



# United Nurses of Alberta

## Local 115

### Foothills Medical Centre & Satellites

May 2007  
Issue 38

Southern Alberta Regional Office, **Local 115, Suite 300, 1422 Kensington Road NW, Calgary AB T2N 3P9.**  
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Carrie McDonagh (Membership Secretary), Cecilia Carrington-Jones (Secretary) & Michelle Senkow (President)

## Message from the President

Welcome May - the month of sunshine and snow. Hopefully the snow is all over and we can concentrate on the gardens and outdoors.

Belated wishes for Nurses Week and for Mother's Day. Hope they were good for you and yours. Our annual Nurses tea was attended by many and others that were too busy to leave the unit. It was sad that nurses could not take their breaks and enjoy for a few minutes. That really is what Nurses Week is about "celebrating our profession." Nurses are leaders, innovators and pioneers in all areas of the economy from research and the military to technology and advocacy. They are improving the health of Canadians by charting the course for a stronger and more vibrant health system for all. This is the future face of nursing....Take a closer look.

Negotiations are front and foremost in Alberta nurses lives these days. The proposals by the Employer do not reach our expectations and do not satisfy the realities of nursing in Calgary today. new employees are leaving the region due to cost of living, no parking, and poor working conditions on the units. Please update your address and phone number so you do receive the most up to date Negotiation information and read the info distributed and provide your input to what

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is happening. Write, call and attend Local and provincial Meetings.

Take care,

*Michelle M. Senkow*

President, Local 115  
United Nurses of Alberta

## Message from the Secretary

My name is Cecilia Carrington-Jones and I am your newly elected member on the Local 115 executive. I would like to thank you all for voting for me and for the opportunity to serve as your local secretary.

I have been a nurse for 15years and a ward rep for the past 5 years. During my years of UNA involvement I attended many educational workshops and meetings and now I have the opportunity to share that with the rest of the membership.

Yours in solidarity,

*Cecilia Carrington-Jones*

Secretary, Local 115  
United Nurses of Alberta



UNA Negotiation Fact Line: (800) 804-4541

UNA Negotiation Email: [negotiations@una.ab.ca](mailto:negotiations@una.ab.ca)

All Negs info is CONFIDENTIAL to UNA members



### **Negotiating Committee**

*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.*

### **Provincial negotiations stall - Parties far apart, agree to call in mediator**

Provincial negotiations stalled with UNA and the Health Regions still far apart by the agreed-upon deadline of March 31, 2007.

"We were disappointed we could not reach a new deal by our March 31 goal," says UNA President Heather Smith. "The employers' proposals fall short of what we need to get and keep the nurses our health system desperately needs," she said.

The UNA Negotiating Committee and the Health Boards of Alberta Services (HBAS) have agreed to voluntary mediation and have set dates in April and May for further talks with mediator David Jones. "The Health Regions are NOT coming to the table with the resources necessary to address the nursing shortage," Heather Smith says.

UNA also wrote to Premier Ed Stelmach and Health and Wellness Minister Dave Hancock urgently requesting meetings on the health human resource crisis in the province. Both declined to meet while bargaining is going on.

On April 19, UNA did a telephone broadcast to all members covered by provincial negotiations. Heather Smith's recorded message provided an update for all members on the move into mediation and the failure to meet the deadline.



# ***United Nurses of Alberta***

## **Local # 115 Delegate Nomination Form**

I wish to let my name stand as a voting delegate for the United Nurses of Alberta Annual General Meeting on Oct 23, 24, 25, 2007.

**Name: (Please Print)** \_\_\_\_\_

**Home telephone #:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **UNA ID #:** \_\_\_\_\_

**Abutting shift(s):** Abutting shifts must be pre-approved by the Provincial Treasurer. Please indicated the date(s). **October 22, 2007 evenings / nights and October 25, 2007 nights.)**

October 22, 2007 \_\_\_\_\_

October 25, 2007 \_\_\_\_\_

**(Optional) Would like to room with:** \_\_\_\_\_

**Signature of Nominee:** \_\_\_\_\_

**Signature of 1st member in good standing:** \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_ **UNA ID #:** \_\_\_\_\_

**Signature of 2nd member in good standing:** \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_ **UNA ID#:** \_\_\_\_\_

**PS:** Please drop in Local 115 mailbox, or fax to office at 270-5749 by 1600 on June 20, 2007. Nominations from the floor will also be accepted. Delegates will be elected at the local meeting on June 27, 2007.



