



# NEWSLETTER



United Nurses of Alberta



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# For the Latest Contract Interpretation Discussion Check out the FirstClass Contract Issues Conference Through UNANet!!!

## What is UNANet?

UNANet is an online system that provides digital access to all that is the United Nurses of Alberta. The two major components of the the system are **FirstClass** and the **Data Management System**, commonly referred to as DMS. Benefits of each include...

### FirstClass:

- Get your own UNA Email Address! FirstClass provides you with a union email address, \_\_\_\_\_@una.ab.ca. UNA email is private, has excellent SPAM and email virus protection, and comes with direct access to computer education and support personnel for troubleshooting inquiries. Communication with your Local Executive, LRO, UNA Staff, Executive Officers, and other UNANet users is always secure; they never pass through the Employer's email servers (or Telus' or Shaw's) and remain contained within the UNANet service.
- Gain access to up to the minute news, information & discussion through various folders and Conferences including Negotiations, Member Resources, News, Local 115 Membership, PRC, OH&S and much more. The Conferences are much like an email chat room where members can participate in discussion with nurses from around the province and post questions which are responded to by experienced UNA staff. For example, inquiries about the collective agreement can be posted in the "Contract Issues" Conference which is monitored and responded to by Labour Relations staff who are UNA's experts in contract interpretation.

### Data Management System (DMS):

- Access and update your on-file personal information, file Expense Claims, view Union pay stubs, T4's, personally submitted PRC and OH&S forms, job postings, and dates for upcoming workshops like the popular "Know Your Rights" and "Dealing with Abuse".
- Download our App for your handheld device by searching "UNA" in the App Store which not only provides you direct access to DMS, but also to the Collective Agreement, your UNA membership card, and which you can use to register directly for workshops and events.

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

#### Southern Alberta Regional Office

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#### Local 115 Executive

President: Kevin Champagne

Vice-President: Wayne Stopa

Secretary: Sheldon Vogt

Treasurer: James Cooke

#### Local 115 Committees

CDLC Committee: Local 115 Executive

Communications Committee: Local 115 Executive,  
Kris Lim, Al Perreault

Grievance Committee: Local 115 Executive,  
Martin d'Entremont, Peggy Giddings

OH&S Committee: Local 115 Executive, Shawna Burley,  
Kathleen Hamnett (on leave), Karen McComb  
(temporary), Laura Muenchrath, James Zachary

PRC Committee: Local 115 Executive, Nicole Bajada,  
Andrew Lafreniere, Cyrena Quinn

#### Editors

Local 115 Executive &  
Communications Committee



Local 115 Executive Team

# **A Moment with the President**

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



Last week as I was walking from one meeting to another, I observed a Registered Nurse stop and help an elderly visitor with directions. As the nurse walked away the lady cracked a smile and went about her day.

I anticipate the nurse may not have given this moment a second thought, but for me it shone a light on the importance of the little things we do every day. This seemingly insignificant interaction helped shape and create a positive experience that will leave a lasting impression.

If you pause and reflect on your daily interactions with colleagues, families, volunteers and patients I am positive you will remember an incident where you made an impact. Albertans are fortunate to have Registered Nurses advocating for their care. I am proud to be a Registered Nurse. Thank you for your tireless efforts to provide the best care within the resources that are available. The work you do navigating the system goes unnoticed but is an important piece to a patient's success.

There are opportunities for you to make a difference within United Nurses of Alberta. I would like you to consider what engagement and activism within your union means to you. For many, it means being a voice. You can accomplish this by putting your name forward to be an Area Representative (Rep). There is no limit to the number of Reps, but to foster a healthy union density the Local is aiming to have at least two Reps per area.

To prepare you to be a Rep the Local will arrange for you to participate in a provincially funded education day. With educational opportunities and the Local Executive team's

commitment to support your development, you will be on the road to becoming an advocate for safe work environments.

The primary role of the Area Rep is to address questions and direct people to the appropriate resources to alleviate outstanding concerns. Some of the duties include signing up non-carded dues payers, updating unit binders, posting material on unit boards, and supporting the Local by answering any questions related to your area.

If you are interested in becoming a Rep, please call the Local office (403-670-9960) to speak with one of your elected Executives. We are passionate and willing to take the time to share our knowledge with you. The union is only strong when our grassroots members are engaged, knowledgeable and willing to participate to make change.

Many of us struggle to find and keep meaningful resolutions. Let your resolution this year be to make a change for others by committing your time to the union.

Merry Christmas,

*Kevin Champagne*

Local 115 President



**LOCAL 115 UNA**

February 2015

**SPOTLIGHT**  
ON YOUR UNA CONTRACT**Article 17.03: Time of Vacations**  
UNA Provincial Collective Agreement

# Vacation Scheduling

Under the Provincial Collective Agreement, employees are now required to submit 75 per cent of their vacation entitlements for a year in the vacation schedule planner by March 15.

According to Article 17.03 of the contract, the employer shall post the vacation schedule planner by Jan. 1 each year.

The employer shall indicate approval or disapproval of vacation requests submitted by March 15 and post the resulting vacation schedule by April 30 each year.

The employer has an obligation to provide guidance as to the reasonable number of employees for each unit, program or site who may be granted vacation at the same time.

If you have any questions or concerns, please contact your UNA local executive or Labour Relations Officer at 1-800-252-9394.

**United Nurses of Alberta**



# TWO LETTERS THAT MAKE A VITAL DIFFERENCE TO YOUR CARE

# RN

[YourRN.ca](http://YourRN.ca)





# Member Spotlight: Jane Escudro

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



*Jane Escudro is a Registered Nurse working on Unit 102 at Foothills Medical Centre and has provided care on three continents since graduating from nursing school in her home country of the Philippines. She is a devout care practitioner, epitomizing Philippine culture through values of hard work and integrity. A soft nature, lively personality and infectious smile accompany distinct attributes of compassion and empathy which she utilizes to routinely brighten the lives and experiences of patients and families. She is a happily married enthusiastic mother of 3, with a fervent appetite for pop culture.*

## **Q: Where are you from?**

A: I was born in the Philippines in a little town called Cabanatuan city.

## **Q: Tell me about your nursing experience in the Philippines...**

A: I went to nursing school in Cabanatuan City and got a four-year baccalaureate degree at Nueva Ecija colleges which I finished in 1992. I passed my exam, graduated and got married all in the same year before giving birth to my son Patrick in 1993. After the birth of my son I got a job at the small local district hospital on a medical/surgical floor. We did small surgeries. The provincial hospitals were there for people needing bigger procedures. I worked there until 2001 when I applied and got a job in England.

## **Q: Why England?**

A: My dream was to go to England because I was fascinated with British rock bands and pop stars.

## **Q: Which rock bands were of particular interest?**

A: U2, the Rolling Stones, Tears for Fears...

## **Q: Share with me a bit about the culture and the people of the Philippines...**

A: We're known for working hard. We try to do our best and we try to please everyone all the time. It's a culture thing. We want to leave a good impression on others.

We have integrity especially at work and are known for our good hospitality and food. We put others first before ourselves.

## **Q: What was the recruitment process in England like?**

A: They were recruiting in the Philippines for a new hospital in England. My friends were all applying but my husband had mixed feelings. I applied anyway and told him when I had been asked for an interview. There were 29 positions available at the newly built 500 bed Darent Valley Hospital in Dartford, Kent, England. There was over 1000 applicants. When I was asked in the interview why I wanted to go to England I said it was because I wanted to watch British rock bands in concert and go shopping. I was lucky enough to be offered the job.

