



 **United Nurses of Alberta**



Published by the United Nurses of Alberta Local 115 for our members

Editor
Al Perreault

Local 115 Executive

President
Kevin Champagne
kchampagne@una.ab.ca

Vice-President
Kathleen Hamnett
khamnett@una.ab.ca

Treasurer
Cameron Westhead
cwesthead@una.ab.ca

Secretary
Ruth Duffy
rduffy@una.ab.ca

Communications
Al Perreault

Grievance Committee
Local 115 Executive
Jeannine Arbour

OH & S Committee
Kathleen Hamnett
Ruth Duffy

PRC Committee
Kevin Champagne
Ruth Duffy
Eyituoyo Abati
Nicole Eisler
Ken Ewanchuk
Gordan McDougall
Michelle Senkow
Wayne Stopa

Southern Alberta Regional Office

300-1422 Kensington Road NW
Calgary, AB T2N 3P9
Direct PH: (403) 670-9960
Switchboard: (403) 237-2377
Toll Free: 1-800-661-1802
FX: (403) 263-2908

Web Site: local115.una.ab.ca
E-mail: local115exec.una.ab.ca



What would you do if you did not have a Union?

Who would ensure your rights under the collective agreement are upheld?

If you believe in Union representation, collective bargaining, fair wages for workers, safe work places. I encourage you to continue to stand together and if not active already become active in your Union. We can be part of change and history, find out what political candidates and parties mandates are on education, healthcare, seniors care, pensions, persons with disability, public services like utilities. Where are the public dollars being spent? Is a system being created to line the pockets of private companies?

In a recent Article written by Armine Yalnizyan Healthcare: money without a plan Armine refers to the Federal government having \$220 billion dedicated to tax cuts since 2006 and \$490 billion commitment to Military Hardware that does not get the same scrutiny the way future healthcare is regularly questioned.

We need to ask ourselves why is this? The 2004 Health Accord has shown that focus on commonality of political will, with a long term financial guarantee can bring positive and meaning-

ful change. More money without a plan is just that, more money. Canada's most valued social program needs a plan.

I ask you to find out which Political Party has a plan? I know people say Unions are to be non partisan but if we do not as workers take a stance and support a Political Party that supports our rights then the risk is the rights can be taken away. I urge you to take the time to become informed before casting your ballot whether it be at a Board level, Municipal, Provincial or Federal Election.

Demand setting for UNA is scheduled for November 27,28, 29 in Edmonton. The Local has started to gather information from members as to what changes they would like put forth. I encourage you to take time to go through the collective agreement, engage in conversations with your colleagues about what you would like to see changed or revised in the collective agreement to support the work you do and your workplace. The Local has to vote on the proposals at a Local meeting prior to the Sept 14 deadline for submissions to UNA Provincial office. An Example of a proposal may be to add specific language to address staff having access to safe parking area close to the site when on call between 2300hr-0700hr. The Local Exec look forward to your proposals.

In Solidarity,

Kathleen Hamnett
Vice-President, Local 115
United Nurses of Alberta
Ph: 403-670-9960
Fax: 403-263-2908
e-mail: khamnett@una.ab.ca

In-Charge

Working In-Charge – Get the Charge Pay

Some Employers are denying Charge Pay for nurses who have in-charge responsibilities. Employers often maintain that if there is a manager or supervisor on the unit then they do not have to pay the extra \$2.00 an hour.

The test is not whether an Employee is called the charge nurse or “team leader” or “desk nurse”, but whether the Employee has been assigned the duties in-charge would normally cover. Employers must provide a document specifying in-charge roles and responsibilities at each nursing unit. If a nurse has been assigned those duties then he or she is fulfilling the in-charge role whether there is a manager there or not.

If you are unsure about whether your work should attract the Charge Pay check the Employer’s In-charge roles document. Check which duties you have been assigned and ask your manager if there are any questions about what has been assigned. If the duties you are assigned are those on the Charge document you should get Charge Pay.

If you believe nurses are being unfairly denied Charge Pay contact your Local or your Labour Relations Officer.