## Maternity leave improvements give nurses more time to parent

Employees who need to go off work pre-delivery because of health reasons can use their sick leave benefits, or short-term or long-term disability insurance to replace their income.

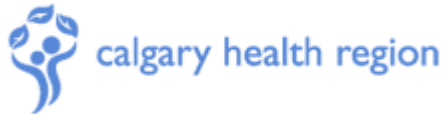
UNA has contested the use of sick leave pre-delivery through hundreds of grievances and several arbitrations. The employers have finally conceded the issue, allowing nurses to get the most out of maternity leave.

Beginning Employment Insurance maternity leave on the delivery date means you can get the full 50 weeks of benefits after delivery. Previously employers have required pregnant employees to begin their maternity leave when they have to go off work.

The “normal” health-related absence usually begins 4 weeks pre-delivery, with a doctor’s note, but it can be longer if there are medical pregnancy related reasons.



## Calgary Health Region announces job referral incentive



The Calgary Health Region recently announced a \$750 "referral reward" for any of their employees who refer someone into one of the Region's "hard to fill" vacancies. All nursing positions are considered "hard to fill" the Region says. In the same statement the Region also noted that it currently has 1,400 vacancies and expects it will need 2,000 staff in the next year.

The UNA collective agreements require that all "terms and conditions" of employment be negotiated through the union and UNA Director of Labour Relations David Harrigan immediately wrote to the Region suggesting they talk to the union before announcing incentives like this.

"It looks like a good idea," David Harrigan said, "but what about people who made a referral last month? Getting the agreement of the union to make sure possible complications are covered is important," he said.

## Docs' new deal worth \$579 million in package of increases

Health and Wellness Minister Dave Hancock teamed up with Alberta Medical Association President Dr. Jerry Kiefer to outline a few of the details in the new two-year "wage re-opener" contract announced March 13.

On the surface, the increase to physicians' fees is 4.5% for each of the two years covered, but there are a number of other funding "envelopes" adding up to a total deal of \$579 million. The Physicians Services line item in the 2006-2007 provincial budget was about \$1700 million this year and Hancock admitted the deal represents a significant overall increase in the health budget.



The AMA agreement adds a new retention benefit, \$47 million that is divided up as an annual bonus to doctors. The full \$10,000 bonus is for doctors who have worked 20 years or more, doctors who work over 15 years in the province get \$8,000, and the bonuses reduce further for doctors with less experience in the province. It is also reduced for "part-time" doctors who bill less than \$80,000 a year.

Another new initiative is a \$56.5 million "clinical stabilization benefit" to help in locations that are under pressure and in under-serviced areas. There was also additional special funding to address increasing practice costs, computerizing records and in a number of other areas. No dollars or details were released on how these programs would work.

For a bit more detail see [albertadoctors.org](http://albertadoctors.org) and go to the President's Letter for March 13, 2007.

## **Graduating nurses can't find jobs, CNA warns**

GLORIA GALLOWAY – Globe & Mail (May 9, 2007)

OTTAWA -- One in seven students graduating this year from Canada's nursing colleges will be unable to find work in this country even though an existing shortage of nurses is predicted to grow, the Canadian Nurses Association will say today.

It's a problem that the CNA says sends 10 per cent of new Canadian nurses every year to the United States, where health-care administrators are recruiting to fill shortfalls in U.S. hospital wards and nursing homes.

The association, which represents Canada's registered nurses, will hold a news conference in the Centre Block of the House of Commons to say the gap between supply and demand for people in their profession is expected to grow to 78,000 in 2011 and 113,000 in 2016, sources have told The Globe and Mail.

Nursing levels are about 20 per cent below what is required, says the CNA, a shortfall that is reflected in unfilled jobs at hospitals, excessive overtime demands, and medical procedures that cannot be performed because of a lack of staff.

And, even though 8,000 nurses will graduate across Canada this month, the CNA will say 15 per cent of them will not find work in this country. That number is culled from health-care policy studies, past trends and reports from young nursing students across the country who say they have been unable to secure jobs.

It's a costly trend, not only in terms of waiting times for treatment and the stress on overworked nurses, says the CNA, but also in terms of dollars spent. Canadian governments pay an average of \$60,000 over four years to train a nurse. If 1,200 of them are unable to find work every year, that amounts to \$72-million in wasted tax dollars.

The association has no real explanation for the problem. CNA officials say the system has plenty of money, and offer as proof the fact that Canada's nurses are paid overtime wages that are the combined equivalent of 10,000 full-time jobs.

