



Winter 2017

NEWSLETTER



United Nurses of Alberta



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For the latest updates on Negotiations check out First Class Negs Conference through UNANet!!

What is UNANet?

Benefits include...

Getting your own UNA Email Address!

UNANet provides you with a Union email address, _____@una.ab.ca. UNA email is private, has excellent SPAM and Email Virus protection, and comes with a support person you can actually talk to.

When using a una.ab.ca email address, communications with your Local Executive, LRO, UNA Staff, Executive Officers, and other UNANet users are always secure; they never pass through the Employer's email servers (or Telus' or Shaw's) and remain contained within the UNANet service.

Discussion

Join in (current) discussions using UNANet's Conferences of the latest News and Negotiations with other Nurses (only Nurses, as UNANet is Members only access). Discuss developments in PRC and OH&S. Ask questions and have them discussed and answered in the Contract Issues Conference.

Education

Read and Download UNA Education Material, such as:

- Know Your Rights
- PRC toolkit
- How to Run a Local
- Disability Rights
- Unit/Office Rep
- Grievances
- View the UNA Workshop Calendar and a calendar of major non-UNA Education Opportunities

At Hand

In DMS, access your on-file personal information. File Expense Claims, view Union pay stubs and T4s, see upcoming Workshops and register directly.

Activate your account today: <http://una.ab.ca/unanet>

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Patrycja Vaid, Sheldon Vogt
Grievance Committee: Local 115 Executive,
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OH&S Committee: Local 115 Executive,
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PRC Committee: Local 115 Executive, Nicole Bajada,
Andrew Lafreniere, Laura Muenchrath, James Zachary

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our members**

Editors

Local 115 Executive
& Communications Committee

A Moment with the Vice President

Written and Edited by Kathleen Hamnett,
Local 115 Executive,
United Nurses of Alberta



Firstly, I want to thank the members of Local115 for all their hard work for patients and their families, and advocating for safe workplaces.

Secondly, I am thankful and appreciative to be part of the Local 115 Executive team as Vice President and member of the UNA OH&S Committee.

UNA members at UNA Provincial AGM witnessed a first with AHS Senior Leads - Brenda Huband, Deb Gordon and Sheli Murphy from Covenant health re-affirmed their commitment to the PRC Process in front of 1000 delegates and UNA staff. A further commitment was made to educate and support staff and managers as needed to support the PRC Process. Local 121 RGH member Marg Brick went to the microphone and stated “she never thought she would see such a day in 40 yrs, this is a turn in the most incredible way, remembered in the past how hard members had worked for a PRC process and to see this today is mind boggling”. A powerful and proud moment for UNA members.

Another highlight from UNA AGM was the message from Danielle Larivee(RN) Minister of Child and Youth Services to not forget Political Activism in our communities to support Health Care. Reminding Nurse to continue to use their voice for Public Policy and advocate for keeping a Publicly Funded Health system.

Linda Hasslam-Stroud President of Ontario Nurses Assoc. stated “ I am sick and tired of hearing that we are balancing the budget on the backs of Registered Nurses in Canada” gave a powerful and passionate address to UNA AGM’s delegates.

I think many Nurses within Local 115 can relate to Linda’s statement. How many Nurses in the last few months at Staff meetings have heard this message?

Many units and clinics have had managers tell the staff because of overtime or budget over runs the first sick call will not be replaced or if need to replace can do so but not at Overtime. Staff baselines being changed with increases of pt to nurse ratio, changing of skill mix, RN’s replaced with LPN’s and moving Healthcare aids off of needed shifts, no support staff on weekends such as unit clerks.

What if any, consultation was done prior to these decisions to frontline staff? Where is the evidence based information to support these changes? Do the changes actually save Health Care dollars? Improve pt outcomes?

Saskatchewan Union of Nurses (SUN) has a position statement and BCNU has Mandated Nursing Pt Ratio position statement

<https://www.bcnu.org/AboutBcnu/Documents/position-statement-nurse-patient-ratio.pdf>

BCNU Ratio Guideline 2015

Determining safe staffing levels requires constant evaluation. Numbers will fluctuate according to the needs of patients, clients and residents. The ratios outlined below are based on ratios successfully implemented in other jurisdictions and reflect minimum requirements which will require adjustment upward for patient acuity and other factors. These nurse-patient ratios apply 24 hours a day, 7 days a week. The following ratios do not include many areas in which nurses work, such as psychiatry, ambulatory care, dialysis, tertiary facilities, residential care, rural settings and community worksites. These areas will require further consideration and research due to their uniqueness.

UNA hears about issues from members when they speak up.

Members are encouraged to use the PRC or OH&S process to deal with issues as they arise. You matter! It is even more important members stand together and not allow division amongst nursing colleagues and unit teams.

I encourage UNA members to be active in their Union, attend local meetings, be Ward Reps and attend the UNA Educational such as Know Your Rights Workshop or Dealing with Nurse Abuse. UNA is only as strong as its members. If you are not at the table you are on the menu as stated by Linda Silas (CNFU Pres). Nurses need to ensure they are not on the menu of the next round of Health care budget cuts...be active. Take action.

If something raises a Red Flag...pick up the phone or email, if urgent ask for the duty Labour Relations Advisor.

Nurses work hard and have a Right to a safe, respectful, workplace for all. Therefore, it is vital that we stand together and support each other

In Solidarity,

Kathleen Hamnett

UNA Local 115 Vice President

Employers must pay costs for Physician's note

If an Employer requires an Employee to provide proof of illness, such as a physician's note, the Employer must reimburse the Employee for any costs for that information.

Some physicians charge administrative fees for providing a note for sick leave. If an Employer asks an Employee for a physician's note, the Employer must pay the fee.

Employees should be cautious about providing the Employer with access to personal medical information. The Employer could attempt to use the information to limit sick leave. An Employee is not obligated to sign any medical information release form for the Employer.



United Nurses of Alberta



Fatigue

By Kevin Champagne,
Local 115 Executive,
United Nurses of Alberta



There are many pressures facing nurses in today's environment competing for our attention potentially compromising our patient safety. In order to remain vigilant, nurses need to understand the contributors to their fatigue. We have all experienced the truism that nurses are being asked to do more with less. Has

this led to increasing reports of care provider fatigue being documented? In a 2016 Employee Wellness Survey completed by AHS, 35.8 % of respondents indicated that decreasing fatigue was a priority.

Ask any nurse and they will tell you they are tasked with the implementation of multiple program changes at any given time. Frequently there isn't the opportunity to evaluate the merit of the implementations. "Growing health care workforce shortages, cost-conscious health care budgets, and quality and safety concerns have spurred many workforce redesign initiatives within health care" (MacPhee, 2014). There is a need for change, but the change needs to occur based on best practice outcomes, not driven by shortages or the budgets bottom line.