## **Q: Tell me about the transition and nursing in England...**

A: My father always tells me if you do something make sure you go for it and do your best so that you achieve your goal. He's been a blessing to me because he's always been there to support me in everything. In the Philippines it was nice. We had family and friends and I grew up there, but the economy was not good. My mother encouraged me to take up nursing because she wanted me to go somewhere outside the Philippines to make a good future for myself. I wasn't very keen. I got married and had children and only when the opportunity came up did I really consider it. I told my husband it would be just for a year. My husband didn't want me to go and it was sad to leave. I was crying every night for nearly 3 months. I went to England on my own at first. When you go to England you have to do the exam and some people have to do more education, which luckily I didn't have to. You have to do an adaptation course which is 6 months of working like an undergraduate nurse. You don't have registration but you're not a nursing aide. You're in-between. The manager watches over you and sees how you adapt to their health care. While you're doing that you have to present a case study on what you've learned. You have a panel of people you present your case study to. I got a perfect score and I didn't even have to finish the 6 months because I was given the go ahead. I was the first Philippino nurse to be given my registration. They took a picture of me and hung it in the hospital. I was also in the newspaper. All this time I was sending money home for my children and their education and also to my mother and my brother too. I went back to the Philippines every year for a month and it was always hard to leave. I was working on a medical unit in Darent Valley for two years before I moved to Turnbridge Wells. I went from a public hospital for the National Health

*continued on next page...*

## Member Spotlight: Jane Escudro *...continued from previous page*

Services then got a job at a private surgical hospital. We did everything. Nephrectomy, angioplasty, orthopedics, gynecology, ENT. I worked there for just about a year before my family moved to England to be with me. The English accent was difficult to understand but I got used to it.

### **Q: Were you fluent in English prior to moving to England?**

A: Yes. Of course I speak Tagalog but English is a very big part of Philippino education from as early as kindergarten. English is used as a medium for teaching. It was included in every class. Even three-year-olds can speak English there. That's why when people travel there they can easily communicate with the local people. Even people who have limited education speak and understand English.

### **Q: Was there a time when you spoke with an English accent?**

A: Yes. I had an accent when I first came over here. They always asked me to speak because they wanted to hear my English accent. One time a patient was getting back from surgery and I asked, (speaking in an English accent) "do you want some water?". He asked where I was from and I told him I was from the Philippines. He was surprised and said it was the first time he had ever heard a Philippino speaking with an English accent.

### **Q: How did you end up coming to be in Calgary, Alberta?**

A: I stayed at the private hospital in Turnbridge Wells until 2008. They wanted to send me to school in Scotland so I could be a specialist urology nurse, but in 2007 we were visiting family in Toronto when I decided to apply for a job in Canada after seeing the difference in cost of living and quality of life when compared to England. It was April of 2007 and over a bottle of beer my sister-in-law and I made a one-page resume. We sent it over the internet. I returned to England in May and got a call from Canada offering me a job in Edmonton. I didn't know where Edmonton was in Alberta. I asked how long the drive was from Edmonton to Toronto and the lady offering me the job said, "you're not going to drive it dear, you'll have to fly". I wanted to be near my in-laws, so I politely turned down the offer. I called my father-in-law in Toronto and he told me the economy in Alberta is good and booming. I told him I turned down the offer and my sister-in-law said maybe I should've accepted it and moved or transferred afterwards. I had already turned down the offer but mind you two weeks later, after a night shift, I got a call from Helen Dowey who used to be the recruitment manager at Foothills. She called me and asked me if I was still interested in moving to Canada. I said yes, and she asked to do a phone interview right then. I was half asleep, but she interviewed me and afterward she said she was offering

me the job. That was June of 2007. By November my papers were all done. I was lying in my bed thinking we have a mortgage, I have a full-time job, my kids are in school, but this is really happening. I had never known anyone from Calgary and didn't really know where Calgary was. I always thought of what my dad said when he told me to go for something instead of looking back thinking what if I'd done this or what if I'd done that. Then I'd have regrets.

I explained to my youngest who was eight then and she said, "mommy it's ok with me as long as I still go to school here in England we can go to Canada" (laughing). I said to her, "it's not going to happen my love".

### **Q: What would you say is the key to success in living and working around the world?**

A: The important thing is to be able to adapt. You have to embrace everyone's cultures, values, beliefs and behaviours. I think that's the key to success when moving around the world.

### **Q: Where were you hired at Foothills and what was your first day like?**

A: I was hired on Unit 102 which is where I still work full-time and have for the last ten years. My first day at Foothills Helen had my resume in her hand, which was literally a page-and-a-half. She asked if I knew why I had been chosen out of all the applicants and she went on to tell me she used to work as a cardiac care unit manager in the first hospital I worked in Darent Valley, England. It's a small world. I used to work with Eytuyooy (UNA South Central District Representative). He probably wonders how I survived those years. He always encouraged me because it was hard starting over again.

### **Q: What's a typical work day look like on Unit 102?**

A: It's a general surgery unit specializing in surgical oncology. It's a very busy place. We don't do any brain, heart or orthopedic surgery but pretty much everything else. Lots of colorectal, hepato-biliary (Whipple, pancreas and liver resection), thyroidectomy, adrenalectomy, and small general surgeries like appendectomies and cholecystectomies. The majority of people are discharged home from Unit 102. We have implemented rapid rounds which is where we assess each patient's possible needs in preparation for discharge. For example, who's going to need home care, physiotherapy, occupational therapy or other allied health support. The transition from hospitalization to going home or







## Member Spotlight: Jane Escudro *...continued from previous page*



transferring to another hospital is a very important time for people. We work hard to make sure they have everything they need so the transition is smooth, and they don't have to come

back to us. Some patients have terminal illnesses and are palliative. They may stay in hospital or transfer to hospice. They need a lot of emotional support. The word cancer scares people. The big "C". Our shirts say surgical oncology and some non-cancer patients wonder why they're there. It's the word itself. In other places people have hope that eventually they will be cured and that they'll go home but for us, sometimes very young people are given 3-6 months to live. Anything pancreatic is terrible. I remember this young healthy-looking man being told he had 6 months to live. You wouldn't know anything was wrong with him to look at him. He was told there's nothing else that could be done. He was discharged. I asked if I could call his family and have them come and pick him up. He said no. When I gave him the discharge papers and walked him off the unit I felt tears flowing down my cheeks because it's so hard. You find out they have a family. Nurses are told not to take their work home with them but how do you not? That's why I don't get sleep sometimes. I've known a lot of patients diagnosed with this and it's usually diagnosed late because there are few symptoms.

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

A: I love my co-workers. We all get along well. We have good team-work. Everyone is nice. It makes a difference when your colleagues are your friends and you're all helping one another. On such a challenging and busy unit, it really keeps me going. I see me finishing my career here. I'm getting older and I've found my comfort zone. I don't always want to accept that but that's the way it is. I think I'll stay on 102 because I love the people I work with. My mom died of cancer and I still want to spend my life looking after people with cancer. It's hard but it makes me more fulfilled in my job.

