NEWS BULLETIN

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SPECIAL EDITION | UNITED NURSES OF ALBERTA | JULY 1996

SPECIAL EDITION — REGION 10

REGION 10 NURSES SPEAK OUT

"I feel it is time nurses stood up and made people aware of the terrible way in which they are being treated. Morale is low and we continue to be treated as second class citizens when [other] health professionals among us are being rewarded and treated with dignity and respect."

"My main concern: qualified staff to provide safe nursing care. Patients today are much sicker and we need an adequate amount of knowledge and number of staff to safely look after these ill people."

"Work hard! Don't give in ... The Collective Agreement is the foundation for excellence in health care for Albertans."

"We want to use the nurses that are employed instead of undermining their positions or rendering them useless. Protect your own first. It's like a family — you don't turn on your own."

"UNA is doing great work during a difficult political regime. Keep it up! Ralph is not immortal."

"We have given "enough". I do not feel we should even consider remaining at the status quo on anything, especially during these times. We are not selfish. We are worth it!"

"Nurses are underpaid and undervalued by the government. Our quality of health care will rapidly decrease if professionals such as nurses are underpaid and understaffed!"

"Registered Nurses are facing much of the day-to-day stresses associated with major health care changes and cut-backs. We need to feel that our union is strong (undivided) and clear on issues."

"I am deeply concerned about the direction (or lack thereof) that health care is taking. I see and feel the burnout, the frustration, and the decline in patient care and through NO fault of nursing. I feel that nurses have taken the brunt of health care cuts. ... Thank God for Unions!"

"Thank you UNA! Thanks for all your good work and representing us in a professional and dignified manner."

The above quotes are member responses to the UNA questionnaire mailed in May to all UNA members.

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UNA has moved the production of the NewsBulletin inhouse for this publication. Your comments would be welcomed and appreciated.

BENEFITS-ALERT FOR PART TIME EMPLOYEES

If you are a regularly scheduled employee and your hours of work are less than an average of 15 hours per week, you are classified under the collective agreement as a part time employee. As such, **you do receive various benefits.**

You are still eligible to receive:

- Alberta Blue Cross Supplementary Benefits or equivalent;
- Alberta Health Care Insurance; and
- Alberta Blue Cross Dental Plan or equivalent.

If you are a part time employee, and your hours of work are more than an average of 15 hours per week, you are also eligible to receive (in addition to the above benefits):

- Group Life Insurance
- Accidental Death and Dismemberment
- Short Term Disability
- Long Term Disability

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UNA's Deadlines

Any article, letter or comments for the next UNA NewsBulletin must be received by the Provincial Office no later than August 21, 1996. Please include your mane, Local number and phone number with the text. UNA reserves the right to edit any copy received and to make all final decisions on material published by the Union.

UNA WELCOMES NEW LOCALS

Since the fall of 1995, nurses from across the province have recognized the need to band together to form one provincial union for nurses. Many of these groups chose this time to unionize because they did not want to bargain as individuals against their new employer - the regional health authority. They all wanted the protection of a collective agreement and a strong union willing to enforce the terms of the collective agreement rather than face the uncertainty of bargaining against a region-wide employer.

Our new certificate holders are registered nurses and registered psychiatric nurses at:

Local 196
Edmonton Board of Health

Local 197
Peace River Health Unit

Local 198
Castor Hospital

Local 199
Peace River Auxiliary Nursing Home

Local 202
Willowcreek Auxiliary and Nursing Home, Claresholm

We are still waiting for a decision from the Labour Relations Board regarding an application for certification for the community and home care nurses in the David Thompson Region. The LRB indicated that we could expect a decision some time early to mid-July.

COMMUNITY HEALTH - One Certificate

by
Kris Farkas, Labour Relations Officer

On June 6, 1996, the Capital Health Authority applied for a consolidation of existing bargaining certificates in public health and community health. In the application, the Capital Health Authority noted that the public health and community health programs are now managed and delivered under common management within the region. The Capital Health Authority indicated that staff were being intermingled between sites throughout the Capital Health Authority.

The applications made by the employer pertains to all employees within the Capital Health Authority.

As a result of regionalization, two previously certified groups are now within the same region under the Capital Health Authority. The first group are those nurses who used to work for the Edmonton Board of Health and who are currently represented by UNA Local 196. This group forms approximately 95% of all the nurses in community health within the Capital Health Authority. The second group are those nurses who used to work for the Board of the Sturgeon Health Unit. Some of the nurses are currently stationed out of the Sturgeon Hospital (providing community health services). They are currently represented by the Staff Nurses Association. This group forms approximately 5% of all the nurses in community health within the Capital Health region.

The employer's application seeks an order revoking SNAA's certificate and a declaration that UNA be the bargaining agent on behalf of all the nurses in community health within the Capital Health Authority. Further, the application asks that the SNAA collective agreement be revoked and that UNA's collective agreement continues in force for all nurses within the region.

What Does All This Mean?

The main effect of the employer's application is that, instead of having two bargaining units within the Capital Health Authority for nurses, there will be just one bargaining unit. This means that the employer only has to deal with one collective agreement for nurses.

UNA's Response

After reviewing the law in this matter, and considering the degree of intermingling of staff in this area, UNA responded by indicating that we had no objections to the employer's application.

If the application is granted by the Labour Relations Board, an agreement will have to be negotiated to make "consequential amendments" to the collective agreement. In other words, the parties will have to figure out how to standardize seniority, salaries, benefits, etc.

"REFERRAL HOSPITALS" • One Certificate

What does this mean?

The employer states that it wants to simplify its bargaining structure and management structure. Over the past few months, the employer has been working at simplifying its management structure by "integrating" management across three sites - the Royal Alexandra, the University Hospital and the Glenrose. These facilities are called the "referral hospitals". The Capital Health Authority also wants the ability to transfer programs and staff between sites with minimal difficulties.