And there are moves to increase nursing staffs. The Calgary Health Region has announced intentions to hire 200 more nurses this year and 600 in coming years, while Ontario has guaranteed every nursing graduate a job for 7.5 months.

But CNA officials are skeptical that those measures will do much to cut the large number of new nurses who can't get a foot in the door of a Canadian hospital.

However, the Canadian Healthcare Association, which represents the country's hospitals, is more optimistic. "There are vacant nursing positions in almost every region of the country," CHA president Sharon Sholzberg-Gray said yesterday.

If there is any explanation for the number of nurses who can't find jobs, she said, it may be that there is a gap between where the jobs are and where the nurses are. "We think it's important for nurses to be employed," Ms. Sholzberg-Gray said.

"That's why we think it's really important to have a pan-Canadian health human resource strategy that would include nursing and recruitment issues and retention issues."

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**Re: "Nursing shortage all about budgets: To avoid nurse unemployment, let's add private money to the public health system," by Lorne Gunter, May 11**

Edmonton Journal (Sunday, May 20, 2007)

Lorne Gunter is partly right in that the nursing shortage is about government budgets, but his solution of allowing private investors in to our health system to make money is way off the mark.

There can be no doubt that when Canadian governments fought deficits by, in part, slashing health care and education budgets in the 1990s they set up a cascading series of problems. One of those was the cut in nurse staffing and nursing training that was incredibly short-sighted.

They dug a deep hole that it is proving difficult to get out of. We have an on-going problem with a shortage of Registered nurses and we are still not educating enough new nurses to replace nurses who are retiring in steadily increasing numbers.

The fact that our health systems are not creating enough full-time and attractive jobs to keep all our current nursing graduates, as the Canadian Nurses Association points out, is certainly another problem.

United Nurses of Alberta has negotiated a program with Health Regions to offer new graduates special one-year, supernumerary jobs to give them a start in the Alberta workplace. From there they can apply on vacancies, begin their careers and hopefully stay in the province. The program has been highly successful for the Health Regions that have taken advantage of it.

There is still more that urgently needs to be done to educate more nurses, recruit more nurses into our health system, and especially to retain our experienced nurses and encourage them to stay working longer. A concrete, national workforce strategy is desperately needed.

Otherwise, as Gunter correctly points out, we will face a serious shortage of care in our health care system.

Gunter's comments about "our Soviet-style" health system that costs \$3,100 per citizen (a bargain, really, and especially compared to the U.S.) are just his usual deliberately outrageous remarks.

But pointing out the real problems with health workforce planning is a remarkably public-minded departure for this columnist.

– Heather Smith, President, United Nurses of Alberta



***United Nurses of Alberta***

# **Local #115 Meeting**

**Date:** June 27, 2007

**Time:** 1600-1800

**Place:** Coombs Theatre

***Agenda: Election of UNA Delegates for  
2007 UNA - AGM and Negotiations  
update,***

Call 670-9960 for more information



## Overtime

# 16 hours work is the **MAXIMUM**

## ***Nurses cannot work safely without rest***

With the increasing shortage of RNs some nurses are being asked to work more than a double shift, more than 16 consecutive hours. This practise is unsafe and contravenes the UNA Provincial Collective Agreement.\*

*Article 8.03 No Employee shall be requested or permitted to work more than a total of sixteen (16) hours (inclusive of regular and overtime hours) in a twenty-four (24) hour period beginning at the first (1st) hour the Employee reports to work.*

### **Working extra hours can have professional conduct implications**

The Nursing Practice Standards published by the College and Association of Registered Nurses also indicate that:

1.8 *The registered nurse ensures their fitness to practice.*

*Fitness to practice means that the registered nurse restricts or accommodates practice if he/she cannot safely perform essential functions of the nursing role due to mental or physical disabilities.*

The College also published WORKING EXTRA HOURS: GUIDELINES FOR REGISTERED NURSES which says:

*When fatigue or other factors negatively affect your fitness to practise safely, registered nurses have a right and a duty to withdraw from or refuse requests or requirements to work extra hours.*

\*Other UNA Collective Agreements also contain this protection, if you are not under the Provincial Agreement, check your agreement. From the UNA Provincial Collective Agreement

July 2006

**SPOTLIGHT on your UNA contract**



**Questions?  
Contact your United Nurses of Alberta Representative:**

• Provincial Office: (780) 425-1025 or 1 800 252-9394 • Southern Alberta Regional Office: (403) 237-2377 or 1 800 661-1802 • [www.una.ab.ca](http://www.una.ab.ca) •



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