What is at risk? According to Barger, L.K et al (2005) health care workers are at greater risk of decreased vigilance on the job and thus at risk for making a serious medical error. Knowing that we are at risk can help us prepare offsetting strategies. Your patients will thank you if you adopt strategies that put their wellbeing at the forefront of your care. Berner, Eta S. Medical Education (2011) suggests that a varied approach, including reducing the working hours and teaching stress reduction techniques to medical professionals have had some success in reducing error.

Is the onus to prevent fatigue solely on the worker? Simply put, no. The Occupational Health and Safety Act obligates your employer to create a safe work environment, which takes into consideration your mental and physical health. You have a corresponding obliga-

tion to report in writing any health and safety concerns you have to allow the employer the opportunity to make the necessary changes.

As professionals we are responsible for our fitness to practice. If you are exhausted and you do not feel that you can provide safe care you should not pick up additional shifts. The Union receives many calls asking how to deal with the moral distress we face if we do not pick up and our colleagues are forced to work short staffed. CARNA's guidelines on Working Extra Hours, revised September 2011 (pg. 6), highlight the importance of regulated members working in tandem with the employer to address staffing shortages. CARNA states that adequate staffing to meet the requirements for nursing care is a fundamental characteristic of safe care and of a healthy workplace. To ensure the employer is aware of our safety concerns, it is imperative for us to make the time to complete the appropriate reporting tools.

With less health care funding being promised from the federal government to the province changes will continue to happen. The government of the day is tasked with trying to sustain publicly funded, publicly delivered health care and they will continue to try to find creative ways to deliver care. It is up to us, the front line staff, to stand tall and advocate for patients and their safety by reporting to our employer when those changes compromise not only our licenses but also our patients' needs.

In Solidarity,

Kevin Champagne

Local 115 President

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Barge, L.K, Cade, B.E, N.T et al. 2005 Harvard Work Hours, Health, and Safety Group extended work shifts and the risk of motor vehicle crashes among interns. *New England Journal of Medicine.* 352, 125-134

Berner, Eta S. Medical Education. Nov 2011, Mind wandering and Medical errors. *Psychology of Physicians.* Vol 45 Issue 1, p1068-1069

Working Extra Hours: Guidelines for Regulated Members on Fitness to Practice and the Provision of Safe, Competent, Ethical Nursing Care. September 2011

MacPhee, M. (2014) Value Patient Safety: Responsible Workforce Design. Canadian Federation of Nurses Unions

Carswell 2014 Edition: Handi-Guide to Alberta's OH & S Act, Regulation and Code

S M T **W** T F S

OUR profession  OUR jobs

WWW

wear
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Wednesdays



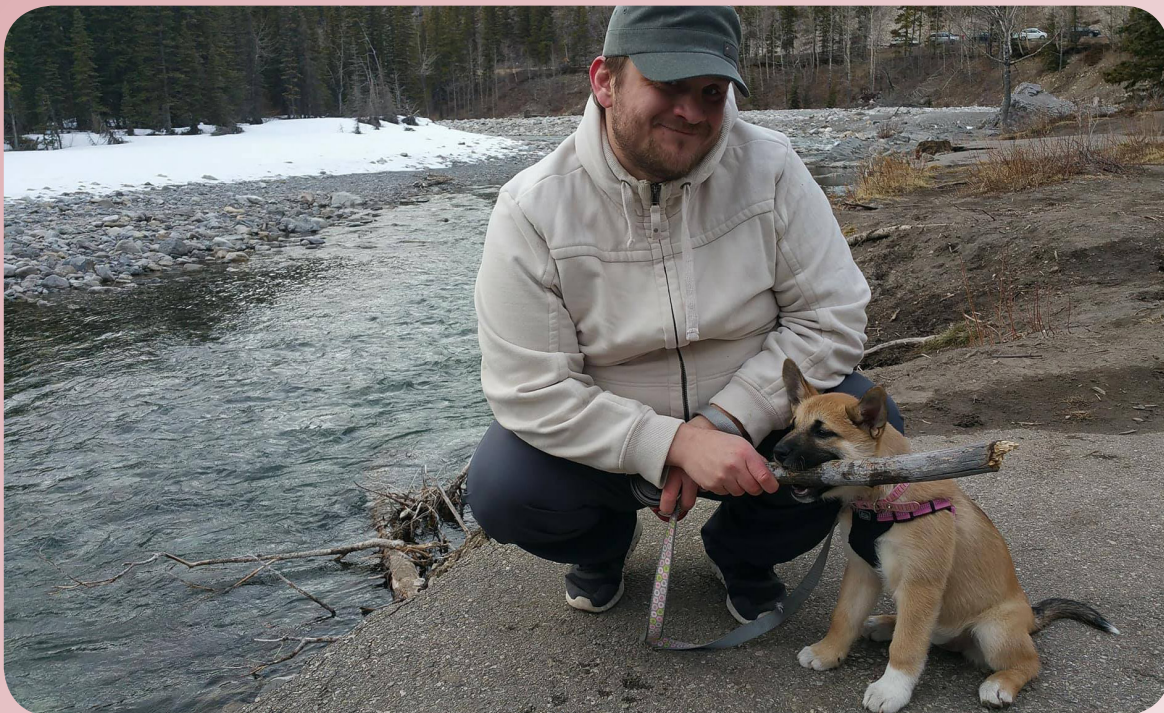
 **United Nurses of Alberta**

RN

RPN

Member Spotlight: Mike Loncik

By Patrycja Vaid,
Local 115 Communications Committee,
United Nurses of Alberta



Mike Loncik is a Clinical Nurse Educator on the Intensive Palliative Care Unit at Foothills. He has worked in palliative care for almost 15 years and makes a conceivably difficult nursing role look easy. The connections Mike is able to make while on the job are powerful. His philosophy is to be a human first, and a professional second; this way of practice assures that he makes a meaningful difference to patients and families going through one of the most stressful events in life.

Q: Where are you from?

A: I was born in small town called Martin in Czechoslovakia. I came to Canada when I was 19.

Q: Where do you work now, and what has been your nursing work journey that has brought you there?

A: Currently, I am a Clinical Nurse Educator (CNE) on Unit 47, which is an Intensive Palliative Care Unit (IPCU) at Foothills Medical Centre (FMC). I have been working here for almost 15 years, 12 of those as a Registered Nurse, and a CNE in a temporary line for the past 2.5 years.

My journey started on Unit 37 back in 2001 when it was a locked geriatric unit. I was a nursing aide who could barely speak English. Two years later, the unit had to close for renovations to become a beautiful nephrology unit and I ended up working on Unit 57/58 at Rockyview General Hospital (RGH). While at the RGH I applied to study nursing at Mount Royal.

Throughout my college years I continued working on Unit 57& 58. I ended up getting an undergraduate summer position on Unit 47 in my 3rd year of school. The thing is, I really really wanted to work in cardiology. I thought that was my calling. I even did my final clinical practice on cardiac floor. But in the end, it wasn't. That summer changed the way I looked at palliative care. I never looked back and have been enjoying every bit of it.

Q: What do you like most about where you work?