If the Labour Relations Board determines that one certificate is appropriate and necessary, the employer has asked that a vote occur to determine which union will represent the nurses. The employer has asked that the vote be only of the nurses at the "referral" hospitals. The choices in the vote will be UNA or SNAA.

The employer application does not just affect UNA and SNAA. There are currently six unions affected by the application with 15 different collective agreements in force. The Labour Relations Board has given all of the unions until July 19, 1996 to respond to the employer's application. The Board has also asked that the parties have a pre-hearing meeting with the Board to discuss issues and process. Given the number of issues raised by the employer application, the hearing could be quite lengthy. The dates of the hearing have not yet been scheduled.

What is the current situation regarding union certification?

Currently, there are a number of separate certificates for nurses. UNA Local #11 holds the certificate at the Misericordia; UNA Local #79 holds the certificate at the Edmonton General and Grey Nuns; UNA Local #32 holds the certificate at the Glenrose; UNA Local #200/#33 holds the certificate at the Royal Alexandra Hospital; UNA Local #85 holds the certificate at the Sturgeon; and SNAA holds the certificate at the University Hospital.

UNA is arguing that there is no reason to have just one certificate at these three sites.

This means that there are six separate certificates and six separate contracts in place.

What application has been filed?

The Capital Health Authority has filed an application with the Labour Relations Board. The Capital Health Authority is requesting that there be only one certificate for the referral hospital RNs. This would mean a single certificate and a single collective agreement covering the Royal Alexandra Hospital, the Glenrose, and the University Hospital.

Why has the Capital Health Authority made the application?

According to the Capital Health Authority, the delivery of health services at these sites has been integrated and the employer wishes to intermingle employees from only the three sites listed above (eg. having one OR team working multiple sites).

What is UNA s Position?

UNA is arguing that there is **no** reason to have just one certificate at these three sites. If however, the Labour Relations Board does decide that only one certificate should exist, we believe that it should be a region-wide certificate.

What is the process?

A hearing will be held by the Labour Relations Board to determine whether to grant the employer's request.

The Labour Relations Board will decide whether it is necessary and appropriate to have a single certificate and a single collective agreement. **If the Labour Relations Board orders a single certificate, they will order a vote of the nurses to determine if they want to be represented by UNA or by SNAA.**

What about the other hospitals?

UNA believes that if there is to be a single certificate and a run-off vote, nurses at the Sturgeon, Misericordia, Edmonton General and Grey Nuns sites should be included in the process. We can see no reason to exclude these facilities. Clearly the changes brought about by regionalization have impacted these sites as much as the others.

What exactly would we be voting on?

Nurses will **not** get a chance to vote whether there should be a single certificate and a single collective agreement. That decision will be made by the Labour Relations Board alone. **Nurses**

The Capital Health Authority has applied to the Labour Relations Board to have one bargaining certificate for nurses at the "referral" hospital sites.

will vote on whether they wish to be represented by UNA or SNAA only if the Labour Relations Board decides to consolidate certificates.

Who is entitled to vote?

As stated earlier, UNA believes that nurses at all acute care facilities in the region should be entitled to a vote. The Capital Health Authority wants only the nurses at the Royal Alexandra Hospital, Glenrose and University sites to vote.

What about casual employees?

The Labour Relations Board generally rules that, unless agreed otherwise by the parties, only casual employees who worked on the date the application was made have the right to vote.

UNA believes that all employees, **including casuals,** should have the right to vote.

I am employed at more than one facility. Do I get to vote more than once?

No. Each nurse may only vote once, even if a nurse is employed at more than one facility.

What will happen after the vote?

Whichever union receives the most votes will then be the certified bargaining agent. The successful union will likely have to sit down with the Capital Health Authority to work on transitional provisions to bring all nurses with one agreement. Issues such as seniority, hours of work, etc. will have to be addressed. Even under one certificate and one collective agreement, it is likely that there would be some Local Conditions that would differ from facility to facility. Currently, there are Local Conditions at the Glenrose, Royal Alexandra Hospital, Misericordia and Edmonton General. If UNA is successful in a vote, there is no reason why nurses at the University could not, if they wished, continue to base their seniority on hours worked rather than date of hire.

Will there be region-wide seniority?

Unless the Capital Health Authority and the successful union agreed otherwise, one collective agreement would mean region-wide seniority. If UNA is the successful union, UNA members will vote on any changes to the current method of determining seniority.

Will there be region wide bumping?

Unlikely. The Capital Health Authority and the successful Union must negotiate how displacement provisions would work. Once again, UNA members would vote on any agreements made between UNA and the Employer.

If there is one certificate, could the Employer force me to transfer to another facility?

That depends on which Union is successful. If UNA is successful, the UNA agreement would apply. The UNA collective agreement has provisions which make it clear that if a service or unit if transferred to another facility under the same certificate, nurses have the right to decide whether to transfer or whether they wish to remain at their current facility. The provision does not appear in any other nurses union's agreement.

Why vote for UNA?

UNA represents more than 12,000 nurses in Alberta. No other Alberta nurses union brings that kind of strength to the bargaining table. **United we bargain, divided we beg.**

UNA has 14 labour relations staff devoted to representing nurses — professionally and in work-related issues.

By law, all a union is required to do is enforce the Collective Agreement. UNA goes much further. UNA also represents nurses at WCB appeals, UIC appeals, LTD appeals, at the Human Rights Commission, Labour Relations Board, in front of the AARN Professional Conduct Committee, at Fatality Inquiries and more — anything to related to nurses' work.

UNA is a democratic organization. Demands for bargaining are voted on by each and every member before being presented to the Employer.

Dues are lower at UNA compared to SNAA. UNA dues are 1.1%. SNAA dues are $41.00 plus a $2.00 special levy and if you work fewer than 10 hours, dues are $10.00 plus a $2.00 special levy.

