



Local 115 Foothills Medical Centre & Satellites

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UNA Local 115 Newsletter - Apr 2010

Web Site: local115.una.ab.ca



Message from the Secretary

Ruth Duffy

Nursing in Alberta is clearly at a crossroads. Do we go forward to an improved Collective Agreement, maintain the “status quo” or turn back to the “bad old days” of the 1990’s? Dr. Duckett, in a meeting with CARNA, is quoted as saying that “Nursing’s future is no longer in Nursing’s hands.” Clearly, this is not acceptable to any nurse in this province.

We are constantly being bombarded with conflicting messages from management and the government. Our infamous former Minister of Health felt that nurses were “whiners” and should be replaced with “lower cost alternatives”. We faced constant public criticism from the CEO as well as from the ministry, so severely that UNA lodged a “Code of Conduct” complaint against Stephen Duckett. The cabinet shuffle followed by the provincial budget, seemed, for a time, to be a breath of fresh air, but then came the opening of bargaining with the unimaginable rollbacks proposed by AHS. More confusing, the new Minister of Health speaks frequently of the valuable role of nurses in this province. There is an obvious disconnect.

Never in the entire history of UNA, and probably for the entire history of nursing in Alberta, has the employer presented such draconian proposals. One would think that proposals are just that, proposals, and the real agenda would soon appear in bargaining. Unfortunately this is not the case and now, less than a month into negotiations, UNA has been forced to seek mediation as the employer refuses to budge from their initial “offer”.

The huge rollbacks proposed by AHS are having a devastating effect on the morale of front line staff. As nurses, we are feeling very devalued, over-worked and frustrated. Of forty-three articles in the Collective Agreement, management wants major rollbacks (or actual elimination) of over thirty-three.

Many nurses are voicing the feeling that we are in the “fight of our lives” but in reality, we are fighting for so much more. Without a fair Collective Agreement, we are unable to protect our patients through ensuring safe staffing levels via PRC and our colleagues through the OH&S process. From a much more global perspective, we are also fight-

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Negotiations Phone Survey

UNA will be conducting another membership survey regarding negotiations. This is telephone survey, and the survey company, Viewpoints Research from Winnipeg will be calling members at home. Just be aware that if you do get called, it will be a Manitoba number. Roughly, 1000 members across Alberta will be contacted.

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Special Dates

- United Nurses of Alberta's Annual General Meeting will be held on October 26, 27, 28, 2010.
- UNA Negotiations: Apr 14, 15, 16, 26, 27, 28
- CFL Week End Labour School Apr 16, 17
- AFL Membership Forum Apr 23, 24
- Local 115 Meeting Apr 14, May 12, Jun 9 4PM at AGW4 FMC
- Nursing Week 2010: May 10-16

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Message from the Secretary

“It is time for us, as nurses, to “Move Forward Together” and to not allow government budgets to be the driving force in health care.

ing for universal, safe public health care. UNA has long been the leader in opposing the Alberta government’s repeated efforts to introduce private health care, making a right to health and safety, a privilege only for the wealthy.

Other public service unions are awaiting the outcome of our negotiations with “baited breath” as we can be sure that if the government is successful in the rollbacks they are proposing to us, they will then attempt to foist the same type of contract upon the other unions. Further, Nursing across Canada is closely watching Alberta as, to quote a Canadian Nurses’ Association spokesperson, “ what happens in Alberta is unlikely to stay in Alberta”.

It is time for us, as nurses, to “Move Forward Together” and to not allow government budgets to be the driving force in health care. The only way we will be able to counter what is clearly a much broader government agenda is

for us, as nurses, to stick solidly together. We must prove Stephen Duckett to be wrong and make sure that the future of our profession remains in our hands!

I am strongly encouraging everyone to become actively informed and engaged through speaking with colleagues and more importantly becoming fully informed through frequently accessing the news on UNANet.

Please call the Local 115 office at (403) 670-9960 or email local115exec@una.ab.ca with any comments or questions.

I wish everyone a wonderful spring and summer and great holidays! 🍷

Ruth Duffy

UNA Local 115 Secretary

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Toll free: 1-800-321-9821

 **Canadian Federation of Nurses Unions**
THE NURSES' UNION OF CANADA

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

Nurses say more psych beds essential to avoid tragedies like the suicide at the Rockview Hospital



United Nurses of Alberta says the province needs to boost the resources, and hospital beds, for mental health to avoid more deaths and more suffering.

"Specialized hospital beds and psych units are an important component of a good mental health system," says UNA President Heather Smith. "The death of a suicidal patient at the Rockyview who was on a regular unit rather than a specialized psychiatric unit highlights how short of beds we are," she says.

Nurses say that over-extended psychiatric units in many of our urban hospitals push patients all too often into regular unit beds. Many mental health patients who need to be admitted may not be. Many are discharged before they are ready.

"The experts and reports all highlight the fact we need more in-patient, acute, mental health beds in the province. We need Alberta Hospital Edmonton redeveloped and expanded," Heather Smith says.

Comments on psychiatric bed capacity from nurses across Alberta:

Nurse from a small hospital in southern Alberta:

"We often admit psych patients as Lethbridge refuses to take them as they say they are full. These people can be suicidal - with a plan to kill themselves - or people with depression and bipolar patients who are having manic episodes. They definitely fall through the cracks and don't get the best care as we are not set up to provide therapy programs, safe rooms, and security. This happens almost weekly for us. I admitted a suicidal patient just this week."