A: It might sound little cliché but I really enjoy working with my patients & their families. I really enjoy getting to know them, their life stories, up & downs. There is something really personal about that. These people don't know me and most likely never knew me before. For me, it is a privilege to care for them and become part of their lives. I am a really social person and I could talk your ears off. Building rapport along with the feeling that the patients really enjoy my company and support is the best feeling ever.

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Member Spotlight: Mike Loncik

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Q: What is the most important thing you think nurses should know about palliative care?

A: I think the most important thing is to remember it doesn't mean that patients are imminently dying. Yes, there might not be a cure for their conditions, but with our care and symptom management, most of the patients are able to return home and with home care support, live regular lives.

Q: Could you describe your role of Clinical Nurse Educator for us?

A: The Educator role is quite extensive. It involves development, maintenance and implementation of policies, protocols and guidelines on provincial, zone and site levels. It also involves development of unit specific policies and protocols through collaboration with specialty services and our unit's multidisciplinary & management team. Once the development is finalized, I work with the unit floor staff to implement the changes into practice and set expectations for maintenance of their competencies. In addition to all this, my role involves teaching palliative symptom management for the new hires, and FMC Skills Days every month for staff to renew their knowledge about infusion pumps, TPN, trachs, CVCs and epidural/intrathecal pain management and troubleshooting. Lastly, my role involves teaching patients and families about their epidural and intrathecal pain management and troubleshooting when they transition from our care to their home environment.

All in all, imagine a rain barrel. Instead of the water I collect all the new information, sift through it and disperse it to staff and patients to ensure great care & support.

Q: What does a typical workday look like for you?

A: My day can usually be split into 3 different parts:

Unit support and professional development (such as rolling out various initiatives, policy & protocol support, and unit specific orientation)

Stakeholder group collaboration (such as policy, protocol & guidelines development)

Regional / Site duties (such as teaching in GNO, AMNSP & FMC Skills days)

I always like to be informed about the unit. I like to



know about the patients, and nurses working the floor. My day starts off with the night to day clinician's handover. I listen to the report and from there I determine which nurse needs help, and which patients' situation (or need) would be a good learning opportunity for the nurses. Once the report is finished, I check my messages, email and my schedule. If I am not teaching or attending meetings I really like to help out on the floor. I truly believe learning comes from practice and what

better way to do it than on the floor with the patients. I have an open door policy for anyone needing an advice or help with their practice. In between, there is always something to do, like new policies, guidelines or initiatives that need to be looked over and rolled out to staff on the unit. For the past two years, our unit has been through accreditation, and I can tell you that there was never a dull day, but I wouldn't want it any other way.

Q: Your bedside manner as a palliative care nurse is kind, empathetic and holistic. What is it about palliative care that drives you to keep up a high standard of care?

A: One has to really appreciate the complexity of palliation; and I sure do. It took me little more time to really appreciate the whole aspect of palliative care, but once I gained some experience and knowledge I was able to understand the most simple part of it; it's really being a human first and professional second. Patients appreciate the human aspect of care first with professionalism and experience connected to it. This should be the essential part of nursing.

Every patient on our unit is in some sort of crisis, whether it is medical, psychosocial, emotional or financial. They deserve to be treated the way we would treat our own family and friends. It might sound cliché but I have seen nursing become "a job", automatic with little emotion and personality. And that is exactly what drives me to keep up a high standard of care. It is not therapeutic in any way to just show up for the job, dispense some medications, do the mandatory checks and go home. I love being present, right there, with the patient and the family.

Q: In your opinion, what are some of the challenges education in the workplace is facing?

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Member Spotlight: Mike Loncik

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A: I think the general availability of information is the biggest challenge to education. The internet is saturated with all kinds of information. The problem is, the information available is not always correct, or the source is not always the most credible. As much as I love Google and other search sites, I also hate them. The easiness of access is also its greatest fault; everyone has easy access! It can be quite challenging for the nurse or nurse educator to convey a correct message without causing a negative effect on the patient-nurse rapport. This also applies to health care professionals: searching for correct information requires effort along with the right attitude. The challenge comes with “being busy”, “I studied so much I don’t have time to do this” or “school is over for me, now I just have to work” attitudes. It requires modelling of prudent behaviour.

Q: Being a male in a female dominated profession, what are some of the challenges you face that you don’t see your female colleagues facing?

A: To be honest, thorough out my nursing career I have been fortunate to work with a great team of people who made it possible for all the challenges to disappear or be overcome with ease. Most of the challenges come with cultural and personal differences which can be overcome with appropriate support from all of my nursing friends.

Q: Looking back, if you could give your new nurse self some advice what would it be?

A: I would tell myself to slow & calm down and most of all, leave work at work! My first 2 years of nursing were little bit anxious and restless. I would think that it was up to me to do everything and finish everything on time before I went home. I didn’t really understand the “nursing is a 24 hour job” phrase. I lost a lot of sleep and days off because of that! Oh the young years of nursing!

Q: Why is the union important to you? And, do you think it’s important to special roles like yours in general?

A: Union is exactly what it says it is: a unifying body and a backbone for all nurses (not just special role nurses). I am very proud to be represented by the larg-

est and the strongest Union in North America. It gives me sense of security and ease of mind.

The union provides lots of educational opportunities for new and seasoned nurses, whether it involved scholarships for ongoing education, or post secondary opportunities. I personally think that’s an amazing thing, especially in these times when it is harder to come by extra money to get the desired education.

Q: What is your favourite thing to do in Calgary?

A: I only work in Calgary. My playground is outside of Calgary. I love the mountains, hiking, camping and anything that involves lakes, rivers and trees.



Q: What is your favourite restaurant/place to shop/book/movie/TV show?

A: I love Vietnamese food. Any good Vietnamese restaurant will do. I’m not picky! I’m a music junkie: love shopping at RecordLand, Melodiya Records, Sloth Records & Amazon.

My favourite book is *The Naked and the Dead* by Norman Mailer.

My favourite movies are *Braveheart* and *The Exorcist* (which are pretty old!). From the newer ones, I’d say *Deadpool* takes the crown. It’s hard with TV shows, I start watching them, then lose interest, and that is it. I would say: *Six Feet Under*, *Sopranos*, *Game of Thrones*, *Shameless (US)* and *Ozark* are the ones I have successfully dedicated my time to!

Q: What are you looking forward to in the next year?

A: I’m looking forward to returning back to bedside care. I liked being an educator, learn new skills and experience different, more extended side of nursing role, but I really do miss our multidisciplinary team & floor nurses. Basically, I miss the simple, more patient and bedside dedicated side of nursing.

Q: Where do you see yourself in 5 years?

A: I don’t look that far. I’m not a planner, which drives my wife crazy. I’d like to enjoy bedside nursing for a little while and maybe look into clinician practice in the future, but like I said, nothing is set in stone!