UNA has a strong and proud history of representing nurses in their working and professional lives.

United Nurses of Alberta

The Union for Nurses

Keep UNA Strong & United

TRANSFER UPDATE

The employer is continuing to attempt to transfer employees between sites in the Capital Health Authority region. At this time, no transfer agreement is in place between the nurses' unions. SNAA has, in the past, refused to participate in any transfer discussions. UNA has made it clear that we are not interested in agreeing to a one-way transfer deal.

The Employer has again approached UNA to discuss transfers. The Employer first suggested that the transfer agreement be limited to pediatrics, fertility clinic and possibly neuro and pediatric psychiatry. UNA's response was that this was a piecemeal approach and was counterproductive. Our membership would like to deal with the issue once and for all through a generic transfer deal which would govern all future transfers.

On June 21, 1996, the employer advised that SNAA was finally prepared to meet on June 24th to discuss transfers, but that **SNAA was imposing three preconditions to its cooperation. Before discussing transfers, SNAA insisted that:**

1. **UNA must first agree to withdraw the outstanding grievances regarding the pediatric psychiatry transfer of August 1995;**
2. **UNA must accept that nurses transferring to the University would have her seniority based on hours worked;**
3. **UNA must also agree to take all of the NICU nurses transferring from the University to the Royal Alex.**

UNA did not feel that it was appropriate to set preconditions to negotiations, especially since SNAA was not committing to negotiating a generic transfer agreement. UNA advised the employer of its refusal to comply with these preconditions prior to the meeting on Monday, June 24.

UNA's position is:

1. **UNA wants to resolve the pediatric psychiatry transfer;**
2. **UNA is willing to negotiate the issue of seniority and all other aspects of a transfer deal;**
3. **All transfers would be governed by whatever transfer agreement is arrived at, including NICU.**

However, UNA is not prepared to agree to preconditions to negotiations.

UNA attended the June 24th meeting with hopes that finally a transfer agreement could be reached, only to be advised by the employer that SNAA refused to meet with UNA face-to-face and was still insisting that UNA had to agree to the three preconditions before they would engage in any discussions whatsoever. UNA again reiterated that all of the items were open for discussions and negotiations, but could not agree to items as preconditions to negotiations. The meeting adjourned.

UNA wrote to SNAA on June 25 to again request that the parties meet to negotiate a transfer agreement. On July 12, SNAA replied that they were willing to meet. UNA then requested meeting dates be set. SNAA wrote back that they would only meet if their three pre-conditions were fulfilled prior to negotiations.

It is UNA's hopes that a transfer agreement can still be concluded. It is not in the best interests of nurses to allow the unilateral actions of the Employer to prevail and force the unions to react.

THE OBERG REPORT - UNA Responds

by
David Harrigan, Director of Labour Relations

On Tuesday, July 2, the Report of the Capital Health Authority Review Committee, chaired by MLA Lyle Oberg was released. The Committee was instituted by the Premier in response to a request from the Capital Health Authority for an additional $21 million in order to cover expected budget shortfalls. Although its intent was to review the Capital Health Authority's operations and attempt to find additional savings within the RHA's budget, the Oberg Committee also made a number of recommendations aimed at groups other than the Capital Health Authority, including recommendations to the provincial government, the Provincial Mental Health Board, and the Department of Health.

The following are some of the more important recommendations:

Funding

- That boundaries for the Capital Health Authority be reviewed and adjusted.

This recommendation appears directed to both the outlying counties as well as the provincial government. The Capital Health Authority has no authority to amend its borders by adding additional towns and counties. The government has declined comment on this recommendation.

- That implementation of population-based funding formula proceed as quickly as possible.

Again, the Capital Health Authority has no authority over this. This recommendation appears aimed at the Department of Health. The Department plans to proceed with the new funding formula.

Governance & Management

The Oberg Committee found that:

- The current organization structure and information systems are fragmented.
- The separation of planning and management responsibilities creates role confusion for managers.
- Delineation of roles and responsibilities is not clear.
- There is a blurring of lines of authority and responsibility.
- The role of Alberta Health is also significant but the accountability framework and expectations for performance of the health system are not sufficiently clear and explicit.

The Committee's recommendations in this include:

- The Capital Health Authority be recognized as the governing body for the region, including overall responsibility for Caritas.

This recommendation appears to support the position of UNA that Caritas and the Capital Health Authority constitute a common employer. To date, however, both Caritas and the Capital Health Authority have refused to consider a common employer declaration.

- That the potential for incorporation of the functions of the Alberta Cancer Board with the Capital Health Authority be explored and evaluated.

To date, the Cancer Board has clearly been separated from the Capital Health Authority, and they do not appear to be a common employer. The Capital Health Authority has stated that they will be looking at this recommendation, but as yet have no plans in place to integrate the functions.

- That the role and responsibility of the Department of Health in setting standards, monitoring performance and evaluating outcomes be enhanced.

Again, this recommendation is directed to the provincial government rather than the Capital Health Authority. The Department of Health has began a formal review of its internal operations. As part of this review, meetings were held with a small number of stakeholders. Included in the list was the President of UNA, Heather Smith. One of the main parts brought up by Heather was the need for the Depart-

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ment to become more active in setting and enforcing standards; monitoring performance; and evaluating outcomes.

Operations

In this area, the Oberg Committee made a number of dramatic and controversial recommendations. It is interesting to note that Dr. Oberg views one of the major problems in the region as "Physicians are required to travel between sites, which diminishes the time that they have for patient care." That it would be viewed as more advantageous for patients to be required to travel than physicians speaks volumes as to the mind-set of the Committee (three physicians sat on the six member Committee). The Committee's recommendations in this area include:

- All inpatient pediatric services be consolidated at the Walter McKenzie Centre.