A Calgary nurse

"It is quite common for psych patients to be admitted to medical units and sometimes surgical units as well. An empty bed is an empty bed and our psych unit seldom has one. Most of the over doses go to medical units until they are medically fit to go to psych and even the attempted suicides do too. It is very

difficult to monitor these patients as they should be. They usually might get a daily visit from the psychiatrist but certainly no counseling. How often does it happen? Regularly I suspect."

A Calgary community nurse

"Not only are mental health clients being placed in regular beds, they are being inappropriately discharged to lodges, where we can't adequately care for them. When we run into problems, there are no psychiatrists who will see them and no way to get them help when they refuse to go to their day programs. They end up being taken out of the lodge in four-point restraints by police and EMS. We are having a lot of problems in the community."

From a nurse in central Alberta

"We in our rural facility often admit psychiatric patients. We have no security, no locked rooms, no ability to monitor them for their safety and ours, and we have no specific training in psychiatric nursing. We often try to transfer patients to the city and are told there "are no beds". We either keep them until there is a bed, or end up discharging them prematurely with no supports in place. It's something we live with all the time, and I worry when I am on shift and they are admitted here. It certainly isn't the best place for the patient at all. This tragedy that occurred at the Rockyview in Calgary, could certainly happen in many other places."

The Game is Afoot



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

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


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

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

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

What can you do? Keep yourself informed about these negotiations. Facebook and Twitter, our website and our members-only UNANet, are all easy to access. Keep talking with your Local executive and attend your Local meetings. Share information with your colleagues and let your management know how damaging these rollbacks would be for

nursing in the province. Wear your RN or RPN pin proudly. Remember our motto: "Forward Together".

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

Get the latest on negotiations



facebook



twitter



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

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

UNA on Facebook, search
"United Nurses of Alberta"

UNA on Twitter,
United Nurses of AB

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

Talks open with “disappointing” rollback proposals from Employers

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

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

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

“They are being intentionally provocative in their proposals,” Heather Smith said. “The AHS Board set principles that suggested working together and then brought forward proposals to cut salaries, benefit, safe care provisions, scheduling protections and just about every aspect of our contract. It’s an extreme proposal that we think is unreasonable. Trying to push nurses back won’t move

health care forward.”

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

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

UNA reacted strongly to the AHS rollback proposals.

“There’s no way these proposals will be implemented,” Heather Smith said in TV interviews.

“Nurses are not prepared to give up the ability to advocate for themselves or their patients. We’re not prepared to go back decades in terms of having an appropriate amount of time between shifts in order to ensure safety.”

Week Two of negs focus on process and priorities

On March 17, 18 and 19, bargaining continued with initial discussions centered on bargaining processes and clarifying priorities.

UNA did not make any public statements about the talks. Several other days of negotiation have been set down in March and April.

Government has direct representation on AHS bargaining team for first time

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

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

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


UNA Negotiations Update



UNA talks resume with mediation: Provincial negs slated for April 14, 15, 16

“It’s very early to be applying for mediation, but we thought we had to,” says UNA President Heather Smith. “We were not getting down to the real core issues, and we want the employers to focus on getting closer to where we can reach agreement.”

We hope mediation can produce results.”

But the talks are now moving on to informal mediation. UNA requested mediation after the last round of talks produced no significant progress. Alberta Labour has appointed Tom Hodges to assist with the negotiations. 



UNA Media Release

Safe blood? UNA disagrees with federal minister's decision to allow unregulated workers to screen potential



SAFE
BLOOD.CA

EDMONTON The United Nurses of Alberta disagrees with last week's decision to allow Canadian Blood Services' to conduct a pilot project replacing nurses with low-skilled workers for initial blood donor screening.

The decision was made in Ottawa by federal Health Minister Leona Aglukkaq and announced last Thursday.

"We believe it is the wrong road to travel – totally motivated by a desire to "cheaper" our blood supply," says UNA President Heather Smith.

UNA joins nurses' unions across the country in calling for a transparent, independent and thorough evaluation of this questionable experiment with blood and donor safety.

"Health Canada says it approved the CBS proposal with conditions. It is disappointing, though, that Health Canada is refusing

to make those conditions public. So much for transparency and accountability," says Heather Smith.

After the tainted blood scandal of the 1990s, the Krever Inquiry wrote: "careful screening is essential to maintain a safe blood supply and it must continue." Krever also noted "the principle of safety must transcend other principles and policies."

UNA has been told by CBS that one of the new screening system pilots would likely be run in Edmonton.

UNA and the national Canadian Federation of Nurses Unions have written to both Health Minister Aglukkaq and to Alberta Health and Wellness Minister Gene Zwozdesky about safety concerns with the staffing change.

The Canadian Federation of Nurses Unions (CFNU) commissioned external research on blood donor practices that found:

* CBS' proposed donation model is not aligned with international best practices. In most other OECD countries nurses and/or doctors are routinely used to screen potential blood donors, contrary to CBS' claim that they are not;

* there is no compelling evidence that the use of low-skilled, unregulated workers will ensure the safety of the blood supply or donor health; and

* CBS can address the issue of nurse retention and recruitment by improving the quality of their workplaces.

And visit
www.safeblood.ca 


Nurstoons

by Carl Elbing



UNA sponsoring two to AFL Kid's Camp

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

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



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

Parent's name: _____

Mailing address: _____

City: _____ Postal Code: _____

Home phone: _____ Email: _____

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

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



Friends of Medicare

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

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

May 15, 2010 6:00 PM

Chateau Louis 11727 Kingsway Avenue Edmonton

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

30th Anniversary Celebration

Celebrating 30 years of Medicare education and advocacy.

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