filed a complaint with Workplace Health and Safety.

Government OH&S officers met with the union and the employer and proceeded with a visual inspection of the office. They then issued an order under the OHS Act requiring the employer to arrange for testing and to provide staff with a workshop on their rights under the OHS Act and Code.

Testing confirmed that there was mold contamination in basement kitchen and six other areas in the basement and the main floor of the clinic. The employer agreed to proceed with mold removal and was hoping to have it completed by Christmas.

Kudos to Locals 120, 196 and the many other Locals who are improving the health and safety of their members by making their OH&S committees work for them. 🍷



know more about **PENSIONS**

Working another year increases your pension

Under the Local Authorities Pension Plan, the more years you work, the higher your pension. Each additional year of service will increase your pension by at least 3.4% under the pension formula. If after you retire your pension covers many years that increase can add up to thousands of dollars.

The LAPP pension is based on the years you work ("years of pensionable service") and your earnings (your five consecutive years of highest salary). Adding years to your service directly increases your pension.

The 85 factor

Under LAPP, you become eligible for unreduced pension when you reach the "85 factor", that is your years of service plus your age. For example, age 60 plus 25 years employment gives you the 85 factor necessary for an unreduced pension. But if you decide to work for another year, your pension goes up. Each extra year increases pension until you reach 35 years of service.

Only contributing years count

Only years when you were contributing to the LAPP count in years of service. Anyone working casual or less than 0.4 full-time equivalent is not eligible to contribute.

What happens after I have 35 years of service?

Your contributions to the Plan cease. You cannot accrue more than 35 years of pensionable service, even if you continue working beyond 35 years. However, your salary after you have accrued 35 years of service may be taken into account when calculating your highest average salary, subject to the salary cap. The salary cap is the maximum salary upon which a defined benefit can be based as set by the federal Income Tax Act.

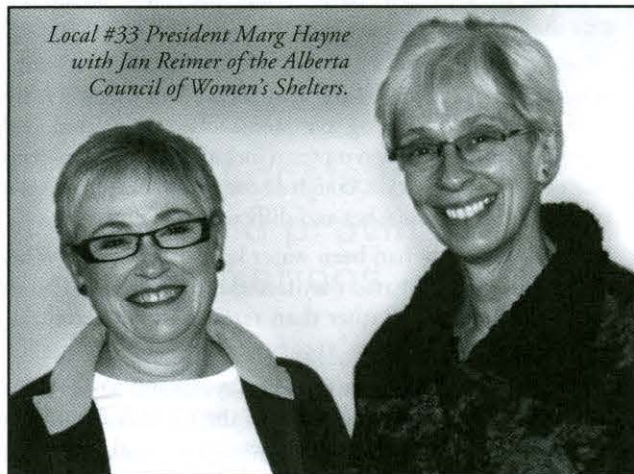
plan for your future

Capital Health nurses make large donation to women's shelters

It was a real opportunity to do something great for women in need," says Marg Hayne, President of UNA Local #33 at the Royal Alex, about a hefty \$45,000 plus donation Capital Health Region nurses made recently. On January 11, the nurses voted to contribute the proceeds from insurance company de-mutualization to the Alberta Council of Women's Shelters. The insurance companies rebated thousands of dollars to the Region several years ago, and because nurses contributed 25% in their benefits plan toward the premiums, nurses received part of the rebate when the insurance companies "bought out" the planholders through de-mutualization.

"It amounted to less than \$6.50 per nurse, and was money that was not earmarked at all," noted Marg Hayne. "But for women's shelters, it became a major donation. This money

*Local #33 President Marg Hayne
with Jan Reimer of the Alberta
Council of Women's Shelters.*



can benefit our patients, colleagues, friends and families."

Former Edmonton mayor Jan Reimer now heads up the Council and expressed great appreciation to nurses for the support.

Reimer said the funding would be most helpful if it was not specifically targeted but supported the basic operations of the Council and shelters.

Alberta is the most dangerous province in Canada for women, she said. The province has the highest number of women reporting assaults and the highest rate of murder-suicide in Canada.

She also said the Council puts a priority on children and helping children who have been exposed to domestic violence. They are training special support workers for children.

The Royal Alex staff had to deal with the murder of Liana White, one of their co-workers last year, said Marg Hayne.

Reimer also explained some of the dire needs women face. "We are severely deficient in second stage support," she said. "We need 600 longer-term apartment style units for women and their families."

Women's shelters normally provide only three weeks of accommodation for women who are escaping abusive relationships, and often that is not long enough to get new housing ready, Reimer said. ♥



KAREN CRAIK BIKES TO BEAT CANCER



Karen Craik, Secretary-Treasurer of the United Nurses of Alberta, was profiled in the October 2006 issue of *Homemakers* magazine. The article highlighted her successful battle with ovarian cancer and all her activities in promoting awareness of the disease. Karen was diagnosed with Stage Three ovarian cancer in 2000.