JOINT COMMUNICATION

Multi-Employer/UNA Collective Agreement

Recommended Vacation Planning Guidelines

December 2012

1. Intent of Guidelines

- (a) Vacation Leave is intended to ensure Employees receive a break from their job responsibilities and have an opportunity to take a period of personal time, which contributes to their overall well being.
- (b) The Multi-Employer/UNA Collective Agreement (Collective Agreement) details an Employee's basic vacation rights and provides a process to enable the Employer and Employee to schedule vacation time during the course of the year. These Guidelines are intended to supplement the Collective Agreement, by providing managers and Employees with expanded information on the annual vacation planning processes described in Article 17. These Guidelines are the result of discussions of the Multi-Employer/UNA Joint Committee and are supported by both Employer and UNA representatives. Application of these Guidelines by managers and Employees will enhance the consistency, fairness and equity of the vacation planning processes.

2. Interpretation and Application

- (a) Key Terms
 - (i) **Operational Requirements** - to be defined by the Employer and may vary on a unit/program or site basis.
 - (ii) **Vacation Year** - normally defined as May 1 to April 30. May differ in some Union locals.
 - (iii) **Annual Vacation Accrual** - the amount of vacation an Employee is eligible to earn in a vacation year, as per Collective Agreement.
 - (iv) **Vacation Liability** - all vacation in an Employee's bank. Includes vacation accrual from current year; vacation carried forward from previous year(s); and supplementary vacation.
 - (v) **Carry-over** - the portion of vacation in excess of the Annual Vacation Accrual.
 - (vi) **Block** - a block of time including all regularly scheduled shifts, unscheduled days and designated days of rest. Based on the calendar and not the current shift rotation.

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*UNA Joint Communication
Recommended Vacation Planning Guidelines 2012*

(vii) **Work Area** - unit, program or site, whichever is applicable.

3. Developing the Planner

- (a) The Vacation Planner (Planner) is to be a single document where each Employee is to make their vacation request for the Vacation Year.
- (b) The Planner covers the entire vacation year including Christmas, New Years, spring break and summer. The Collective Agreement language does not contemplate a separate vacation planning process for the December holiday season.
- (c) The vacation planning process is separate for each union group. However, when considering vacation requests, managers will consider skill mix issues.
- (d) All Regular and Temporary Employees in the Work Area are to be included on the Planner. Where Employees are on an approved leave of absence and are expected back to work during the vacation year, managers may call them regarding their Planner requests.
- (e) The Planner should allow for all Employees to see the requests made by other Employees in the Work Area. Listing the names of Employees in order of seniority will help Employees make informed vacation requests.

4. Guidance Numbers

- (a) On the Planner, the Manager must provide a guideline regarding the reasonable number of Employees in the Work Area that can be granted vacation at the same time. The purpose of providing this guideline is to assist Employees in choosing their vacation preferences in such a way as to optimize vacation approvals.
- (b) The manager must determine the number appropriate for their specific Work Area. For example:
 - In a unit with 80 nurses, it would not be considered reasonable to only grant two people vacation at any given time unless there are extenuating circumstances such as multiple vacancies.
 - In a department with 20 nurses, it may be appropriate to grant only two people vacation at any given time.
- (c) This number listed on the Planner is a guideline only. The actual number of individual vacation requests approved may differ from the Guideline due to a number of variables including:
 - patient safety considerations;
 - staff skill mix requirements;
 - replacement availability, ability to adjust the schedule, ability to reassign Employees from/to other areas, etc.;
 - workload issues; and
 - other absences such as Named Holidays, disabilities, vacancies, etc.

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*UNA Joint Communication
Recommended Vacation Planning Guidelines 2012*

- (d) The guideline regarding the number of Employees granted vacation at the same time may vary for different times of the year. For example, it would not be unusual for the number of Employees that can be allowed vacation at the same time to be different for the summer months or for December than for other times of the year.
- (e) The guidance number should refer to the number of Employees that may be granted time off for each day/24 hours. However, the guidance number should not be identified in hours and does not need to identify different numbers for each shift. For example, if a unit can likely provide for two Employees to be off for a day shift, one for the evening shift and one for the night shift, the guidance number should be listed as four per day [see Point 8(g)].
- (f) The guidance number provided over the course of the year should mathematically cover the Vacation Liability for all Employees the Work Area for the year. It is recommended that a standard guidance number be developed as follows:
- Vacation Liability for the Work Area in days ÷ the number of operating days applicable to that Work Area in the year = base guidance number (per day)-.
 - Monday to Friday operations may use 261/days per year, while 24/7 operations may use 365 days per year as the days applicable to that Work Area in the year.
 - The guidance number can be converted to weeks by first dividing the Vacation Liability by 5 and then dividing by 52 weeks. For example, the guidance number for a Work Area with a Vacation Liability of 1300 days would be 5 Regular staff off for each week [$1300/5=260$ weeks; 260 weeks annual accrual/ 52 weeks = 5].
 - This number can then be increased or decreased for certain times of the year in accordance with estimates regarding variables such as those described in Point 4(c) above.
- (g) In instances where the manager uses the formula above to calculate their guidance numbers and because of large amounts of Carry-over, the resulting number is so high it is operationally unfeasible, the manager may put a lower guidance number on the Planner, so long as the guidance number covers the combined Annual Vacation Accrual for Employees in the Work Area. For example, the Annual Vacation Accrual for 65 Employees in a Work Area may be 1300 days; however due to historical carry-over, the Vacation Liability is significantly higher at 2080 days. Using the formula above in Point 4 (f) [$2080/261=7.9$], the resulting guidance number is 8 staff off per day (based on 261 days per year and rounded up). If the manager is unable to grant 8 Regular staff vacation due to operational reasons, they may post a lower guidance number on the Planner, provided they cover, at a minimum, the Annual Vacation Accrual of 1300 hours or 5 Regular staff off per day [$1300/261=4.9$].

5. Posting the Planner

Planners must be posted during the period of January 1st to March 15th each year.

6. Making Requests on the Planner

- (a) Employees must submit vacation preferences in writing by March 15th. Managers should indicate the process their Work Area will follow in submitting requests.

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Recommended Vacation Planning Guidelines 2012*

- (b) When requesting vacations on the Planner, Employees can request:
- Vacation time that will be accrued by the date of their requested vacation. For example, if an Employee wants seven days off in July, but at the time they make their request on the Planner, they only have five days in their bank, the request is allowed because as of the date the vacation will begin in July, the Employee will have accrued a total of seven days.
 - All approved carry-over.
 - All Supplementary Vacation an Employee wants to utilize in the current Vacation Year.
- (c) Employees are encouraged to request as much of their Vacation Liability as possible on the Planner (including Annual Vacation Accrual and Carry-over). At a minimum, Employees should request at least their Annual Vacation Accrual on the Planner. Where an Employee does not want to request their full Vacation Liability on the Planner, they should make a request as soon as possible after March 15th for vacation during the remainder of the Vacation Year [see Ad Hoc Requests Point 9].
- (d) If at the end of the Vacation Year an Employee has not used their full Vacation Liability, they must request to carry-over the unused vacation to the next Vacation Year [see Point 7].
- (e) It is strongly recommended that senior Employees indicate their vacation preferences on the Planner as soon as possible once the Planner is posted. This will assist Employees with less seniority in choosing their vacation preferences and will reduce the number of vacation requests that need to be denied.
- (f) The Planner is to be used only to request vacation time and should not be used to request or record any other types of time off.
- (g) Employees should begin from the premise that vacation is to be requested and approved as a single block of time. Blocks include all regularly scheduled shifts, unscheduled days and designated days of rest.
- (h) Employees may request to divide vacation into smaller Blocks. Employees should expect that requests to divide vacation into very small Blocks (e.g. every weekend off in Vacation Year) may be reasonably denied.
- (i) Employees should request Blocks of vacation rather than specific days or shifts based on the current schedule.
- (j) Blocks should be requested based on the calendar day and not on the shift rotation. Rotations may change through the course of the year.
- (k) If there is a specific time period required for an important event or for travel, Employees should ensure that the entire time period is requested on the Planner regardless of the current shift pattern, by marking off each single day within the Block. For example, if an Employee wants July 1 – 15 off as vacation, they should ask for the whole period off,