*UNA Provincial Agreement Article 16.02, 16.03, 16.04**

**Other UNA Agreements often have different provisions. Check your Agreement or with your Local for details.*

April 2010

UNA - CIPU - Spotlight Working Charge - 04.2010



**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 •



SPOTLIGHT on your UNA contract

UNA marks Black History Month 2012

United Nurses of Alberta

February is Black History Month, an observance of the history of people who originated in Africa throughout the world, and UNA joins working people throughout the province in using the international event to honour the contribution of its members of African heritage.

We recognize the contributions and the legacy made by nurses in our province who have their ancestral roots in Africa, whether they were raised here in Alberta or come from abroad, said Second Vice-President Jane Sustrik.

In 2011, the government of Canada launched an online Canadian black history museum, which may be accessed at <http://www.cic.gc.ca/english/games/museum/main.asp>



Born into slavery in South Carolina in 1845, pioneer southern Alberta cattleman John Ware ranched near Duchess after coming to Canada from the United States in 1882. He is shown with his wife Mildred and two of their five children. He's said to have never been tossed from a wild horse and lived until 1905.

Beyond Acute Care conference Feb 24 & 25, 2012

United Nurses of Alberta

On Feb. 24 and 25 in Edmonton, concerned Albertans will have the opportunity to hear renowned consumer advocate and former U.S. presidential candidate Ralph Nader, Council of Canadians National Chair Maude Barlow and many other Canadian, American and European experts on the politics and policy of health care for seniors, the disabled and other vulnerable citizens.



They can hear them all - and participate in building a better future for all Albertans - by taking part in the Beyond Acute Care Conference at the Crowne Plaza Chateau Lacombe Conference Centre, 10111 Bellamy Hill, in Edmonton, Alberta, on Friday, Feb. 24, and Saturday, Feb. 25, 2012.

There is a modest \$75 fee for the conference, with a lunch included on Saturday. The fee is \$50 for seniors and low-income participants.

Albertans who wish to hear Ralph Nader, who has devoted his living to giving ordinary people the tools they need to defend themselves against corporate negligence and government indifference, but cannot attend the full conference, can hear his keynote speech on Friday night for \$25.

To register and find more information, visit BeyondAcuteCare.ca.

Alberta lags in nurses per capita

By Eva Ferguson, Calgary Herald, January 27, 2011

Ranks below national average with 918/100,000

Alberta's nursing workforce is among the lowest per capita in the country and below the national average, according to a report made public Thursday by the Canadian Institute for Health Information.

Canada's average nursing workforce per every 100,000 people was 931 in 2010, while Alberta's was 918, the third-lowest in the country behind Ontario at 869 and Quebec at 969. Newfoundland boasted the highest number of nurses per every 100,000 at 1,521.

United Nurses of Alberta president Heather Smith said the Alberta numbers reflect a continued nursing shortage in the province that hasn't improved enough since government services were slashed in the 1990s.

"We so massively reduced our workforce . . . and conditions were such that nobody wanted to become a nurse," Smith said.

A booming economy and population growth at the turn of the century made things even more difficult, she said. And then a May 2009 initiative by the province to restrict the hiring of nurses exacerbated the problem further, Smith added. "It sent a chill across the country in terms of trying to attract graduates here. And those that were graduating were going to the U.S. and other countries."

Smith said the Tory government under Premier Alison Redford has reignited recruiting and expanded nurs-

ing programs, with a goal to graduate up to 2,000 nurses every year starting this year. But it's not enough, Smith said, "and our biggest concern continues to be patient safety."

Smith said decisions around appropriate staffing and the appropriate staffing mix is often questionable, meaning a change in a patient's condition in acute care is not always immediately recognized or responded to. "There's just not that same level of surveillance and oversight - or you may not have as skilled a person available."

But Omar Kazmi, senior analyst with health human resources at Canadian Institute for Health Information, said provinces with larger populations and higher urban concentrations have low workforce per capita numbers, including B.C., Ontario and Quebec, and it might not be an indication that these areas are underserved. What may be more important, Kazmi said, is the exponential growth in the nursing workforce overall.

"Across Canada, the workforce is increasing almost twice as fast as the Canadian population," he said.

During the four-year period of the study, from 2006 to 2010, Canada's population saw a 4.7 per cent increase. In comparison, the number of licensed nurse practitioners, at the top of the pay scale with more than six years of education including a master's degree, more than doubled. Licensed practical nurses, requiring a two-year diploma, saw a 20 per cent increase.