In many ways, this is not a huge surprise. The Capital Health Authority has been moving in this direction for some time. However, the Report makes it clear that in order for this final consolidation to take place, millions of dollars would need to be spent in renovations. The Committee believes that the fact that the Walter McKenzie site averages 18 bed units compared to an average of 30 bed units at other sites leads to higher costs. It is unclear how knocking out walls would save money or exactly what renovation costs are envisioned. Also left unanswered is the effect of such a move on the citizens of greater Edmonton.

- Consolidate all major trauma services at the Walter McKenzie site.

This is perhaps the most surprising of all the recommendations. The Capital Health Authority has been studying the trauma services for almost two years and has conducted or commissioned a number of studies. Without exception, the studies have all shown that a two site trauma service (Walter McKenzie and Royal Alexandra Hospital) would best meet both patient care needs and university-wide academic requirements. Despite the knowledge of this, the Oberg Committee, in the short period of time given and with its limited expertise in trauma services, has concluded otherwise. It is unclear how this recommendation would be affected if, in fact, the regional boundaries are amended, as Oberg also suggests.

In discussions with UNA at the negotiation table the day after the report was released, the Capital Health Authority indicated that they were not at this time planning to implement these recommendations, but would take the summer to review them. A number of high profile trauma specialists have already been very vocal in their rejection of the single-site trauma service.

Information

The Oberg Committee also reviewed and made a number of recommendations regarding information systems. Despite the mandate to review the Capital Health Authority, almost all of the recommendations in this are directed to either the Department of Health or the other Regional Health Authorities as a whole, pointing out the need for provincial coordination in this area. While none of the recommendations are surprising or particularly alarming, they point out the fact that regionalization has proceeded with undue haste and a definite lack of planning.

Labour Relations

The first statement made under this topic is "Lack of timely and appropriate transfer agreements have led to inefficiencies..." On this, UNA would have to agree. In the 1992-1994 round of negotiations, UNA stressed the need for transfer agreements but the employers refused to even discuss the idea. Over the past two years, UNA has sought to achieve an overall generic transfer agreement in Edmonton much like the one which exists in Calgary. Last year discussions were held involving UNA, SNAA, Capital Health Authority and Caritas. Despite the efforts of all parties, no overall agreement was reached. This year, the Staff Nurses Associations of Alberta has declined to become involved in any discussions. Originally, the Capital Health Authority sought a one-way agreement: nurses from the University would have the right to transfer, but nurses from the Royal Alexandra Hospital would not. This concept was, of course, rejected by UNA. Since that time, the UNA, Capital Health Authority and Caritas, through the provincial hospital negotiations, have agreed on the major concepts of a transfer agreement. Some details remain to be worked out, but the outlook is now promising.

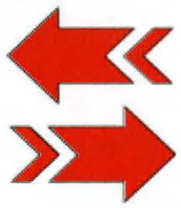
The Oberg Report states that the Capital Health Authority has plans "to compress the number of certification orders from 31 to 18 short term and 12 long term." (see articles pages 3,4,5,15) In discussions at the negotiation table, the Capital Health Authority denied any plans other than the applications made to date, and indicated that the Oberg Committee had misunderstood and erred in this statement.

As explained in this NewsBulletin, the position of the UNA is that if there is a need to compress the bargaining units in the acute care facilities, it must include the nurses at the Misericordia, Sturgeon, Edmonton General/Grey Nuns, as well as those at the Royal Alexandra Hospital, University and Glenrose.

The report also claims that "a conservative estimate from the Capital Health Authority ... of the total cost of bumping estimated at $1.8 million for the period April 1, 1993 to December 31, 1995." This number took UNA completely by surprise for a number of reasons, not least of which is the fact the Capital Health Authority did not exist in April 1993. More importantly, UNA and the Regional Health Authorities have been in negotiations for a number of months and a great deal of time has been spent discussing the actual costs to the employer, and utilizing the costing formula developed by the employers. At no time in these discussions did this number ever come up. When asked at the negotiation table, the spokesperson for the Capital Health Authority stated that they had no idea where Dr. Oberg came up with this number.

There were a number of recommendations covering labour relations in the Oberg report, including:

- That any agreements address future transfers.



UNA agrees with this recommendation, and a number of major issues regarding a transfer agreement have been agreed to at the negotiation table.

- That options to reduce the amount of overtime used be explored, including the addition of more full-time and part-time staff.

Again, for over two years UNA has proposed that the employer could save money, improve patient care and, in addition, better meet the needs of the employees by reviewing the number of overtime hours, recall hours and casual hours and where possible, converting these into regular positions. Again, the employers have for the most part refused to consider the idea. During this round of negotiations, the Capital Health Authority and other regional health authorities have agreed that the idea has some merit but have only proposed instead that the union would have the "right" to make nonbinding recommendations on these matters to the CEO. It is hoped that Oberg's highlighting of this issue will cause the employer to take the issue more seriously.

Capital

Most of the Report's recommendations under this topic are repeated under the next topic. The major recommendation which appears only under the 'Capital' heading is a recommendation to postpone construction of the North East Community Health Centre. UNA is opposed to this recommendation for several reasons: the City of Edmonton already donated the land; the northeast quadrant of Edmonton is in need of better health care services; and the Capital Health has already planned and budgeted for this project.

Budget

There are a number of recommendations in this section of the report, including the following:

- The Edmonton General site be turned over to Alberta Public Works, in order to "release Capital Health Authority from its responsibility as a leasing agent and landlord." The Oberg Committee reports that this would save the Capital Health Authority $1.5 million dollars annually.

When UNA inquired about this item at the negotiations table, we were informed by the spokespeople for the Capital Health Authority and Caritas that Capital Health Authority is not the leasing agent or landlord; in fact, Caritas has maintained that role. Obviously, if this is the case, the Capital Health Authority would not save a penny by implementing this recommendation. Further, since Oberg recommends that beds and services remain at the site, it is likely that Public Works would be reluctant to assume all operating costs. In addition, simply transferring the costs from one department of the government to another department of the government obviously does not result in any real cost savings to the tax payers.