### **Q: What is your greatest challenge in the workplace?**

A: What I find difficult is when a patient is diagnosed and it's bad news. I think caring for them is very hard because I don't know what to say. I can't say it's fine because it's not. I can't say I know because I don't. It's very challenging. They're in disbelief. I can sometimes feel queasy because I'm thinking so hard about how to help them. I try my best not to cry. Patient's look to you for support. If I

could help by saying anything to alleviate their suffering, their physical, emotional, mental suffering, I would. They always say that I have a smiling face. They can't believe I start work in the morning at 7 smiling and by the time I'm ready to go home I'm smiling. I find that it helps. It's a little thing but I always have comments from my patients that seeing my smiling face makes things lighter and easier for them.

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

A: Watch live bands. I go to Grey Eagle Casino. The last band I saw there was Air Supply.

### **Q: Where do you vacation? Do you take regular trips back to the Philippines?**

A: We go to B.C. We like Vancouver and Victoria. I've been to Vegas as well. I don't travel to the Philippines anymore. I don't have close relatives there. My only sibling is my brother who lives in Wales working as a physiotherapist. I helped him find him a job there. He's recently just had a baby. So, I have a nephew now.

### **Q: Tell me about your family...**

A: I call my husband the walking encyclopedia because he watches and reads everything. All three of our children live at home. My oldest Patrick works at Foothills as a sterile processor. Our middle child Jillian is almost finished engineering school and our youngest, Jan Marie, starts nursing school at UofC in January.

### **Q: What is your favourite band? Restaurant? Book? TV show? Movie? Place to shop?**

A: My favourite band is U2, and I also like Bon Jovi. My favourite restaurant is Nando's Chicken. I like the book Misery by Stephen King, it's my favourite. I've watched the movie 3 times. Cathy Bates is so good. My favourite TV show is Criminal Minds, my favourite movie is Serendipity, and my favourite place to shop is Forever 21 because that's how I feel (laughing).

### **Q: Looking back, if you could give yourself a piece of advice, what would it be?**

A: Always ask questions and be focused. I think that's the key. When you're focused on something and keen to learn you'll get what your heart desires and be where you want to be in your career.

### **Q: Why is the union important to you?**

A: The union is always there to support us. The Collective Agreement is an important set of rules that helps things be fair and equitable. We don't want more and we're not abusing our rights. We're just happy to have the union there to help us understand what our rights are and how to advocate for ourselves. The union's events are also a lot of fun. Everyone should look into taking the education offered by UNA.



PUBLIC INTEREST ALBERTA'S 13TH ANNUAL ADVOCACY CONFERENCE

Education  
Environment  
Democracy Revenue Reform  
**OUR PUBLIC SERVICES:  
PROTECTING AND REVITALIZING  
IN UNCERTAIN TIMES**  
Human Services and Poverty  
Childcare and Early Learning  
Post-Secondary Education Seniors  
Health Care

Keynote Address by

**TRISH HENNESSY**

Executive Director of Upstream  
(April 3 in Calgary)



APRIL 4 - 5 @ CHATEAU LOUIS, EDMONTON

[www.pialberta.org/conference2019](http://www.pialberta.org/conference2019) | #PIAConf



# PROVINCES APART?

COMPARING  
CITIZEN  
VIEWS  
IN  
ALBERTA  
AND  
BRITISH  
COLUMBIA

—  
Trevor Harrison  
and Harvey Krahn



## PROFESSIONAL RESPONSIBILITY CONCERN

### The 2018 Annual Report on Committee Activities



2018 was a monumental year for the PRC Committee. We completely revamped our PRC process, recruited strong and enthusiastic members and received an overwhelming 260 PRC's to date. The committee has developed many new processes to ensure we are more efficient, responsive to our members and demonstrate dedicated union support. We have now begun to consolidate many of our PRC's with safety concerns that occur on the same unit, on the same date, regarding the same issue. Therefore, total PRC's submitted to employer is 235, exceeding the 189 PRC's we submitted in 2017. It's been a busy year, needless to say. Paving the way for great change has been our fearless and tireless leader, James. James Cooke is our newly appointed co-chair and has worked endless hours ensuring your safety concerns are addressed and receive a timely and meaningful response from the employer. We applaud all committee members for their hard work, commitment and contributions to the overall growth and success of the committee.

#### Accomplishments in 2018:

- Restructured our Local PRC process using new electronic methods to delegate PRC's, track their progress, increase and consistently provide points of contact with reporters and establish timelines for processing PRC's and responses.
- Created and implemented a new paper PRC Trial Form on 18 units at the Foothills site that is more user-friendly and focuses the reporter on reporting the quality of care or patient safety concern.
- Revised the Joint PRC Committee process to speed up the review of PRC's.
- Held 5 coffee cart sessions covering the Foothills Medical Centre, a program established in 2017.
- Held 3 UNA Town Halls for units in crisis and supported the units in finding resolution.

- Introduced the new province-wide PRC process (for escalation).
- Continued to monitor the issue of overcapacity.

The PRC Coffee Cart Initiative was continued this year and remains a well-received opportunity to engage with our members. We made rounds to numerous units throughout the Foothills hospital. Our focus has been on educating members on the PRC process, answering questions and encouraging nurses to speak up when they see patient safety concerns. We have found the coffee cart initiative to be especially successful in helping to identify problematic units that are struggling to provide safe patient care. These brief but significant points of contact have been invaluable in understanding the struggles of individual units and highlighting the resources available to address patient safety concerns.

The committee has not been without our own challenges, many the same as in 2017. While the response times from managers has improved, some managers continue to be slow in responding and many replies continue to lack a meaningful response. We identified challenges that the committee believes began with the PRC Form. A trial form was developed and rolled out to 18 units. This form draws attention to the manager notification section, includes a section for highlighting and clearly identifying the concern, and includes pertinent questions and emphasizes key areas that must be completed on the form. One of the committee's greatest barriers to timely member contact is the need for personal contact information that is often missed by members on the form.

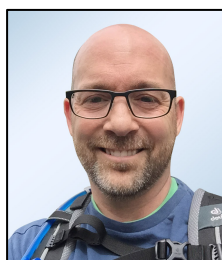
There are a number of key areas the committee would like to focus our efforts on in 2019. Members have identified the following issues as having significant impact to patient safety at the Foothills site:



Nicole Bajada  
U47B Apheresis



Kevin Champagne  
Local 115 President



James Cooke  
U27 Hemodialysis  
PRC Co-Chair



Andy Lafreniere  
U96 CVICU



Cyrena Quinn  
U103B CICU



Wayne Stopa  
Local 115 VP

- Staffing shortages and unsafe nurse: patient ratios
- Inadequate orientation and education
- Overcapacity and overcrowding
- Mandating of staff
- Violence against staff and the need for increased security
- Rotation optimization
- Fractured employment relationships
- Impaired psychological safety and issues with staff morale

We have all felt the pressures to make do with less in the employer's austere attempt to reduce health care

costs and often at the expense of high-quality patient care. These are difficult economic times with greater political and financial uncertainty ahead. It becomes more imperative now than ever to bring forward your concerns and fight to preserve the limited human and other essential resources we currently have. It is our commitment to the health and well-being of all Albertans and our professional responsibility to continue to advocate for safe patient care. We are looking forward to an exciting 2019 and all the successes and challenges it too may bring.