Only the number of registered nurses, which fall somewhere in the middle in terms of pay and skill set with a

four-year degree, remained stable, increasing by two per cent.

"But remember, most of those licensed nurse practitioners began as registered nurses," Kazmi said, adding that many may be choosing to further their education to allow for better pay, more decision-making power and an extended scope of practice.

The College and Association of Registered Nurses of Alberta says the CIHI report reinforces the importance of continuing to invest in the nursing workforce.

"The nursing shortage can only be addressed by increasing the number of nursing education spaces, hiring most of the new graduates each year and developing innovative strategies to retain existing staff," said CARNA president Dianne Dyer.

Alberta Health and Wellness spokesman Howard May said the government is on track to graduate 2,000 nurses in 2012, and continues to work hard to invest in education, hiring and recruiting more graduates. "But it's not always all about the number of nurses. It can be about how we use the resources we have," May said

He explained that the Redford government is looking to create more "family care centres," with nurse practitioners to take the pressure off of primary care.

More specific announcements on the pilot projects are expected in the coming months.

eferguson@calgaryherald.com
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Calgary's South Hospital raises staffing concerns

CBC News, January 26, 2012

Over 200 job openings for nurses already exist in Calgary



Heather Smith, head of the nurses union, expects the new hospital to require 1,000 new registered nurses. (CBC)

With the partial opening of the South Health Campus expected in Calgary this summer, the big question on many critics' minds is whether it will be properly staffed.

To staff it, Alberta Health Services says it may have to shuffle doctors and nurses from within the system.

Some say that could create shortages at existing medical facilities not only in Calgary, but the whole province. The head of the nurses union expects the new hospital to require 1,000 new registered nurses.

"Nurses have the ability, from Milk River to High Level, to apply and bid for jobs because we are a province-wide health region," said Heather Smith.

Further complicating matters is an aging workforce of nurses getting ready to leave the system.

"We have concerns about numbers right now. We have 1,100 registered nurses, or one-tenth of them, who are over 51 years old," said Dianne Dyer,

president of the College and Association of Registered Nurses of Alberta. "And they're starting to say they plan to retire in 2012."

No staffing concerns: Fred Horne



Alberta Health Minister Fred Horne is confident the new south hospital will be properly staffed. (CBC)

Alberta's health minister Fred Horne says there will be enough doctors, nurses and other staff on hand as the 300-bed facility starts seeing patients.

"I've been assured a number of times that no, there isn't a concern with staffing at this point," said Horne. "Again, it's a phased opening so staffing up is also a phased approach. I've actually been told it's the destination facility to work in for our healthcare providers."

Horne says the hospital worth \$1.3 billion is on budget and will open in phases, starting this summer.

"You can appreciate with a facility of this size, you can't actually have everything move in and start at once," he said. "So the first phase will be the family outpatient clinics, which will be opening in the summer and that will be followed by the emergency department in the fall and the whole hospital will be up and running by

April of 2013."

Nurses needed

As the largest group of health care professionals, nurses are considered to be the backbone of Alberta's medical system. But nurses are in short supply and the situation is expected to become worse.

Third-year nursing student Tyler Hume has extra motivation to hit the books. Right now, over 200 job openings for nurses exist in Calgary.

"We know that if we want to stay in Calgary, we will be able to," he said.

Nursing schools, like Mount Royal University, say phones are ringing off the hook.

"It's pretty positive right now, I get calls in terms of how many graduates we have coming out and when they'll be available," said Lynn Judd, chair of the nursing program at Mount Royal University.

The number of registered nurses working in Alberta rose from the year 2006 to 2009.

However, [a new report](#) published Thursday afternoon — shows the number of nurses actually fell by more than 700 from 2009 to 2010.

Findings also show, since 2006, Alberta is the only province in the country that saw its population growth outpace the increase of nurses working in the province.

The figures all reinforce the fact Alberta needs more nurses now and even more in the future.

Message from CFNU President Linda Silas

Canadian Federation of Nurses Union (CFNU), Nurses Voice, January 2012



Everyone is talking health care. Everyone, that is, except the federal government which imposed a funding formula set to starve the fiscal capacity of the health care system.

The Premiers in their Victoria meeting were unanimous in condemning the imposition of a financing arrangement without negotiation or consultation. They have demanded new talks and an innovation fund for medicare. However, the Prime Minister has rebuffed any suggestion of further discussions and flatly rejected the proposal for a health innovation fund, saying, “I am not looking to spend more money.”