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- including each day within the Block (including scheduled and non-scheduled days) rather than simply asking for the dates that are currently scheduled as work days during that time. The intent is to request and receive a block of vacation time rather than individual days.
- (l) Managers should review the requests for vacation during the planning period on a regular basis to ensure that Employees are scheduling vacation. If an Employee has not scheduled any vacation and has not requested to carry forward their bank by March 15th there should be a discussion related to the requirement to take some vacation time.
 - (m) The Collective Agreement does not provide for a standing, or pending request. Once a vacation request has been denied, the request is no longer active. If circumstances change such that a previously denied vacation period becomes available, the Employee will need to provide a new vacation request for consideration.
 - (n) Because Supplementary Vacation does not have to be utilized in any single vacation year, Employees should only utilize the Planner to request earned supplementary vacation time that they want to utilize in the current vacation planning period.
 - (o) The Supplementary Vacation is to be taken at a time mutually agreed between the Employer and the manager. However, unlike regular vacation, it is not necessary to seek agreement from the Employer should the Employee wish to carry the Supplementary Vacation from year-to-year, provided that the Supplementary Vacation is taken prior to the next significant anniversary date.

7. Requests For Carry-Over

- (a) Employees may request a portion of their Vacation Liability be carried over to the next Vacation Year. The Collective Agreement does not contemplate vacation carrying over past a one year window of time.
- (b) Any requests to carry-forward vacation into the next Vacation Year should be discussed with the manager as far as possible in advance of the next vacation planning year.
- (c) Requests to carry-forward vacation must be made by the Employee in writing and approved by the manager prior to March 15th.
- (d) As soon as possible after March 15th (deadline for Employee requests) managers should review the total vacation requested on the Planner against the Vacation Liability for the Work Area. Where an Employee has:
 - not requested their total Vacation Liability on the Planner and has also not made a request in writing to carry-forward vacation; or
 - the request for carry-over has been reasonably denied,

the manager and Employee should meet as soon as possible to discuss a mutually agreeable time to schedule the vacation at some point during the year. If a mutually agreeable time cannot be identified, then an Employee's vacation time may be scheduled by the manager in accordance with the Collective Agreement.

*UNA Joint Communication
Recommended Vacation Planning Guidelines 2012*

8. Approving Vacation

- (a) Vacation requests provided on the Planner will be approved or denied no later than April 30th. The manager will post both the approved and denied requests on April 30th.
- (b) The approved vacation schedule for the Vacation Year must be made available for Employees for the duration of the Vacation Year.
- (c) Managers will attempt to approve or deny vacation requests that fall early in the vacation planning period (for example a vacation request for the first two weeks of May) as soon as possible after March 15th.
- (d) Where all requests for vacation cannot be accommodated, seniority, relative to other Employees in the Work Area, will be the deciding factor.
- (e) All requests for vacation must be given consideration based on the information that is available to the manager at the time of the request. Where operationally feasible, managers are encouraged to grant vacation. In determining whether it is operationally feasible the manager will consider:
 - number of available and/or experienced relief staff;
 - number of Regular Employees on any given shift vs. number approved for vacation; and
 - skill mix of Employees on the unit/department (i.e. if by granting the vacation the unit/department will be left with mostly inexperienced nurses, the vacation may be denied).
- (f) Managers are encouraged to maximize the number of Employees who can be approved vacation during a day/24 hour period and during a Block. For example, on some 24 hour units, one Employee on day shift, one on evenings and two Employees on nights may be granted vacation for a total of four Employees in a 24 hour period. Similarly, managers should consider the number of Employees who can be approved for vacation during a block of time. For example, if a senior 0.4 FTE Employee requests four weeks' vacation, only a total of eight days vacation will be used during this block. Where possible, vacation should be granted to less senior Employees within that same four week Block to maximize the number of Employees granted vacation at any one time.
- (g) If an Employee requests a Block of four weeks and only three of the weeks can be granted the manager should ask the Employee if they wish those three weeks. If an entire Block cannot be granted Employees should not be required to take a partial block without mutual agreement of the change in request.
- (h) Vacation requests for Christmas or New Year's that are approved on the Planner meet the Collective Agreement requirement under Article 18.06: Named Holidays for two consecutive days off on at least one of those holidays. An Employee may request vacation on the Planner for one, both or neither of the two holidays.

*UNA Joint Communication
Recommended Vacation Planning Guidelines 2012*

9. Requesting Vacation Outside of Planner (Ad Hoc Requests)

- (a) Vacation requests submitted outside of the Planner (after March 15th) must be approved or denied within 14 days of the request. If the manager is unable to make a determination at the time the request is made, managers should deny the vacation rather than not responding at all. Employees may request the same vacation period at a later date when it may be more appropriate to make a decision (e.g. vacancies may be filled by then, more relief staff may be orientated/available on the unit/department, etc.).
- (b) If multiple vacation requests are received after March 15th for the same time period, these requests will be considered on a first come, first serve basis. If multiple vacation requests are received at the same time, then the requests will be considered in order of seniority.
- (c) Employees should begin from the premise that vacation is to be requested and approved as a single block of time. A Blocks includes all regularly scheduled shifts, unscheduled days and designated days of rest.
- (d) Employees may request to divide vacation into smaller Blocks. Employees should expect that requests to divide vacation into very small Blocks (e.g. every weekend off in Vacation Year) may be reasonably denied.
- (e) Employees should request Blocks of vacation rather than specific days or shifts based on the current schedule.
- (f) Blocks should be requested based on the calendar day and not on the shift rotation. Rotations may change through the course of the year.

10. Vacation Cancellations

- (a) Where the Employer requires an Employee to come in and work at any time during their approved vacation period (i.e. regularly scheduled days, unscheduled days or designated days of rest), this is considered a vacation cancellation. The Employer may cancel or reschedule vacation only when a critical unforeseen emergency event occurs that is beyond the Manager's control and all opportunities to replace the Employee have been exhausted. Canceling vacation is subject to the Collective Agreement provisions for the Employer (see Article 17.03(g) regarding reimbursement of all non-refundable costs).
- (b) To be fair to other Employees, requests by Employees to cancel, change, or modify their approved vacation period after April 30th should be considered only if extenuating circumstances exist.