## TIPS FOR COMPLETING A Professional Responsibility Concern Form PRCF

### General

- Discuss the issue with your immediate Manager or Manager-on-call as soon as possible after the observation. Provide them with a copy of the PRCF if it has been completed.
- PRC is a process intended to be collegial and collaborative between bedside nurses and the management team.
- Complete the form as soon as possible after observation.
- Print or write on the form legibly if using a paper form.
- Complete all fields on the form for which you have information.
- Electronic submission of the form is available on the UNA app (available for iOS and Android) and online at [dms.una.ab.ca/forms/prc](https://dms.una.ab.ca/forms/prc).
- Do not use names of patients/residents/clients, staff, doctors or others on the form.

### Detailed Description of the Incident/Issue

- Provide measurable facts and be as specific as possible.
- Describe the hazard or potential risk to patients/residents/clients (e.g. were assessments or medications delayed or were you not able to adhere to the standard of care because of workload).
- Describe anything you or your co-workers did to mitigate the potential hazard/risk to patients/ residents/clients.

### RLS (or other Incident Report) Completed?

- Indicate whether you filled out an RLS or other incident report form on the same issue.
- RLS is a voluntary reporting system.
- You are under no obligation to indicate whether you filled out an RLS report on the PRCF.

### Recommendations

- When possible, work with your manager to resolve situations/ incidents before filing a PRC.
- Number your recommendations in order of priority.
- Be as specific as possible (e.g. add 4 hours of RN support to evening shift on Saturdays and Sundays from 1900-2300 hrs)
- Think outside the box to identify all potential solutions to the issue. Purpose: Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organizational, human support systems, and the resources necessary for safe, competent, and ethical care.
- Employers and the United Nurses of Alberta have agreed that it is of mutual benefit to find resolutions to issues of concern including the safety and quality of patient/resident/client care.
- Contact Local 115 should you have any questions about the PRC process.


S M T **W** T F S

OUR profession  OUR jobs

WWW

wear  
**white**  
**Wednesdays**



 **United Nurses of Alberta**

**RN**

**RPN**



# A Nurse's Guide to Privacy

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



*"Twitter is a great place to tell the world what you're thinking before you've had a chance to think about it."*

- Chris Pirillo

In 1972, Apprehension of burglars at the offices of the Democratic National Committee in the

Watergate Complex in Washington, D.C., revealed the wiretapping of phones and the theft of confidential documents in connection to President Richard Nixon's re-election campaign. Two years later Nixon resigned after facing certain impeachment by United States Congress for the cover-up of multiple abuses of power by the Nixon administration, in what is known as the infamous Watergate Scandal. Subsequently, United States Congress passed the Privacy Act, the first North American data protection law for federal government agencies to govern the collection, maintenance, use and disclosure of individuals' personally identifiable information.

Privacy legislation has evolved since Watergate to include the public and private sectors. Registered/Registered Psychiatric Nurses (hereto referred to as "Nurses") are bound by federal and provincial law, which is enforced by provincial regulatory bodies and Employers, to govern the collection, maintenance, use and disclosure of individuals' personally identifiable and health information. The primary purpose of this article is to provide privacy education through exploration of appropriate terms and applicable provincial privacy legislation most relevant to Nurses, followed by a soft analysis of regulatory body (CARNA) and Employer (AHS) privacy documents in Alberta, inclusive of standards of practice requirements and policies. This article will finish with examples of privacy-related outcomes from popular media stories and rules for disciplining off duty conduct. Also keep an eye out for the golden rules

of privacy. Review of this content is intended to assist Nurses recognize and navigate privacy concerns.

Privacy is your right; more specifically three rights which are defined as:

- The right to be left alone; free of interference, surveillance, intrusion and interruption.
- The right to select what information about you may be collected, used and disclosed.
- The right to select when, how and to what extent information about you is shared with others.

In a digital age where passwords safeguard everything from our online Domino's Pizza account to our personalized chequing account, privacy is more important than ever and seemingly harder to come by. A composition of intuition and conditioning help us understand what information we most value as private; our personal and health information.

Personal information is defined as, "recorded information about an identifiable individual". This includes an individual's demographic information (e.g. name, address, age, sex, marital status etc.) and health information (e.g. biometrics, blood type, genetics, inheritable traits, etc.), educational or employment history, and opinions of the individual. Health information aligns with diagnostic, treatment and care information and/or registration information, and can be broken down into two forms; identifying and non-identifying. The difference is that the identity of the individual who is the subject of the information can or cannot be readily ascertained from the information provided.

Privacy laws govern the collection, storage, use and disclosure of personally identifiable information of individuals, by governments, public or private organizations, or other individuals. In Alberta, privacy legislation is primarily encompassed within a trio of privacy acts; the Freedom of Information and Privacy Act (FOIP), the Health Information Act

## A Nurse's Guide to Privacy *...continued from previous page*

(HIA), and the Personal Information and Protection Act (PIPA). FOIP applies to public bodies, the HIA applies to those responsible for health information, and PIPA applies to private sector organizations and non for profit organizations. The Acts set out provisions regarding the collection, use and disclosure of information and identifies the authority of the Office of the Information and Privacy Commissioner of Alberta (OIPC).

The collection, use, and disclosure of personal and health information is a requirement of Nurses to provide safe and ethical care. For example, this information is a vital part of the seven rights of medication administration as is the use of independent double checks and two client identifiers. One may also reflect on the last time they were approached by a Laboratory Technician requesting a name band on a patient who had removed it prior to their blood draw. General rules from the Acts regarding the collection, use and disclosure of information are highlighted in the following:

- The **collection** of information should be directly from the individual or someone legally acting on their behalf (e.g. Guardian, Trustee, Agent).
- Consent from the individual is required to **collect** information from anyone not legally appointed to act on their behalf.
- **Collect** only the information necessary to provide or verify eligibility for health care services.
- **Use** only that which is required to provide health services, determine or verify the eligibility of an individual to receive a health service, conduct appropriate research through the approved formal process, or to provide health services provider education.
- **Disclose** information directly to the individual or someone legally acting on their behalf (e.g. Guardian, Trustee, Agent).
- Gain consent from the individual to **disclose**



information to anyone not legally appointed to act on their behalf.

Simply put, Nurses should only collect, use and disclose the necessary information that is required to do their job with direct involvement from the individual or the person legally appointed to act on their behalf

wherever possible.

As affiliates and custodians of health information, Nurses are responsible to guard information which, in our roles in clinical environments, includes assistance to accessing information and the refusal to disclose health information when circumstances present. Often the internal dilemma faced by Nurses when asked for information is, what am I allowed to share and with whom? The disclosure of information, while governed by the Acts with rules generally outlined above, requires an added degree of critical thinking to support sound decision making when debating to disclose or not disclose information in situations without consent.

The Right to Disclose Health Information Without Consent:

- Nurses may disclose information to other custodians for the purpose of providing health services, determining or verifying the eligibility of an individual to receive a health service, conducting appropriate research through the approved formal process, or providing health services provider education.
- Nurses may disclose to family members or people believed to have a close personal relationship with the individual if the information is given in general terms and concerns the presence, location, condition, diagnosis, progress and prognosis on the day the information is disclosed and does not conflict with the express request of the individual.
- Nurses may disclose to any person if the Nurse believes, on reasonable grounds, the disclosure will prevent or minimize risk of harm to the



## **A Nurse's Guide to Privacy** ...continued from previous page

health and safety of a minor or an imminent danger to the health and safety of any person.

- Nurses may disclose to a person who is responsible for providing continuing treatment and care to the individual.
- Nurses may disclose if the individual lacks the mental capacity to provide a consent and, in the opinion of the Nurse, disclosure is in the best interests of the individual.