She was training for a bicycle tour as a fundraising event in Kananaskis with her sister when Karen said she first noticed a symptom. "I sensed something wrong in my abdomen. I felt slight twinges of pain on my right side," she says. An ultrasound test two weeks later showed a malignancy in her right ovary. Surgery showed she had stage 3 ovarian cancer.

Ovarian cancer is much more treatable when it is not as advanced



SHE RODE THE 65 KILOMETRE COURSE IN 37 DEGREE HEAT.

but aggressive surgery, chemotherapy and Karen's bike riding helped her beat the odds.

Karen has also become very active with the National Ovarian Cancer

Association. She hopes research can come up with early-stage screening tests that will catch the disease earlier and give more women a better chance at beating it.

Her leadership on raising awareness of ovarian cancer, together with her passion for bike riding, got her an invitation to participate in Lance Armstrong's Live Strong Bike Challenge in his hometown of Austin, Texas on October 9. Karen went as a "cancer warrior" with a Calgary contingent that raised over \$400,000 for cancer projects in Alberta, including the Wellspring Centre in Calgary for cancer survivors.

She rode the 65 kilometre course in 37 degree heat. Karen who often cycles in the mountains had a hard time with the heat but finished the course. 🍷

OVARIAN CANCER WHAT TO WATCH FOR

- changes in bowel habits
- abdominal bloating, increase in size
- increased urination
- changes in menstruation patterns

If symptoms persist for more than three weeks, see your health practitioner!

For more info:
www.ovariancanada.org



June 5-8, 2007 in beautiful St. John's, Newfoundland and Labrador.

We encourage all of you to come to the 2007 Convention of the Canadian Federation of Nurses Unions.

Our theme this year is Solidarity without Boundaries.

Come and meet nurses from across the country. Learn, plan, strategize and laugh together. Together, we make a difference.

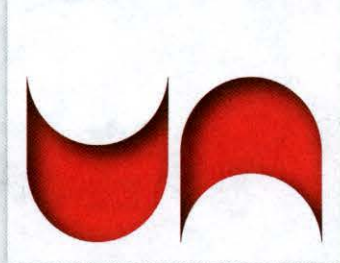
For registration information, go to www.cfnu.ca or contact your provincial union.

Deadline for registration is May 5th, 2007

Linda Silas, President, CFNU

Solidarity without boundaries
Solidarité sans frontières

Canadian Federation of Nurses Unions
THE NATIONAL VOICE FOR NURSES



Nursing News

Shortage of nurses closing beds in Calgary

News reports came out over the past few weeks that Calgary Health Region has closed up to 30 beds because of a lack of nurses and of doctors. "The single most critical issue facing the CHR is the health-care workforce," said Calgary CEO Jack Davis. "We need to train more health care providers, we need to hire more health care providers and we need to do a better job retaining health care providers."

He is also reported as saying the short-term plan is to increase focus on retention and recruitment of staff.

Mr. Davis also spoke against privatization during an on-line forum hosted by the Calgary Sun. "There is very little point in talking about privatizing health care as long as we have an extreme shortage of health care providers. We do not want to set up competition for an already scarce resource. We need a very coordinated approach to make sure we make the best use of our health care workforce. We don't need to fragment the health care system."

Calgary recruiting 50 international nurses

The Calgary Health Region recently informed UNA it plans to recruit 50 international nurses. The recruitment initiative comes under a Letter of Understanding in the Collective Agreement that allows for "Extraordinary Temporary Positions for International Recruitment" (page 180 of the provincial agreement).

Aspen begins mentoring retention plan

Aspen Health Region has announced a plan to mentor new nurses for three-months. The Region hopes the program for "newly

qualified" nurses will help them over the new job bumps and help the Region retain their new recruits.

The program will team up experienced nurses, who get a special short mentoring orientation, with new graduates or refresher nurses coming back to the profession. The new nurses will be new employees, in regular positions of 0.5 FTE or more. But for the first three months of the position they will be partnered full-time with their mentor and will not be included in the regular staff count.

Not all vacant nursing positions can be mentored. Job competitions for mentored positions are labeled as "may be eligible for the Nursing Mentorship Program."

Donna Nelson President of Local #136 in Barrhead: says nurses are pleased and excited by the project.

"I think it's great. It could be even broader, including temporary and casuals, where many new nurses start. There's such a big learning curve for new nurses. In small facilities nurses have immediate responsibilities, often working alone."

Aspen Health Region had met with UNA Local representatives from specific Aspen areas to create the program. The program is a response to the constant shortage of RNs the Region experiences.

Stelmach puts priority on health workforce shortages

New Premier Ed Stelmach made some of his plans for health care public in December with his series of public letters to his new cabinet ministers. Stelmach's letter to new Health and Wellness Minister Dave Hancock asked him to:

- Implement health care productivity reforms and long term sustainability initiatives in consultation with health care professionals and

regional health authorities.