11. Vacation Payout

- (a) Employees may request vacation payout in accordance with Article 17.03(f). The Employer cannot unilaterally choose to payout unused vacation. Provided the other limitations of Article 17.03 are met, the Employer cannot refuse an Employee's request for payout.

*UNA Joint Communication
Recommended Vacation Planning Guidelines 2012*

- (b) The amount of vacation that can be paid out is limited to the period of time that exceeds four weeks of vacation. The four week limitation can be a combination of vacation already used in the year and the time remaining in the vacation bank. For example, if an Employee has already utilized two weeks of vacation this Vacation Year and has eight weeks vacation remaining, the Employee can request to have up to six weeks vacation paid out. The four week limitation would be met with the two weeks already used and the two weeks that would be left in the bank after the payout of six weeks.

12. Other Considerations

- (a) Casual Employees earn vacation pay based upon a percentage of regular earnings and are automatically paid this percentage on the bi-weekly pay cheques.
- (b) Where Part-time Employees work additional shifts they will earn additional entitlements. This will allow them to schedule vacation days in excess of their normally scheduled workday.
- (c) Part-time Employees will only be paid for their scheduled shifts during their approved vacation blocks. To supplement their income while on vacation, a Part-time Employee may request, and their manager may agree, to provide vacation pay for all unscheduled days within their approved vacation block up to full-time hours, provided the Employee has enough vacation liability in their bank at the start of their approved block. This arrangement will not be considered a payout but instead will be coded and paid as "REGULAR VACATION". **(NOTE - Due to AHS system limitations, this will not take effect until JANUARY 15th, 2013)**
- (d) Employees cannot be on vacation and work for the same employer during their vacation period. Employees cannot agree to work additional shifts during their approved vacation periods and cannot work for the same Employers in areas other than their normal Work Area during scheduled vacation.

If you have any questions regarding this Joint Communication, please contact your applicable representative, as follows:

For the Union:
David Harrigan
Director of Labour Relations
United Nurses of Alberta
1.800.252.9394

For Employers:
Krystie Watson Boyd
Lead Negotiator
Negotiations and Labour Relations
Alberta Health Services
780.426.8501

A purple awareness ribbon is centered on a light blue background. The ribbon is a stylized loop with a gradient from light purple to dark purple. Overlaid on the ribbon is the text "November is Epilepsy Awareness Month" in white, bold, sans-serif font.

November is
Epilepsy
Awareness Month

Nurses need their breaks

Safe nursing practice requires that nurses have time for meal periods and rest periods.

UNA's Provincial Collective Agreement specifies that every Employee gets full breaks, or if it is absolutely not possible, she must be paid for scheduled work during breaks and paid double time if the break is not re-scheduled.

Article 7.01 (d) Employees recalled to duty during their meal periods or rest periods or unable to take a rest period or meal period, shall be given a full meal period or rest period later in their Shift, or, where that is not possible, be paid as follows:

- (i) for a rest period, at 2X their Basic Rate of Pay rather than at straight time; or
- (ii) for a meal period for which the Employee is entitled to be paid under Article 7.01 (c) at 2X their Basic Rate of Pay rather than at straight time; or
- (iii) for a meal period for which the Employee is not otherwise entitled to be paid, at 2X their Basic Rate of Pay.



United Nurses of Alberta

The What, When & How of the Professional Responsibility Concern

By Sheldon Vogt,
Local 115 Communications Committee,
United Nurses of Alberta



After failing to achieve a settlement with the Alberta Health Authority at the bargaining table in April of 1980, the United Nurses of Alberta (UNA) initiated a legal strike at 79 hospitals across the province. Among UNA's demands was the establishment of a Professional Responsibility Committee: a

committee designed to examine concerns brought forward by Registered Nurses and to work collaboratively with employers to improve patient/family centered care. With a letter of understanding and an article in the freshly negotiated hospital provincial agreement, Registered Nurses returned to work with a new platform to fulfill their responsibility to advocate for work environments that enabled nurses to provide safe, competent and ethical nursing care.

With the development of the Professional Responsibility Committee (PRC) came opportunity. Types of concerns filed by members included Registered Nursing shortages, deskilling of the workforce, short staffing, increasing patient acuity and unmanageable workloads, increased wait times for surgery, hospital overcrowding, and a myriad of other issues that greatly impacted the care of patients and families. Over the next two decades UNA demonstrated commitment, strength and resolve by using the PRC process to lead discussion and motivate change at the highest levels. Unfortunately these same concerns exist today. Regardless, UNA continues to listen intently to concerns communicated by their members and believes it is the perseverance and solidarity of the UNA membership through the PRC process that gives the greatest voice to Registered Nurses and improves the lives and the care of patients and families across Alberta.

Alberta Health Services uses an internal Reporting and Learning System for Patient Safety (RLS). AHS Provincial policy document PS-95-04 states, "The RLS is a system for AHS internal reporting, which is focused on a system approach where patient safety is advanced by learning from clinical adverse events, close calls and hazards for the purpose of improving health care." Employees are encouraged to complete Safety and Learning Reports (SLR) when clinical adverse events, close calls and hazards are identified or experienced. Once submitted these reports go to Patient Safety and the Manager of the area involved in the concern. Managers are given options from approving to not approving the reports they receive and how they choose to address each concern is up to them. From emails to staff thanking them for submitting their concern to staff meetings with presentations of the RLS trend of the month, managers are at their liberty to address concerns as they see fit.

A UNA member shared that "At every staff meeting the managers show us a pie chart of the RLS trends of the month. They group all of the SLR's submitted (e.g. patient falls, medication errors etc.) and present data. The problem is that I know nurses complete more SLR's on short staffing than anything else and yet the number of SLR's submitted or data about staffing are never included in their presentation. When we ask them about it they tell us that SLR's submitted about staffing aren't included in their data collection as staffing doesn't have an effect on patient care, baselines are better today than they were ten years ago, the CEO of AHS says not to replace sick calls, patient acuity doesn't warrant it etc. The validity of what we're being told is questioned and the answers are always the same so we've stopped asking. Attendance at our staff meetings has plummeted."

This speaks to an inherent problem with the Reporting and Learning System for Patient Safety (RLS): there is little accountability for managers to follow through on ALL concerns reported by staff

The What, When & How of the Professional Responsibility Concern

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and data presented from the system can be tailored to stimulate discussion on desired topics (e.g. patient falls, medication errors) yet avoid undesired topics (e.g. short staffing). This is why the Professional Responsibility Concern (PRC) form plays a pivotal role in addressing these issues.