As a regulatory body and custodian of health information, CARNA is responsible for abiding by the rules and processes identified in the Acts, which includes establishing policies and procedures for regulated members (Nurses) to assist with enforcement of privacy legislation. CARNA is also bound by the Health Professions Act (HPA) to develop standards of practice which as CARNA describes, identifies the “required behaviour of every nurse” and, “are a foundation to the promotion of safe, competent and ethical nursing practice”. Standards most applicable in relation to privacy fall under Standard 1 (Responsibility and Accountability), Standard 3 (Ethical Practice), and Standard 5 (Self-Regulation). CARNA’s dual mandate supports promotion of the unique characteristic of Nurses and their role in advancing system improvements which includes educating Nurses of privacy expectations. See below for CARNA’s online privacy guide which contains interactive privacy modules designed specifically for this purpose. Please note that this column features information from CARNA and that slight differences may exist in information provided by CRPNA.

As with CARNA, the same applies to Alberta Health Services (AHS) only in the context of Employer to Employee. They too are custodians of health information and are responsible for establishing policies and procedures to assist Employees abide by privacy legislation. What is evident on review of organizational privacy documents,

besides the sheer overwhelming volume of privacy-related material available on Insite, is the organization’s dedicated approach to their role in the enforcement of privacy legislation. Read AHS’ privacy statement and refer to the Privacy Protection and Information Access policy (document # 1177) below. A committed privacy team exists to enable Employees to apply privacy principles in their daily work cultivating confidence that personal and health information is protected. Every Employee of AHS is required to sign a Confidentiality and User Agreement which identifies that the privacy team conducts randomized audits of health information systems (e.g. SCM, Netcare, Clinibase) looking for and flagging potential breaches. Mandatory Breach reporting came in effect in Alberta August 31st of this year requiring custodians to report any privacy breaches to the OPIC, the Minister of Health and any affected patient(s). A Nurse does not want to find themselves the subject of a privacy breach investigation. These matters are taken very seriously and result in undesired disciplinary outcomes which, depending on severity, can result in further disciplinary outcomes from the OPIC and CARNA/CRPNA.

Nurses face the challenge of balancing, a professional obligation to advocate for patient care, which includes the reporting of unsafe or unethical patient care related situations and doing so using the appropriate channels. AHS’ Safe Disclosure/Whistleblower policy (document # 1101) outlines three avenues for AHS personnel to disclose improper activities: Management, Chief Ethics and Compliance Officer, External Confidential Reporting and Disclosure Service. Disclosure outside of these avenues is considered “frivolous or vexatious” and prohibited by AHS personnel. Similar policies exist across provinces. Two high profile cases that garnered national media

attention for the use of social media to air concerns are those of Carolyn Strom and Émilie Ricard, both of which resulted in very different outcomes.

Carolyn Strom is a nurse who



## A Nurse's Guide to Privacy ...continued from previous page

was found guilty of professional misconduct and fined \$26,000 by the Saskatchewan Registered Nurses' Association (SRNA) for posting critical remarks on Facebook about the care her grandfather received while in palliative care. Her post referenced staff at the named facility as not being "up to speed" on end-of-life care, cautioned families with loved ones at the facility to "keep an eye on things", and referred to the care as "sub-par". In losing her appeal the Saskatoon Queen's Bench Justice Grant Currie noted that provincial legislation gives the SRNA the power to govern Nurses in the province and that the decisions made by the SRNA "fall within the leeway that the law allows".

Émilie Ricard is a nurse who also took to social media to share her message; an emotionally provoking message to Quebec's Health Minister Gaétan Barrette. Her post referenced absurd patient to nurse ratios (70:1) and the widespread effect on patient care. She described feelings of shame for the poor care she was able to provide, fear of going to work and the impact the extreme amount of stress was having on her personal health. Her post was shared 50,000 times in the first 48 hours. An open letter from over 200 doctors in the province refused pay raises in support of the nurses saying the money should go to frontline employees. The situation triggered meetings between the unions and Barrette to address concerns and discuss a pilot project in several facilities to improve working conditions.

While typically accepted that the general rule of disciplining for off duty conduct should be rare, arbitration cases have deemed it appropriate when an Employer can establish that five requirements have been met.

- 1) The conduct harms the Employer's reputation or product.
- 2) The behaviour prevents the individual from performing their duties satisfactorily.
- 3) The behaviour stops the individual from working effectively with their colleagues.
- 4) The individual has breached the Criminal Code

### The Golden Rules of Privacy

- Access only the health and personal information necessary to perform job duties and responsibilities, including providing a health service to an individual and to support AHS operations.
- Safeguard information to protect the confidentiality of sensitive personal and health information.
- NEVER access your individual patient care record or the records of family, friends, co-workers or anyone not under your care. AHS performs audits. You will be caught!
- NEVER post anything on the Internet in any form that could identify you as an Employee and reasonably affect the reputation of your Employer. Indecent and unflattering photos or videos included. These are easily extracted as screen shots and forwarded to your Employer. Don't let it happen!
- NEVER discuss individually identifiable information in places where it could be overheard by anyone.
- NEVER leave computers or work stations unattended where information could be accessed by someone else under your name. Always Logout!
- NEVER provide personal passwords to anyone.
- NEVER allow patients or families to read patient's charts. Send them to health records!
- NEVER assume anything is private.
- NEVER take pictures or recordings on a personal cell phone of anything while at work.

- 5) The behaviour impedes the Employer's ability to efficiently manage its business and direct its workforce.

Consider a few of the similarities between the cases above. Both criticized the approach to patient care in the respective settings. Both were identifiable as nurses and Employees of their respective Employers. Both used social media as their platform to have their voices heard. Why the difference in result? Perhaps the health reform being celebrated by Gaétan Barrette was resulting in such poor working conditions that it's far-reaching effects were so noticeable it garnered support from unlikely sources in a surprising way. Perhaps the photo of Émilie Ricard in tears touched the hearts of people in a way Carolyn Strom's did not. And perhaps it was simply because other health care providers at the palliative care facility were offended by Carolyn Strom's post and not so in Émilie Ricard's case. Regardless, what cannot be ignored is that amidst the similarities, the result, though arguably extreme in Carolyn Strom's case, was ruled within what the law allows.

## **A Nurse's Guide to Privacy** ...continued from previous page

As stewards of information it is a Nurse's responsibility to safeguard patient's and family's personal and health information. The collection, use, and disclosure of information must be done in a manner consistent with privacy legislation. It is imperative Nurses routinely demonstrate competency in the Standards of Practice and consistently abide by regulatory body and Employer policy. Nurses must also fulfill their professional responsibility to report concerns with patient care and do so by using the appropriate channels, the PRC and OH&S offered by UNA included. Failure to work within these guidelines can have severe and unwanted consequences that impact a Nurse's ability to do what they love; care for patients and families.

To continue the privacy conversation Local 115 is interested in hearing from you. Send a request to join our "private" 115 member's only Facebook group by searching "UNA Local 115 Foothills Medical Centre (Group)" and post your thoughts around the rights of individuals to record public servants in public places. We look forward to the discussion.