- Implement a comprehensive workforce strategy to secure and retain the health professionals needed over the next 10 years.
- Implement a new pharmaceutical strategy to improve the management of government drug expenditures to ensure that Albertans have access to sustainable government drug coverage.
- Strengthen public health services that promote wellness and injury and disease prevention and provide preparedness for public health emergencies.

Stelmach also had priorities for seniors, which included expanding long-term care and improving the standards of care.

Saskatchewan nurses say they are short nearly 1,000 RNs/RPNs

The Saskatchewan Union of Nurses (SUN) has concluded their second Staffing for Professional Standards audit. The results from the 2005 audit showed 250 fulltime equivalent (FTE) vacancies and a need for an additional 300 registered nurse/registered psychiatric nurse (RN/RPN) positions.

One year later, the October 2006 SUN audit of the province's Regional Health Authorities has revealed 579 vacancies for RNs and RPNs; this is equivalent to 464.5 full time positions – a 71.6% increase in vacant positions since October 2005. Nurses have also identified that an additional 268.5 (FTE) RNs and RPNs are required to provide adequate baseline staffing to ensure agencies can meet professional standards. This shortage has forced the closure of 253 hospital beds, negatively affecting admissions and wait times, and producing a vicious cycle.



Jane Sustrik poses with villager Jaunita during the 2006 tour in Nicaragua.

Jane Sustrik helps a village with cows

Last year, UNA 2nd Vice President Jane Sustrik went with a four person UNA delegation on a tour of Central America sponsored by CoDevelopment Canada, a Canadian development agency that UNA supports. Jane was particularly struck by the village of El Regadio in Nicaragua that they visited. The village families live a subsistence life and they said things could be much better if they had one or two milk cows. Jane asked the CoDev people how much it would cost to buy cows for the village and was told it would cost about the same as in Canada, a few thousand dollars.

"I decided I could do it, raise the money to get these people a milk cow," says Jane.

Upon her return to Canada Jane announced her intention to raise the money to everyone who would listen. Since then many UNA members, staff, Locals and other unions and family members – "especially family" says Jane – have all contributed.

In January Jane sent off \$9,000 to CoDev to get the village started with at least a couple of milk cows.

"Thanks to everyone who pitched in," Jane says. "This is a huge gift to a whole village. I'm so glad we could do it."

Enrollment up in U.S. nursing Colleges

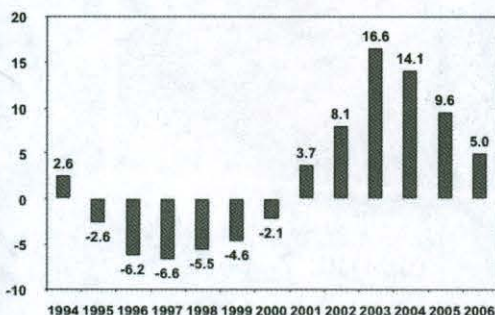
Preliminary survey data show that enrollment in entry-level baccalaureate nursing programs increased by 5.0 percent from 2005 to 2006 in the U.S. Surveyed nursing colleges and universities also turned away more than

32,000 qualified applicants due primarily to a shortage of nurse educators.

In a report released in April 2006, the Health Resources and Services Administration (HRSA) projects that nursing schools must increase the number of graduates by 90 percent in order to adequately address the nursing shortage. With an 18.0 percent increase in graduations from baccalaureate nursing programs this year, schools are falling far short of meeting this target. By the year 2020, HRSA projects that more than one million new Registered Nurses (RNs) will be needed in the U.S. healthcare system to meet the demand for nursing care.

This is the sixth consecutive year of enrollment gains with 9.6, 14.1, 16.6, 8.1, and 3.7 percent increases in 2005, 2004, 2003, 2002, and 2001, respectively. Prior to the six-year upswing, baccalaureate nursing programs experienced six years of declining enrollments from 1995 through 2000.

Changes in enrollment in U.S. baccalaureate nursing programs



SOURCE: American Association of Colleges of Nursing, Research and Data Center, 1994-2006

MEMBER DRAW

attend the

CFNU Biennium

In St. John's Newfoundland • June 4 – 8, 2007



UNA is providing 20 registrations and costs for UNA members to be selected through this draw. UNA covers the costs of travel (airfare and taxi), two days (business days) funding if necessary, members are encouraged to apply for professional development days for the educational portion of the convention, June 5 and 6), accommodation for five nights, meals for five days as per UNA policy.

Delegates are required to attend the full convention. June 4, arrival, June 9, departure.

Member Name:

Local #:

Home phone:

Work phone:

Email address:

Submit this entry form by:
16:30, Friday, March 9, 2007 to:

UNA Provincial Office
900-10611 98 Avenue
Edmonton, Alberta. T5K 2P7

Only ONE entry per member allowed.

UNA advertising reminds Albertans
about the importance of nursing.

See page 4

It takes REGISTERED NURSES for safe health care!



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really help people."



"My patients are what's
most important."



"Our team saves lives.
It's wonderful."



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23,000 Registered Nurses, Registered Psychiatric Nurses and allied health workers.