The Professional Responsibility Concern (PRC) form is located on UNA's home webpage (www.una.ab.ca). A new form was developed in August of this year making the process of completing and submitting the form easier than ever before. Once submitted, the form is reviewed by the UNA PRC Committee and discussed with AHS leadership at a monthly meeting. In many cases a written response from the manager of the area where the concern occurred to the UNA PRC Committee is required to encourage accountability and follow through. The PRC form does not replace the RLS but rather enhances it. It is recommended that a report be submitted through the RLS system AND the PRC process which, as UNA PRC Advisor Chris Axtell states, "gives the union tracking information about concerns that have been identified and nurses the confidence their concerns will be heard."

Alberta Health Services (AHS) has recently reaffirmed their commitment to the PRC process with Deb Gordon (AHS Vice President and Chief Health Operations Officer, Northern Alberta), Brenda Huband (AHS Vice President and Chief Health Operations Officer, Central & Southern Alberta) and Sheli Murphy (Covenant Health Senior Operating Officer for Rural Health Services) attending UNA's 2017 Annual General Meeting (AGM) and voicing this commitment in front of 1000 Registered Nurses. Many UNA members report this as the highlight from 2017's AGM; (Joint statements between UNA and AHS/Covenant Health below). https://una.ab.ca/files/uploads/2017/9/2017_09_14_COV_UNA_Professional_Responsibility_Process Impr.pdf & https://una.ab.ca/files/uploads/2017/9/2017_09_14_COV_UNA_Professional_Responsibility_Concern_Proc.pdf. UNA President Heather Smith says, "In my view this is the most important recognition of the Professional Responsibility Concern process since we were able

to embed PRC committees in our collective agreements in the 1980s".

To complete a Professional Responsibility Concern form, visit <https://una.ab.ca/> and click on the large icon titled "Professional Responsibility" under the "Report a Concern" heading.



You will be directed to a new and improved digital form where you will be asked to enter your AHS employee ID number and personal postal code. Once entered hit "search" and the form opens to reveal self imputing fields requesting specific information. A new component of this form is the "My Designation" field which allows RN's to complete these forms and also our working colleagues of other disciplines regardless of any membership with UNA (e.g. LPN's, NA's etc.). Another new feature is under the heading, "Is staffing a factor for this issue?". If "Yes" is selected the form reveals further fields requesting baseline staffing numbers, current staffing at the time of issue, use of over capacity space and nurse to patient ratio.

Is staffing a factor for this issue? No Yes

Complete the following as applicable, if known

Baseline staffing	RN	<input type="text"/>	RPN	<input type="text"/>	LPN	<input type="text"/>	HCA	<input type="text"/>
Number of staff working	RN	<input type="text"/>	RPN	<input type="text"/>	LPN	<input type="text"/>	HCA	<input type="text"/>
Number of patients on unit	<input type="text"/>							
Number of over-capacity patients on unit	<input type="text"/>							
Number of patients/residents/clients assigned to you	<input type="text"/>							



The What, When & How of the Professional Responsibility Concern

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Please refrain from using names of the people involved.

Detailed Description of Issue or Concern	
Suggestions to Alleviate Problem or Prevent Recurrence	

The bottom half of the form leaves space to provide a detailed description of the concern and suggestions to remediate the problem. UNA asks all members to provide as much detail as possible when completing these sections.

Some UNA members have expressed concern that their name or other identifying information will be given to their manager upon completion of the PRC form. AHS and UNA support a just culture saying, "A just culture improves safety of care and services as it encourages the reporting and discussion of adverse events, close calls, near misses and hazards. A just culture acknowledges error as fact, and does not punish individuals for system failures of which they have no control over but reinforces the need for professional accountability." Once the form is complete, click the submit button at the bottom of the page and enter a personal email address to receive a copy of your completed PRC form.

Finally, for anyone who has not yet downloaded the UNA application on your smart phone please take the opportunity to now do so. PRC forms can be completed using the app allowing you to submit forms anywhere at any time. The application also provides access to a wealth of other features such

as direct access to your collective agreement complete with a keyword searching feature and access to DMS and the ability to submit expense claims, search job postings, submit LOA requests and of course, review the status of your submitted PRC forms.

The United Nurses of Alberta are here for you. The active membership of Registered Nurses is the beating heart of UNA. You are important! Take action and voice your concerns using the PRC process.

Together we can, united we stand.

In Solidarity,

Sheldon Vogt

UNA Local 115 Communications Committee

PRC Resources:

<https://dms.una.ab.ca/forms/prc>

<https://una.ab.ca/memberresources/professionalresponsibility>

https://una.ab.ca/files/uploads/2017/6/UNA_AHS_Professional_Responsibility_Process_Improvements.pdf

<https://una.ab.ca/772/una-and-ahs-reaffirm-commitment-to-professional-responsibility-concern-process>

<https://una.ab.ca/789/new-prc-reporting-form-is-now-available-online-and-on-unas-app>

MYTH

To save health care dollars,
we need to cut nursing budgets.

REALITY

**Increasing nursing care hours
saves health care dollars.**



CANADIAN FEDERATION
OF NURSES UNIONS

Learn more: www.cfnu.ca

STUDY OF 18 MILLION HOSPITAL DISCHARGES

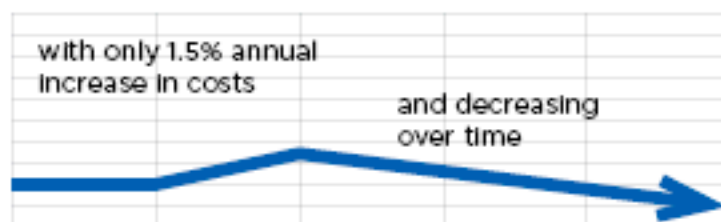
- ↑ in nurse staffing (RN & LPN) =
- ↓ in adverse events & length of stay
- \$0** increase in patient care cost

STUDY OF ALMOST 300 MEDICAL/SURGICAL UNITS

- ↑ in total nursing hours per patient day (RN & LPN)
- \$0** increase in cost per hospital admission for surgical patients

STUDY OF 799 ACUTE CARE HOSPITALS

- ↑ in nursing hours (RN & LPN) =
- ↓ in patient days, adverse outcomes, and patient deaths



Sources: Nurse Staffing: More For Less, www.cfnu.ca



CANADIAN FEDERATION OF NURSES UNIONS
2841 Riverside Drive, Ottawa, ON K1V 8X7
Telephone: 613-526-4661 · Toll Free: 1-800-321-9821
www.nursesunions.ca

towards a
**HEALTH
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NATIONAL PRESCRIPTION DRUG PLAN

Universal drug
plan could
save Canada
\$9B - \$11B



Annual cost to
government
approximately
\$1B

\$1B

91% of
Canadians
support
a public
prescription
program



1/10 Canadians
cannot
afford to fill
prescriptions



Countries with
universal coverage
spend 60% less per
capita than Canada

Endorsed by more
than 280 respected
health experts

Led by public,
independent agency
& coordinated across
jurisdictions

National
formulary

Electronic prescribing
& monitoring for
appropriate use

Single-payer
system

Upstream spending-
downstream savings
framework

Mechanisms to
monitor impacts of
international trade

Public education
program

Universal,
affordable,
& offers
equitable
access

Evidence-
informed

Maximizes
therapeutic
value per dollar
spent

Non-political
and independent



THINKING ABOUT RETIREMENT?