Merry Christmas

*Sheldon Vogt*

Local 115, Executive  
Secretary  
United Nurses of Alberta



### **RESOURCES**

*Freedom of Information and Privacy Act - <http://www.qp.alberta.ca/documents/Acts/F25.pdf>*

*Health Information Act - <http://www.qp.alberta.ca/documents/Acts/H05.pdf>*

*Personal Information and Protection Act - <http://www.qp.alberta.ca/documents/Acts/P06P5.pdf>*

*CARNA Practice Standards for Regulated Members - [http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/PracticeStandards\\_Jan2013.pdf](http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/PracticeStandards_Jan2013.pdf)*

*CARNA Privacy and Security Policies A Guide for Custodians - <https://insite.albertahealthservices.ca/assets/comm/sm/comm-sm-ethics.pdf>*

*CARNA Privacy Guide - <http://nurses.ab.ca/content/dam/carna/privacy-module/modules.html>*

*CARNA Social Media Guidelines - [http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/Social\\_Media\\_Guidelines.pdf](http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Guidelines/Social_Media_Guidelines.pdf)*

*AHS Privacy Statement - <https://insite.albertahealthservices.ca/Page1079.aspx>*

*AHS Privacy Protection and Information Access policy - <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-privacy-protect-ia.pdf#search=policy%201177>*

*AHS Confidentiality and User Agreement - (<https://insite.albertahealthservices.ca/Main/assets/frm/frm-07922.pdf#search=user%20confidentiality%20>)*

*AHS Safe Disclosure/Whistleblower policy - <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-safe-disclosure.pdf#search=whistleblower>*

*AHS Social Media Policy - <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-social-media.pdf#search=social%20media>*

*AHS Social Media: Ethical and Practical Considerations for Health Care - <https://insite.albertahealthservices.ca/assets/comm/sm/comm-sm-ethics.pdf>*

*AHS Information and Privacy - <https://insite.albertahealthservices.ca/lp/Page1189.aspx>*

*Canadian Nurses Protective Society briefing paper on Social Media - [https://una.ab.ca/files/uploads/2014/9/social\\_media.pdf](https://una.ab.ca/files/uploads/2014/9/social_media.pdf)*

*NCSBN White Paper: A Nurse's Guide to the Use of Social Media - [https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf)*

# Taking care online protects Nurses' professional responsibility



## ARE YOU FRUSTRATED ABOUT SOMETHING THAT HAPPENED AT WORK?

### **AVOID VENTING YOUR FRUSTRATION ONLINE!**

After a long shift at work, it is easy to let your guard down on social networks like Facebook, Instagram, Snapchat or Twitter, but it is important to remember that anything you share online could be seen by your employer, a co-worker, or a patient and their family.

So when you login to your social media accounts, remember that you are representing both yourself and the entire Nursing Profession.

Here are some helpful tips to help nurses online:

- Know your legal and ethical responsibilities to maintain privacy and confidentiality as a nurse.
- Respect the privacy of your patients, residents and clients and protect your own privacy.
- Avoid making remarks that could be seen as disparaging or embarrassing about your employer, your coworkers or your patients, residents and clients.
- Remember that words written on social networking sites have the potential to live on forever.
- Educate yourself about the privacy settings and policies of the social networks you are interested in joining.
- Respect professional boundaries – becoming a patient's online "friend" or having communication with them through social media sites may exceed the scope of professional responsibility.
- Create strong passwords and change them frequently. Do not share passwords with others. Log off or turn off your computer or laptop when not in use.



# Social Media CHECKLIST

**GENERAL RULE:** before communicating on a social media website, always consider what is said, who might read it and the impact it may have, if viewed by an employer, a patient or licensing body.



- Avoid posting/sharing confidential information. An unnamed patient or person may be identifiable to colleagues or managers;
- Familiarize yourself with employer policies and professional standards relating to photos, social media, and confidentiality/privacy and ensure shared information complies with those policies. If you take issue with such a policy then contact UNA for assistance and advice; do NOT ignore the policy;
- Make your personal profile private and accessible only by people you know and trust;
- Educate yourself about the privacy settings and policies of the social networks before joining them and check them often as they tend to change frequently.
- Consider whether you wish to identify your employer or your professional designation on your profile – if you include this information then people may mistake personal opinions for professional opinions;
- Create strong passwords, change them frequently, and keep them private;

Expect that, even in a private forum, someone else may choose to share your comment or image

- Present yourself in a professional manner in photos, videos and postings,
- Do not vent or discuss work-related events,
- Avoid posting negative comments about your colleagues, supervisors, and other health care professionals;
- Respect and enforce professional boundaries: becoming a patient's electronic "friend" or communicating with them through social media sites may extend the scope of professional responsibility;
- Refrain from offering health-related advice;
- Guard against impostors – people may not be who they say they are.





# Harassment in the Workplace

By Laura Muenchrath  
Local 115 OH&S Committee,  
United Nurses of Alberta



The OH&S Committee has noticed an increase in reports of harassment in the workplace between staff over the past couple of years. This is only a small representation of what is happening in the workplace everyday as many events remain unreported.

## What is Harassment in the Workplace?

AHS defines harassment as any single incident or repeated incidents of objectionable or unwelcome conduct, comment, bullying or action by a person that the person knows or ought reasonably to know will or would cause offence or humiliation to a worker, or adversely affects the worker's health and safety. Workplace harassment can include incidents that occur outside of the work environment or working hours (e.g. inappropriate phone calls, e-mails, social media posts, visits to an AHS representative's home, incidents at luncheons or after work socials) or harassment from clients and service recipients. Harassment excludes any reasonable conduct of a manager/supervisor in respect of the management of AHS representatives.

Respect in the Workplace is expected from all employees at AHS. The AHS Code of Conduct provides five guiding principles:

- Treat people with respect, compassion, dignity and fairness
- Be open, honest and loyal
- Act ethically and uphold professional standards
- Take responsibility for your own actions and expect the same of others
- Respect confidentiality and privacy

As Registered Nurses, the expectations of CARNA and CNA's "Code of Ethics for Registered Nurses (2017)" also apply.

## Examples of Disrespectful Behaviours

- verbal abuse
- threats
- intimidation
- bullying
- humiliation
- excessive criticism
- innuendo
- disinterest
- withholding information
- gossiping
- denial of access
- to opportunities / experiences
- discouragement
- exclusion
- unkindness
- discourtesy
- belittling gestures
- devaluing comments
- sarcastic comments
- faultfinding
- controlling behaviours

## What to do when you encounter harassment?

- Ask the person to stop, being clear about what behaviour is making you uncomfortable.
- If the behaviour continues, or you feel addressing it would risk your safety, report the concern to your supervisor immediately. You may also report it to your Union Representative if appropriate.
- If the behaviour continues, report to your supervisor's manager.
- In cases where the harassment is coming from a supervisor, reach out to an HR Advisor for assistance.
- Any encounters of harassment should be documented in MySafetyNet(MSN) as well as an OH&S concern with United Nurses of Alberta (UNA) [www.una.ab.ca](http://www.una.ab.ca).
- It may also be helpful to keep a journal with the date, time, description of what happened, and witnesses to the incident.

## Effects of Harassment in the Workplace

- unsatisfying work environment
- increased medication errors
- impeded professional development
- low self esteem
- anorexia
- overeating
- hypertension
- arrhythmias
- headaches
- insomnia
- chronic fatigue
- gastric problems
- increased patient falls
- depression
- substance abuse
- post-traumatic stress disorders
- burnout
- increased staff turnover
- decreased quality of patient care
- increased legal action
- decreased patient satisfaction

## Support and Resources

Employee and Family Assistance Program (EFAP) is available 24/7, free and confidential help

- 1-877-273-3134 or
- [www.workhealthlife.com](http://www.workhealthlife.com)

Talk with someone you trust.