The confusion over the Caritas/Capital Health Authority relationship only strengthens the need to recognize the two bodies as a common employer.

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- The haemodialysis unit at the Edmonton General site be relocated to another location, with potential savings to be achieved.

This is but one of the mysterious recommendations found in the report. There is no explanation of where this unit ought to be relocated nor how such a move could possibly result in cost savings. No explanation at all is provided in the report to substantiate this recommendation.

- The closure of the Alberta Hospital Edmonton be expedited and arrangement be made for the relocation to the Misericordia and the Grey Nuns. The Committee suggests that this would save the Capital Health Authority $5.5 million annually.

The operations of the Alberta Hospital Edmonton are currently the responsibility of the Provincial Mental Health Board. Transferring these beds to sites within the Capital Health Authority could in no way achieve any savings for the Capital Health Authority. Interestingly, both the Misericordia and the Grey Nuns are under the aegis of Caritas, supposedly a separate body. How transferring beds from a second organization outside the control of the Capital Health Authority to a third organization (theoretically, anyway) outside the control of the Capital Health Authority could possibly result in a savings to the Capital Health Authority of $5.5 million annually is another mystery.

- That Capital Health Authority save $7 million annually through "integrated benefits management strategy".

The media has reported that this means that the Capital Health Authority plans to decrease benefits, particularly dental benefits. The Capital Health Authority is aware that any changes to the benefits would require changes to the collective agreement. There has been no proposal from the employer to decrease dental benefits. The only proposal is to delete the short term disability plan, which the Capital Health Authority admits will not result in savings anywhere near $7 million in savings. When asked at the negotiation table about this comment in the report, the Capital Health Authority denied any knowledge of any plans to save this amount of money and gave assurances that they will not be making any further proposals to UNA to decrease benefits.

Summary

The Oberg Report contains a vast number of recommendations, most of which are in fact not aimed at the Capital Health Authority. UNA supports a number of the recommendations, however, it is clear that even if all of these recommendations are implemented, it would not be possible for the Capital Health Authority to save $20.4 million dollars, as Oberg has claimed. The UNA will be preparing a formal response to the report, and will be presenting this response to the Capital Health Authority, Caritas, and the provincial government.

Copies of the Oberg report and the UNA response are available from the UNA Provincial office.

Meeting with David Dingwall

by Heather Smith, President, UNA

On Friday July 5, David Dingwall, Federal Minister of Health met with a small group of health care advocates in Edmonton. I was very pleased to be among the group of nine individuals, the majority of which represented such groups as the Friends of Medicare, Consumers Association of Canada (Alberta), Alberta Council on Aging, Edmonton City Centre Church Corporation, Health Sciences Association of Alberta and United Nurses of Alberta.

Only the day before, I received with my airline tickets for my vacation to Ontario, a brochure which promoted "Out of Province" health insurance, to provide protection for services that may not be covered in other provinces. I suggested to Mr. Dingwall that this, better than any other example, illustrates the deterioration of our national medicare system and reinforces the need for strong federal involvement to protect all Canadians.

Each person spoke for approximately seven to ten minutes. I raised the following issues with Mr. Dingwall:

Federal Leadership and Enforcement of the Canada Health Act

I suggested that the insurance companies are the only benefactors of provincial downloading, as evidenced by the suggestion that Canadians need to purchase additional insurance to travel within Canada. This is another example of the burden for health care being un-

fairly transferred to individual Canadians. I raised this in the context of national unity efforts. How can we enhance unity when Canadians are fearful to travel to other provinces?

I reminded Mr. Dingwall that twice Alberta has violated the Canada Health Act and only conformed when financial penalties were imposed. Ottawa must retain the ability to force compliance with the Canada Health Act.

Extension of the Canada Health Act

I provided Mr. Dingwall a copy of the last UNA News Bulletin (summer 1996, titled "Life Before Medicare") and pointed out the survey results — that 82% of Albertans surveyed agree with the guiding principles of the Canada Health Act and that 93.9% support the extension of the Canada Health Act to community health and long term care.

I indicated that in Alberta the shift to "community" is associated with out-of-pocket costs for individuals and shifting the burden of "care" onto their families. While some regions will fund home intravenous therapy drug costs, others will not. Individuals now pay up to $30 a day because palliative care has been relocated from acute care to long term care.

I had attended the National Forum stakeholder conference in Toronto in April. (The National Forum is an initiative of Prime Minister Jean Chretien, to advise on the future of health care in Canada). During that conference, the participants were asked "if you could make one recommendation to Prime Minister Chretien, what would it be?" My response: extend the Canada Health Act to cover all community based services. I repeated this suggestion to Mr. Dingwall.

I requested that the federal government undertake a review of provincial regionalization initiatives. Is regionalization allowing provincial governments to abdicate accountability and contributing to a patchwork system within and between provinces?

Information and the Workforce

I requested that the federal government undertake a review of provincial regionalization initiatives. Is regional-ization allowing provincial governments to abdicate accountability and contributing to a patchwork system within and between provinces?

I suggested the federal government should participate in initiatives to collect data on workforce levels/trends and project future needs.

Drug Patent Legislation

The main issue here was: can the federal government amend the patent drug legislation or take other measures to control drug costs?

Other items/concerns raised in the two hour discussion:

- Hotel de Health
- The dangers of defining medically necessary.
- Private clinics using foundations as tax shelters.
- Canada Health and Social Transfer: Does this new funding threaten health funding?
- Reducing the Red Cross testing centres across Canada from seventeen to four.
- Seniors promoting the term "interdependence" instead of "independence".
- An appeal to maintain the universality of Old Age Security.
- Facility accreditation being voluntary with less than 50% of hospitals even seek accreditation.
- The quality of the public system is being intentionally eroded so that people will welcome privatization.
- Fears that reduced resources for health care generally will impact disproportionately the consumers of mental health services.
- Nothing beats the single payer system at controlling costs.
- The influence exerted by pharmaceutical manufacturers, including within an initiative that the federal government has financially supported.