ANSWERS TO YOUR QUESTIONS ARE AVAILABLE, ONLINE AND IN PERSON

In Alberta in 2017, a Registered Nurse retires almost every day!

United Nurses of Alberta members who are approaching retirement often have many questions. These include:

What do I need to do to get ready for retirement?

Should I inform my manager when I plan to retire?

When should I contact the Local Authorities Pension Plan (LAPP)?

What should I do about my vacation?



UNA is ready to help, and so is the Local Authorities Pension Plan (LAPP), which has valuable online resources.

UNA's pensions expert, Labour Relations Officer Richard West, recommends the following actions and expectations in preparation for retirement:

- ✿ Confirm your personal details with LAPP through LAPP's mypensionplan.ca website, or by contacting LAPP
- ✿ Pick a retirement date – a date at the start of the month is recommended
- ✿ Notify your employer if you are still contributing to LAPP
- ✿ Give both your employer and LAPP 90 days' notice to ensure they have time to complete your paperwork
- ✿ Remember when you give your 90 days' notice that you are also required to give 28 days' notice of your resignation to your manager
- ✿ When you receive your Retirement Benefits Statement, read it and choose your pension option
- ✿ Use vacation to transition to retirement, but in most cases work your last few days
- ✿ Expect your first payment 30 days after your pension start date
- ✿ Expect your pension payment thereafter on last last business day of the month (except in December, when it will be before December 25)

FOR MORE INFORMATION, VISIT OR CONTACT THE FOLLOWING RESOURCES:

✿ lapp.ca/page/retirement-tools

✿ mypensionplan.ca

✿ Canadian Retirement Income Calculator

canada.ca/en/services/benefits/publicpensions/cpp/retirement-income-calculator.html

✿ Richard West, UNA pensions advisor

780-425-1025 in Edmonton, 1-800-252-9394 throughout Alberta, or rwest@una.ab.ca

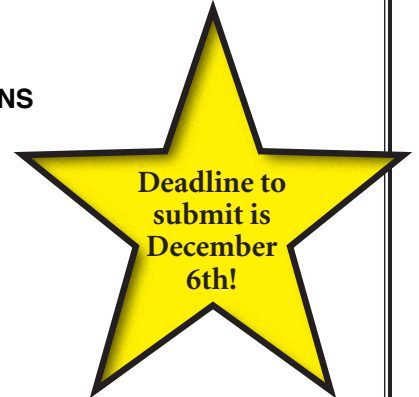


United Nurses of Alberta

NOMINATION FOR LOCAL EXECUTIVE POSITIONS

POSITION:

- PRESIDENT
- VICE-PRESIDENT
- SECRETARY
- TREASURER
- SECRETARY/TREASURER
- OTHER _____



(Nominations are open to anyone who is a Member in good standing of the applicable UNA Local)

NAME AND ADDRESS OF NOMINEE:

NAME _____

ADDRESS _____

IF ELECTED, I AM WILLING TO SERVE:

SIGNATURE OF NOMINEE _____

NAME AND ADDRESS OF TWO (2) MEMBERS OF THE LOCAL, WHO ARE IN GOOD STANDING, NOMINATING THE NOMINEE:

NAME (PLEASE PRINT) _____

ADDRESS _____

SIGNATURE _____

NAME (PLEASE PRINT) _____

ADDRESS _____

SIGNATURE _____

For Office Use Only:
 Received by: _____
 Date & Time: _____

UPCOMING
Mark Your Calendars
EVENTS


Want to get more involved with your Union? Wait no more! The end of 2017 and early 2018 is bringing with it a number of exciting upcoming events for UNA Local 115 members.

The Calgary and District Labour Council Pre-Retirement Weekend Workshop: November 25th – 26th. A pre-retirement course that deals with all the major issues which those planning for retirement need to consider (e.g. goal setting, legal issues, housing, activities, changing relationships, volunteering, labour movement involvement, health and financial matters). More information can be found at <http://www.thecdcl.ca/>.

The Parkland Institute Fall Conference: November 17th – 19th. Parkland Institute’s 2017 annual conference will examine the current state of neoliberalism, explore neoliberalism’s profound impact on people and the planet, and symptomatic responses to its current crisis, including the rise of extreme right-wing movements. See <http://www.parklandconference.ca/> for more information.

South Central District Meetings: December 7th & March 8th. UNA Locals are grouped into five geographically based districts – North, North Central, Central, South Central and South. Presidents of UNA locals attend regular District Meetings where they share information, compare challenges and develop strategies. Please contact us at local115exec@una.ab.ca for more information.

Know Your Rights Workshop: November 16th & February 27th. The “Know Your Rights” workshop offers new members, or members who considering becoming active in their Local, a chance to learn about their union and their rights in the workplace. During the day, participants will explore UNA’s relevance to their own lives and understand the goals, philosophy, and functioning of UNA. It provides participants with the tools to protect their rights and opportunities to engage more effec-

tively with UNA. See <http://una.ab.ca/events> for more information and register through DMS or contact us at local115exec@una.ab.ca.

Dealing with Abuse Workshop: March 27th. The “Dealing with Abuse” workshop is designed to provide participants with an understanding of the various types of workplace abuse and that abuse in any form is unacceptable. It will also encourage participants to take appropriate action if they are the targets of abuse, to provide support to co-workers who have been abused, and to provide participants with the tools to advocate for the prevention of workplace abuse. See <http://una.ab.ca/events> for more information and register through DMS or contact us at local115exec@una.ab.ca.

Local 115 Annual General Meeting: December 13th. Local 115 serves UNA members at FMC Hospital, UofC (Faculty of Medicine), GWHC, Fanning & NW Dialysis, SCHC Dialysis / Urgent Care / Mental Health. UNA provides a great number of services to all members. The most important role is negotiating Collective Agreements which regulate salaries, benefits, schedules and other working conditions. For more information visit our Facebook page <https://www.facebook.com/UnitedNursesofAlbertaLocal115/> or contact us at local115exec@una.ab.ca.

Local 115 Meetings: Second Wednesday of every month. All meetings are held at Foothills Medical Centre from 1600 – 1800 and all members are welcome. Come and voice your work related concerns! See reverse cover, Local 115’s Facebook page <https://www.facebook.com/UnitedNursesofAlbertaLocal115/> or contact us at local115exec@una.ab.ca for more information.

**Please
Post**



United Nurses of Alberta



Annual General Meeting

Wednesday, December 13, 2017

17:00 to 20:00 (MST)

Pre-Register: <http://bit.ly/115agm2017>

Nomination form is available in this newsletter

Coombs Theatre (FMC)

Notice of Monthly Meetings:

2018 Jan 10 / Feb 14 / Mar 14

16:00 - 18:00

FMC AGW4A-B

403-670-9960

local115exec@una.ab.ca

www.local115.wordpress.com



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[@UNALocal115](https://twitter.com/UNALocal115)