United Nurses of Alberta (UNA), or appropriate union.

- 403-670-9960 (Local 115 office) or 403-237-2377 (Calgary UNA office)
- [www.una.ab.ca](http://www.una.ab.ca)

Abuse Violence Harassment

**GET HELP**

**TAKE A STAND**

**TALK TO US**

**1.800.252.9394**



**United Nurses of Alberta**  
[www.una.ab.ca](http://www.una.ab.ca)



## It's not part of the job.

Health care workers start their shifts every day knowing they may face violence. A national poll found that 61% of nurses had a serious problem with some form of violence in the past 12 months.

This crisis must stop.

Add your name to House of Commons petition E-1902, calling for national action to stop the violence.

**Make sure Alberta  
nurses are heard.**





# 40th Anniversary Poster Competition



# A Prescription for Equity: A National Drug Plan for All

By Sandra Azocar,  
Executive Director,  
Friends of Medicare



*Friends of Medicare is a provincial coalition of individuals, service organizations, social justice groups, unions, associations, churches and other organizations whose goal is to raise public awareness on concerns related to Medicare in Alberta and Canada.*

Our health care system is at the cusp of a historical expansion unmatched since the inception of Medicare. The federal government, along with their provincial counterparts, is currently in conversations as to what the implementation of a national pharmacare program would look like. It has taken decades of advocacy to reach this critical moment.

Tommy Douglas' vision of Medicare involved two phases. The first phase addressed the universality of our health care system – a system based on need and not ability to pay. The second phase intended there to be a restructuring of our health care delivery system to include dental care, vision care and pharmacare. Pharmacare, as part of the second phase, remains the unfinished business of Medicare.

Canada is the only developed country with a universal health care system that does not provide universal coverage of medically necessary prescriptions. It can be safely said that Canada's universal public health care system effectively ends as soon as a patient is handed a prescription to fill.

Across the country, we see a patchwork of provincial programs with uneven and unequal coverage. Alberta is no exception to this and as such we have 23 public plans that only cover twenty percent of all Albertans – 900,000 out of a population of 4 million. Where you live, how much you make, your age and if you have a serious illness, such as cancer, determines how much you pay and what gets covered.

Even if you are among the fortunate ones who have a workplace or private plan, they're not always reliable – losing or changing jobs can mean losing your coverage. Alberta, too, has high rates of self-employment and precarious employment, meaning even working Albertans are vulnerable.



We also know from our advocacy that workplace plans are often still cost-prohibitive because of co-pays, deductibles and caps. In many cases, Albertans requiring medication face impossible decisions, like choosing between purchasing their drugs or putting food on the table. One in five households in Alberta experience financial barriers to getting their prescribed medication.

Non-adherence to prescriptions results in the preventable deaths of thousands of Canadians each year, and countless complications and hospitalizations that arise as a result of financial barriers to medications. We need a pharmacare program that ensures everyone has access to affordable and safe prescription drugs. There are currently too many financial barriers preventing seniors and chronically ill Albertans from obtaining medications.

Ensuring universal access to medically necessary prescription drugs is not only the ethical thing to do, it is also fiscally responsible. Canadians need a national pharmacare program: a national, publicly funded and administered insurance plan that would cover drug costs the same way Medicare covers hospital and doctor costs, providing universal access to safe and appropriate care. It would provide equal access to prescription drugs for all Canadians, replacing our uneven and unfair patchwork of provincial programs and private insurance. It would also control costs by allowing providers to negotiate good prices and reduce administrative costs, saving Canadians between \$4 billion and \$11 billion per year.

Universality is a key principle of health care and prescription drugs are a vital component of health care. Tommy Douglas understood that improved health for all Canadians is essential to controlling costs. Giving people the medications they need saves money by preventing health problems or speeding recovery from health problems.

In this critical political moment, Friends of Medicare supports the establishment of a national pharmacare program with universal coverage for all Canadians. If you do too, please get involved by signing our petition, sharing your stories with us, joining us in our lobby efforts by meeting with your MP and MLA. For more information as to how you can get involved visit [www.friendsofmedicare.org](http://www.friendsofmedicare.org).

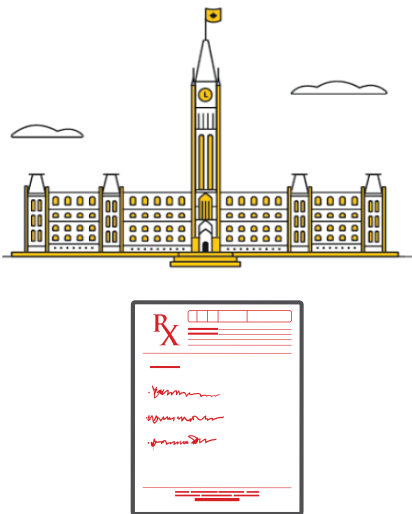
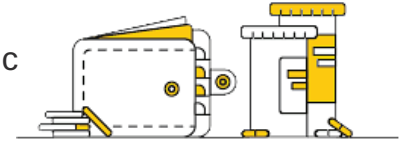
# Canada needs a National Public Drug Plan for All

## The reasons:

1. One in every 10 Canadians cannot afford the drugs they are prescribed. They end up ill, go to emergency rooms, and in some cases need surgery. Only a third of Canadians are covered by public drug plans which vary from province to province. Most are covered partially through their workplace by private insurance plans that are expensive and unreliable. Another 10% of Canadians have no coverage at all.

2. Of 32 OECD countries Canada pays the second highest cost for prescription drugs. We also lose money by paying insurance companies to administer thousands of plans.

3. Pharmaceutical companies spend \$36,000 per doctor each year, often influencing prescribing behaviour, leading to inappropriate prescribing practices.

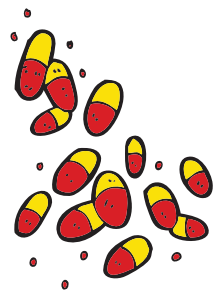


## What is a National Public Drug Plan?

- A national public drug plan would provide prescription drugs to everyone in a fair and equal manner, with oversight and some funding by the federal government.
- Drug prices would be negotiated at the national level. With the power to provide access to the whole population of 36 million people, we could achieve up to \$11 billion in savings.
- A national drug agency would improve drug safety by providing independent, accurate information to doctors, independent analysis of new drugs and a national database to track adverse reactions.

## Canada can do better

- Canada is the only country with universal health care that does not include drugs.
- Canada is far behind. Many countries introduced national public drug plans in the 1940s at the same time as their public health coverage.



Let's ensure everyone has access to the medicines they need.

# 5

# Principles for a National Public Drug Plan

To create a fair, healthy and affordable plan, we need to ensure that the following principles are implemented:

## 1. Universal

A universal plan is fair because it covers everyone equally. It means moving away from the existing 113,000 private plans and 70 public plans that cover people differently. Instead, expanded provincial and territorial public drug plans would receive federal funding and oversight to ensure the same standard of service across the country. It means that everyone is covered lifelong, regardless of your age, where you work or where you live.

## 2. Public and single payer

Public health care has been shown repeatedly to provide better health care at lower cost than for-profit private health systems. The US approach of health care provided by private for-profit companies and paid for by a mix of insurance plans, individuals and government leads to substandard health results and also costs more than public health care. Our current patchwork provision of drugs is like this and is failing us. A national drug plan should be publicly funded by government, following the same principle as the provision of doctors and hospitals under the Canada Health Act.