Mr. Dingwall told the group that he does not want to be remembered as the Minister who dismantled health care in Canada.

The Minister indicated he wants to strengthen the Canada Health Act ... that health reform will take place whether we like it or not, but he wants to drive the bus versus the Ralph Klein's of this country.

Thank-you letter from Mr. Dingwall

Minister of Health / Ministre de la Santé

15 VII 1996

Ms. Heather Smith
President of the United
Nurses of Alberta
9th Floor, Park Plaza
10611 98th Avenue
Edmonton, Alberta
T5K 2P7

22-07-1996

Dear Ms. Smith:

I would like to thank you for your participation at the meeting of Key Alberta Stakeholders held in Edmonton on July 5, 1996.

It was a pleasure to have an opportunity to meet with you to discuss Health Reform in the province of Alberta. Although it is not possible for me to meet everyone with whom my Department does business, it is especially enjoyable to hear the views of those with whom my Department has developed a good working relationship.

The discussion was for me most useful and I look forward to continuing a close working relationship with you and all your colleagues.

Yours very truly,

David Dingwall

Canada

Negotiations '96

Community Negotiations Update

by David Harrigan, Dir. of Labour Relations

Multi-Region Community Table

The UNA was at one table for Health Unit nurses in Region 1 (Chinook), 2 (Palliser), 3 (Headwaters), Health Authority 5 , 6 (David Thompson), 8 (WestView), 9 (Crossroads), 12 (Lakeland) and 14 (Peace). Region 7 (East Central) and UNA have agreed to postpone discussions until the issue of certification has been resolved. A hearing was held at the Labour Relations Board some time ago and we are awaiting a decision.

As most nurses are aware, the UNA nurses at the former Alberta West Central never received the 5% rollbacks accepted by all other health care workers; instead they have continued to work under the terms of their former collective agreement. These nurses too are included in the Provincial Health Unit Negotiation Table.

Those UNA nurses covered under the Group of Seven or Lethbridge Health Unit collective agreements have received a return of the 5% rollback accepted in the last round of negotiations. As of April 1, 1996, these UNA members have received a return of the rollbacks, making United Nurses of Alberta the only union to have achieved this. As result, community nurses represented by UNA have the best collective agreements in the industry in Alberta.

Negotiations have been progressing very slowly, and it appears clear that the employers are having a very difficult time coming to any consensus and reaching any decisions. After some initially good progress, the negotiations ground to halt over the Regional Health Authorities' inability, or lack of willingness, to realize the seriousness of the task before them. Scheduled dates for June were cancelled by the Regional Health Authorities, who indicated that they need time to "review their bargaining structure." PHAA has now notified UNA that RHA #3 (Headwaters) and RHA #5 will leave the group table to negotiate separately. To this point, the Regional Health Authorities have been unable to even develop a monetary proposal.

The UNA community negotiation team, after reviewing the progress (or rather lack thereof), decided to file a complaint with the Labour Relations Board, alleging that the Regional Health Authorities are not doing everything reasonably possible to achieve a new collective agreement. The complaint remains at the Labour Relations Board and the parties are scheduled to meet again for further negotiations July 24 and 25.

UNA Local 196 Edmonton Board of Health and Capital Health Authority

Due to the difficulty arranging suitable dates and because of the expected changes to the certificates for community and home care nurses in the Capital Health Authority, UNA and the CHA have agreed to postpone negotiations until early September. It is expected that by then, the issue of the certificates will be resolved and UNA will be able to add to the table the issues of the nurses at the former Sturgeon Health Unit.

Long Term Care

In the 1994 round of negotiations, the Capital Care Group and Bethany Care, Calgary decided not to bargain with the Provincial Health Authorities of Alberta and instead negotiated on their own. Exactly why this decision was made remains somewhat of a mystery since the employers' ingoing proposals mirrored those presented by the employer at the Provincial Health Authorities of Alberta table. The resulting collective agreement was virtually identical to that of the PHAA table although nurses at Capital Care and Bethany Calgary took the 5% rollback at a later date and therefore earned more over the course of the collective agreement.

For the 1996 round of bargaining, St. Michael's Edmonton, St. Joseph's Edmonton and Youville Home (St. Albert) have joined the other two employers at this table. This time, the employers did not come with identical proposals to the Provincial Health Authorities of Alberta. Instead, these employers brought massive monetary rollbacks to the table, including rollbacks in basic rate of pay, rollbacks in benefits, deletion of shift and weekend premium, deletion of educational allowances and rollbacks in almost every monetary item in the collective agreement.

Talks progressed well about non-monetary items and all of these matters have been resolved. However, the employers continued to assert that nurses in these long term care facilities ought to receive lower compensation than those covered by the Provincial Health Authorities of Alberta contract. At the last session of negotiations, UNA made it clear that, after twenty years of parity, we were not

Negotiations '96

about to agree to anything less for our members working in long term care. Following this discussion, the Employer spokesperson requested that UNA agree to "park" negotiations, so that the employers could go back to their principals and review the comments the Union had made. UNA's Negotiation Committee agreed to do this and no further dates have been set at this time.

Hospital Negotiations Update

by Heather Smith, President

Multi-Region Hospitals Table

As PHAA (Provincial Health Authorities of Alberta) fanout number 13 indicated, bargaining will not recommence until September 11th. A total of seven days in September have been set aside for hospital bargaining. The Negotiating Committee is hopeful that a memorandum will be achieved in September.

The majority of non-monetary clauses have been renewed without any change. The PHAA has agreed to include an annual inservice on prevention and management of staff abuse.