Nurses are dismayed by the disregard towards Canadians’ top priority and by the lack of respect for the spirit of federalism.

Nurses join the Premiers in demanding that the federal government take health care seriously

and negotiate rather than impose agreements. The Conservative election platform committed the government to “work collaboratively with the provinces and territories to renew the Health Accord and to continue reducing wait times” and to

“emphasize the importance of accountability and results for Canadians—better reporting from the provinces and territories to measure progress.” (p.30) The government’s present position is nothing less than a broken promise on the most important issue of the last election campaign.

The proportion of federal funding will fall below the level required to maintain comparable care across the country. Nurses see this as a betrayal of an important trust. The formula of strict per capita spending does not acknowledge regional differences, the needs of rural and remote communities, smaller provinces or those with unique characteristics like an older population. And, as one Premier put it, if you want to innovate, you need the funding to do so. Nurses understand that results are a reflection of resources and leadership.

Last December, the CFNU gath-

ered a wide variety of thinkers in the health care field to a roundtable on the Health Accord. The ideas that came out were free-flowing, fresh and innovative. We will continue to provide nurses’ leadership and expertise and will press the politicians to listen.

I am encouraged by a growing public consensus surrounding positions the CFNU has been advocating. A poll conducted by Ipsos Reid recently found almost three quarters of Canadians agree that health care is a shared federal provincial responsibility and an emphatic 97% think the federal government’s responsibility for the Canada Health Act is important.

92 percent are calling for national standards and 81% expressed concern that without such standards Canadians will have different levels of health care depending on where they live. Canadians expressed strong support for a national approach to long-term and community care for seniors.

People want financial security, the government says. But they also want to feel secure knowing their public health care system will take care of them when they need it.

It is our mission to push politicians to expand and improve medicare so that Canadians know they can count on it to provide the care they need, wherever they need it,

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Message from CFNU President Linda Silas (Cont.)

Canadian Federation of Nurses Union, Nurses Voice, January 2012

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and without regard to their economic means.

2012 looks like it will be another challenging year for nurses. Privatization remains high on the agenda of critics of medicare in spite of the evidence. Policymakers' irrational love affair with Activity-Based Funding, and with inappropriate "models of care" that do not reflect the value or expertise of regulated nurses, continue in spite of the evidence.

RN regulators in Canada are looking to replace the use of a Canadian-developed registered nursing entrance exam with one produced for the United States. This decision is not in the interest of public safety, accountability to Canadians, or common sense. Nurses were taken aback by the frank admission that the adoption of the American test would mean new-found mobility for registered nurses between the borders. In our opinion, the policy would make it easier for the US to recruit Canadian healthcare professionals while ignoring a key safety and human resource responsibility to Canadians. The use of the US test may fail to recognize the fundamental differences between the US and Canadian healthcare systems and will certainly undermine essential efforts to address retention and recruitment of nurses in Canada. All of us have worked too hard

with different levels of government to build strong retention and recruitment strategies to be silent on this proposal. I still question how ten colleges/associations of nurses didn't take this into consideration.

The CFNU supports change, but within the spirit and principles of the Canada Health Act and based on evidence. It is important that the federal government and the provinces and territories work together taking their direction from the Canadian people who expect consultation, negotiation and consensus; not division, recrimination and posturing.

Nurses' values include working from the evidence, working with partners collaboratively, respecting those at the front lines and sharing best practices. I believe it is these values that are needed to build a better medicare system. When I meet policy makers, I tell them, "think like a nurse and put patients first."

In solidarity always,

Linda Silas
CFNU President



At Your Side, On Your Side

- ⇒ Parking Reimbursement for attending Local meetings
- ⇒ Professional Advocacy Stipends available
- ⇒ Door prizes at Local meetings
- ⇒ Sending member observers to AGM and DSM
- ⇒ Draws to attend South Central District Meetings
- ⇒ PRC Lunch & Learns
- ⇒ Expanded PRC committee and mandate
- ⇒ Ward Rep appreciation nights
- ⇒ Local AGM December 12, 2012 with guest speaker
- ⇒ Project 2012 celebrations
- ⇒ * Some conditions apply, ask the Local 115 Executive for details