## 3. Comprehensive, Safe and Effective

The list of drugs to be covered (the formulary) must be comprehensive, including the drugs necessary for a healthy population. Currently, pharmaceutical companies influence both the approval of new drugs and the prescribing practices of doctors. They also produce and promote many drugs that offer no improvement over drugs already in use, but are more expensive. Drug company influence leads to the waste of money, over-prescribing, ineffective drugs, harmful side effects and even death (as with Vioxx and opioids). The evaluation and approval of drugs and the guidelines for prescribing them must be independent of pharmaceutical companies. This will ensure that drugs are safe, effective and prescribed appropriately.

## 4. Accessible

A drug plan must be accessible to everyone. We support the elimination of co-pays for prescription drugs, because those who cannot afford the co-pays cannot get the drugs they need. One in ten Canadians are unable to take the drugs prescribed for them, because they cannot afford either the entire cost or the co-pays required by public and work-based plans. Canadians pay over one-quarter of the cost of drugs out of their own pockets. We don't pay to see a doctor or go to a hospital, and drugs are just as essential.

## 5. Affordable

A National Public Drug Plan covering everyone would be less expensive than our patchwork of many different private and public plans. A Canada-wide plan would allow effective negotiations for lower prices with the drug companies, backed by the power of access to the whole population. This system is used effectively in many countries to obtain much lower prices for drugs than we pay in Canada. Every independent economic study has found that a National Public Drug Plan would be cheaper than our current costs for drugs, with estimated savings of \$4 to \$11 billion.



Canadian Health Coalition / Coalition canadienne de la santé



healthcoalition.ca



Canadian Health Coalition



@healthcoalition



# CDLC 2019 Workshops



All Courses held at the CDLC Office  
#321, 3132-26 St. NE Calgary

Registration deadline is 2 weeks before each course REGISTER at [admin@thecdcl.ca](mailto:admin@thecdcl.ca) or 403-262-2390.

Remit payment with registration.

Make cheque payable to Calgary & District Labour Council.

Lunch is provided – Please let us know any dietary restrictions when registering

**Shop Steward Level 1**

**January 25 & 26**

*\$60 Affiliates/\$100 Non-Affiliates*

**Facilitators Training**

**March 1 to 3**

*In Partnership with the CLC  
\$180*

**Pre-Retirement Course**

**March 22 & 23**

*\$80 Affiliates/\$120 Non-Affiliates / \$40 Spouse*

**Health & Safety**

**May 24 & 25**

*\$60 Affiliates/\$100 Non-Affiliates*

**Shop Steward Level 2**

**September 27 & 28**

*\$60 Affiliates/\$100 Non-Affiliates*

**Pre-Retirement Course**

**November 23 & 24**

*\$80 Affiliates/\$120 Non-Affiliates / \$40 Spouse*

**Human Rights Course**

**Date TBA**

*\$150 (one day)*

# Designated Days of Rest

Article 7.04 (c) of the Provincial Collective Agreement gives nurses a degree of flexibility by allowing them two consecutive days off, known as Designated Days of Rest. This allows Employees to come to a mutual agreement with the Employer to move their Designated Days of Rest.

Designated Days of Rest cannot be cancelled, they can only be moved to a later date. This does NOT mean the Employer can unilaterally change the Days of Rest.

Employers are allowed to ask Employees if they would like to switch their designated days off. But Employees can always say no. Employers cannot coerce or eliminate designated days of rest for Employees.

If an Employee feels unduly pressured to change the scheduled days of rest she should contact her Local Executive or a UNA Labour Relations Officer.



**United Nurses of Alberta**



## ***Want to get more involved with your Union? Mark your calendar with these upcoming events!***

**Local 115 Meetings: January 9th, February 13th, March 13th, April 10th, May 8th & June 12th.** All meetings will be held at Foothills Medical Centre from 1600 – 1800 in room AGW 4A-B 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](mailto:local115exec@una.ab.ca) for more information.

**The Alberta Federation of Labour & Canadian Labour Congress Winter School: January 13th – 18th, Jasper AB.** The Alberta Federation of Labour is a voluntary association of unions and employee organizations that have banded together to achieve common goals. AFL continues its tradition of speaking out on the issues that matter most to working people. Often these issues relate directly to the workplace, but the AFL is also active on a wide range of broader social issues – like the need for public education and public health care. For 67 years the AFL/CLC Winter School has been a cornerstone of Alberta's progressive movement. See [http://www.afl.org/winter\\_school\\_2019](http://www.afl.org/winter_school_2019) for more information or download the official brochure at [https://d3n8a8pro7vhmx.cloudfront.net/afl/pages/4302/attachments/original/1538595281/2019\\_Winter\\_School\\_Brochure.pdf?153859528](https://d3n8a8pro7vhmx.cloudfront.net/afl/pages/4302/attachments/original/1538595281/2019_Winter_School_Brochure.pdf?153859528).

**Public Interest Alberta 13th Annual Conference: April 4th – April 5th, Edmonton AB.** Public Interest Alberta is a non-profit, non-partisan, province-wide organization focused on education and advocacy on public interest issues. PIA exists to foster an understanding of the importance of public spaces, services and institutions in Albertans' lives, and to build a network of people and organizations committed to advancing the public interest. PIA's 2019 annual conference is titled "Our Public Services: Protecting and Revitalizing in Uncertain Times". More details to come soon. Check <https://www.pialberta.org/conference2019> for updates.

**Canadian Federation of Nurses Unions Biennial Convention: June 3rd – 7th, Fredericton, NB.** The Canadian Federation of Nurses Unions (CFNU) is Canada's largest nurses' organization representing nearly 200,000 nurses and student nurses. The CFNU has been advocating for national discussions on key health priorities, such as a national prescription drug plan, a comprehensive approach to long-term and continuing care, greater attention to health human resources, and federal government engagement on the future of public health care. The CFNU biennial convention brings nurses from all over the

country and offers educational workshops, guest speakers, panel discussions and is an excellent opportunity to network with nurses from across the country. Watch for additional information on this year's event at <http://nursesunions.ca>.

**Dealing with Abuse Workshop: January 23rd & September 18th.** 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](mailto:local115exec@una.ab.ca).

**The Calgary and District Labour Council Pre-Retirement Weekend Workshop: March 22nd – 23rd & November 23rd & 24th.** A pre-retirement course that deals with all the major issues 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/>.

**South Central District Meetings: February 28th, June 20th & September 27th.** 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](mailto:local115exec@una.ab.ca) for more information.

**Know Your Rights Workshop: February 5th, March 12th, April 30th, June 11th, September 17th & October 29th.** 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 effectively with UNA. See <http://una.ab.ca/events> for more information and register through DMS or contact us at [local115exec@una.ab.ca](mailto:local115exec@una.ab.ca).

**Keep an eye out for our next publication in March for more.**

Please  
Post



***United Nurses of Alberta***



## **Notice of Monthly Meetings**

January 9th, February 13th,  
March 13th, April 10th,  
May 8th, June 12th, 2019  
16:00 – 18:00

**Foothills Medical Center Room AGW4A-B**

403-670-9960

local115exec@una.ab.ca

www.local115.wordpress.com



UnitedNursesofAlbertaLocal115

Join the Member's Only Closed Group – UNA Local 115 Foothills Medical Centre (Group)



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