The outstanding items can be grouped into three categories:

- Monetary issues
- Professional issues
- Job Security Issues (Layoff & Recall, Program Transfer and Severance)

A great deal of time has been dedicated to trying to understanding the convoluted "costing formula" used by the PHAA. On July 4 and 5, the discussions centered around the Oberg Report. The parties also discussued Layoff and Recall at great length. We are hopeful that proposals UNA has made within the Layoff and Recall article will address the PHAA's concerns.

Although we have significant differences in our positions regarding layoff and recall, it is significant that the PHAA has tabled proposals on severance and program transfers (something the employers refused to do the entire last round of bargaining). With respect to program transfers, the positions of the two parties are also much more closely aligned than at any time in the past.

The Negotiating Committee was very pleased by the response to the survey sent to all members affected by hospital bargaining. All responses and comments were entered into a database for analysis. We have a clear understanding of the priorities of the membership and we have used that information in developing our responses to the PHAA.

Outside of the provincial talks, we are continuing to pursue a transfer agreement in Region #10. A meaningful transfer agreement must include the Staff Nurses Associations of Alberta (SNAA). UNA is continuing our attempts to establish meeting dates with SNAA to resolve outstanding issues and negotiate a comprehensive transfer agreement for Region #10.

The chart on page 15 is a summary only. The PHAA positions regarding Layoff and Recall are particularily convoluted. You can receive more detailed information by calling the UNA Provincial Office. David Harrigan is the Chief Negotiator. Beryl Scott, (President of UNA Local #79, the Edmonton General and Grey Nuns) is the North Central District Representative on the Provincial Negotiating Committee. I encourage you to forward any questions, observations or concerns to David Harrigan, Bery Scott or myself at the UNA Provincial Office.

Remember to check the UNA FACT LINE for bargaining updates, the number is 496-9262.

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Overtime ... What Overtime!

It is of interest that, by his letter of July 5, 1996 in response to the Oberg Report, Brian Spooner, Vice President, Regional Support Services/Human Resources, stated that the Capital Health Authority has made a decision to emphasize hiring permanent staff rather than temporary or casual staff. It seems the Capital Health Authority now understands there is a correlation between job insecurity, stress, illness and the incursion of overtime costs. The solution suggested by Capital Health Authority is similar to UNA's proposal on "Workforce Stabilization".

The Oberg report states that overtime costs are high - imagine what the Oberg Committee would have said if the real amount of overtime worked in Region#10 had been quantified and costed?

Again this week I heard comments from members about the amount of overtime that is never claimed. Members reported comments from managers such as "If you claim for overtime, I will have to lay off more staff" or "You can't claim because I don't have money in the budget for overtime". Another practice is the keeping of "Time Owing Books", where

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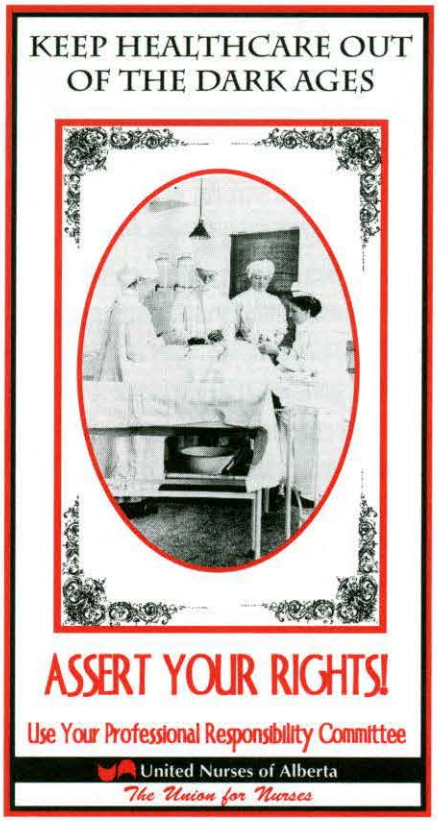
(continued from page 13)

staff informally record overtime worked and then are permitted to take an hour or two off in lieu "when it isn't busy". I've heard that some accumulate in the book at straight time, instead of at double time. I've also heard that some managers who keep these books refuse to allow employees to take off an entire shift (even though they have accumulated the hours) - because the manager can't afford to replace the them.

Even as Brian Spooner's letter circulated throughout facilities in the Region, nurses recieved notice of position elimination.

Inadequate staffing that isn't challenged and unclaimed overtime that isn't claimed encourages underfunding, further staff reductions and substitution with lesser skilled personnel. Our collective agreement provides rights (Overtime Article #8) and a mechanism (Professional Responsibility Committee Article #36) to address staffing issues - but each and every nurse needs to assert these rights if we are to preserve our workplaces.

Tell the real story - not the one that your manager wants to hear and the Capital Health Authority would like to engender.



IN CHARGE ALL THE TIME: UNA Wins Charge Pay Arbitration

by Yessy Byl, Labour Relations Officer

The long term care unit at the Fort McMurray Hospital had a part time manager whose hours were 8:00 a.m. to 2:00 p.m. The sole day shift nurse (whose hours were 7:00 a.m. to 3:15 p.m.) was not paid charge pay for the time periods when the manager did not work. It was the union's position that article 16.01 required someone to be in charge between 7 and 8 a.m. and 2 and 3 p.m. and that a manager who had not yet reported to work - or who had left work cannot be "in charge". The employer argued that the one hour periods during which the manager was absent and the unit nurse was not "in charge" fell under the 2 hour exception under article 16.01.

Article 16.01 provides:

- The employer shall designate a person to be in charge of a ward or unit.
- Where such person is absent from the ward or unit for a consecutive period of two (2) hours or more, an alternate will be designated in charge.

The arbitration board agreed with the union. First of all, the Board agreed with previous cases which said that there MUST be someone "in charge" of a unit at all times. Secondly, the board agreed that a manager who was not actually "working" could not be in charge of a unit. The "two hour absence" rule was meant to address someone who was "in charge" who was still working and therefore continued to be responsible to the employer for the operation of the unit. Obviously, outside of your working hours you have no such responsibility to the employer - so how could you be in charge?

So, if your manager's hours do not coincide with the staff nurse shifts, take a look - someone may be entitled to claim charge pay. Contact UNA Local 200/33 at 491-5285 so that a grievance can be filed and you can get the pay you are entitled to receive.

Side Issue

The issue of meal breaks did not come up in this case but I will point out that an employer can require employees to be "readily available" on their meal breaks. I would suggest that someone who is designated in charge can also assume they are being required to be readily available on their meal break unless someone else is appointed in charge for that time period. If the nurse is not being paid to be "readily available" or if no one else is designated in charge for that time then the Ft. McMurray arbitration award could be applicable.

HOSPITAL NEGOTIATIONS ISSUES PHAA

MONETARY

- UNA has proposed monetary improvements in vacation, on call, transportation, in-charge, shift differential, weekend premiums and an additional named holiday. UNA is also seeking an increase in education allowances to the rates paid in health units .
- UNA is proposing that employees be entitled to use 10 days of sick leave each year for medical/dental appointments or to respond to illness in the immediate family.
- All employees, including casual employees, should be entitled to benefits. Insurance should cover vision care in addition to any item deinsured by Alberta Health.
- UNA is taking the position that casuals receive overtime for all work in excess of daily scheduled/agreed hours or above 36.81 hours in a week and that all nursing hours worked at any employer be counted towards movement on the increment scale. Calculation of benefits/vacation for part-time employees should be based on **all** hours worked.
- UNA is seeking the return of the 5.38% lost in 1994 along with a 50¢ per hour increase in October 1996 and a 2% increase in April 1997.

- PHAA is looking for a number of rollbacks including the deletion of short term disability and WCB top-up.The employers also want to trash the cost sharing requirement for benefits; in its place, the employer wants to freeze its share at the March 31, 1996 dollar amount with any future premium increases to be 100% paid by employees.
- PHAA is also refusing to increase salaries.

PROFESSIONAL ISSUES

- UNA insists that a RN or RPN be present and in charge on each ward or unit.
- The union and employer must agree on minimum staff to patient ratios for each ward or unit.

- PHAA proposes that one person (not necessarily an RN/RPN) can be in charge of more than one unit simultaneously (or in charge of an entire facility).

JOB SECURITY

- UNA is insisting that there be no contracting out (even to managers) of work normally performed by employees.
- UNA wants the parties to review the total number of on-call and replacement hours worked (e.g. - contracted out hours, recall hours, casual shifts) in order to convert, where possible, those hours into permanent shifts.
- UNA is seeking two weeks of regular salary per year of service PLUS one week for each year over the age of 50, to a maximum of 52 weeks. Severance must be offered prior to any downsizing and would be granted in order of seniority.
- UNA is proposing that employees have the right to transfer when programs are moved between two UNA Locals or between a UNA Local and a non-UNA bargaining unit which has identical transfer provisions in its contract (similar to the right to port vacation and sick leave to another facility which is not a UNA Local). Employees attending meetings related to transfer of services should be paid their basic rates of pay.
- UNA is looking for an increase in the amount of time that nurses have to make a decision after they have received a layoff notice.
- UNA has offered to amend displacement terms for all Locals (except for RAH which would maintain its current provisions) by adding a requirement that an employee bump her unit's most junior employee with the identical FTE/shift pattern. Benefits are to continue during layoff with the normal cost-sharing between employer and employee.

- PHAA wants to set up a staffing review committee with powers limited to making non-binding recommendations to the CEO in each facility.
- For severance, PHAA is offering 2 weeks of regular salary per year of service to a maximum of 40 weeks. The employers would have total control over the offering of severance and UNA would not be allowed to grieve employer decisions.
- PHAA has proposed massive rollbacks to displacement and recall rights with employee rights dependent upon whether one has been fully or partially laid off. Everyone, however, would lose all recall rights after 12 months. The employers also want laid off employees to pay 12 months of 100% premium (for benefits) prior to being laid off.

The issues addressed on this page are only some of the issues on the bargaining table. For more information, contact the Provincial Office or call the UNA Fact Line at 496-9262.

United Nurses of Alberta

What UNA Does for YOU

United Nurses of Alberta is a trade union representing 12,500 working Registered Nurses, Registered Psychiatric Nurses, and Mental Health Workers. UNA members work in:

- hospitals
- health units
- nursing homes
- blood banks
- other Alberta health care agencies

As UNA members and duespayers, you pay 1.1% of your gross monthly income, with a minimum of $10.00 to UNA. As YOUR union, in return we must, by law, represent you:

- at bargaining tables to negotiate collective agreements which set your wages and working conditions
- in grievance or arbitration hearings

In addition to the above, at the direction of UNA members, we represent you:

- in licensing body hearings (AARN, RPNAA)
- at Workers' Compensation Board hearings
- in courts of law regarding employment matters
- in pension hearings
- at Employments Standards and Unemployment Insurance appeals
- at Professional Responsibility meetings regarding patient care
- at the Labour Relations Board
- before the Human Rights Commission
- with insurance companies in matters of LTD or STD
- at Fatality Inquiries
- before government taskforces and commissions
- at Occupational Health & Safety meetings regarding safe and healthy worksites

UNA provides you with skilled staff to assist you in matters of contract interpretation, contract enforcement, and patient care concerns. Members are kept up-to-date on Union issues via a regular UNA NewsBulletin and the bimonthly UNA Stat is sent to all locals. Members are offered educational workshops on union and health care issues. UNA locals can keep in touch with each other via a computerized UNA Network.

UNA works collaboratively with other unions. It was a founder of both the Alberta Health Care Caucus and the Alberta Health Care Union Alliance and maintains strong links with other nurses' unions across Canada.