



# 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

300-1422 Kensington Road NW  
 Calgary, AB T2N 3P9  
**Ph:** (403) 670-9960  
**Switchboard:** (403) 237-2377  
**Toll Free:** 1-800-661-1802  
**PRC & Executive E-mail:**  
<http://local115.una.ab.ca>  
[local115exec@una.ab.ca](mailto:local115exec@una.ab.ca)

### Provincial Office

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 Edmonton, AB T5K 0C7  
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**Toll Free:** 1-800-252-9394  
**Fax:** (780) 426-2093  
<http://www.una.ab.ca>  
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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,  
 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

# Alberta's Future of Healthcare

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



With the weather warming up all around, change is palpable. In the days to come nurses in the province will potentially be facing change as Albertans are heading back to the polls April 16.

UNA is non-partisan and takes great pride that we do not encourage our members to vote for one political party over another. UNA believes in sharing the parties' relevant platform policies that will impact our members and their potential future. At the time of writing, all political parties had not released the official positions of their parties on key issues including how they plan on supporting publicly funded publicly delivered health care.

Chatter has been heard amongst the various candidates representing their respective parties on how they will align on Health Care. The United Conservative Party recently has reined in on previous statements that health care would see potential cuts of up to twenty percent. However, Jason Kenney continues to advocate that cuts are needed in health care. Mr. Kenney has also stepped back from openly stating health care will see decisive cuts of up to twenty percent.

The UCP have been strategic in sharing they want to maintain a healthcare system that is universal and comprehensive, that focuses on preventative measures opposed to being reactive. They envision a healthcare system that is ethical and accountable, sustainable and cost effective, that blends public, non-profit and private sector provisions.

Rachel Notley and the NDP have continued to pledge their support for the health care system. During her throne speech on March 18th, the NDP leader didn't leave any doubts on her position and vision for healthcare. Rachel pledged initiatives

that will see decreased wait times, strengthen critical Women's Health services, and plans for programs that reduce the cost of drugs for seniors. Many pundits have quoted the following statement from the Premier, "Whether you come to the hospital with a fur coat, or no coat, you deserve the same world-class health care as everyone else."

The Alberta Party is campaigning on a commitment to maintain and deliver the best-in-class health care services to all citizens. Stephen Mandel is aiming to address the continuing increase to health care cost by exploring innovation and expanding responsibilities to meet scope of practice for licensed health care professionals.

The Liberal party under the leadership of David Khan will advocate to preserve public health care and continue to fight against the UCP's vision for a fee-for-service model. They have been on record stating health care needs to remain publicly delivered.

As the next few weeks unfold, it is important to stay in tune to the parties' political positions on matters of importance. The Local encourages all our members to be engaged and active. Your voice matters! Please stand tall for publicly funded and publicly delivered health care. Say no to privatization!

In Solidarity,

*Kevin Champagne*

Local 115 President



April 2015

**SPOTLIGHT**  
ON THE ELECTION ACT

# You can vote in elections

Alberta's Election Act ensures that all eligible voters are allowed sufficient time to vote on Election Day. Section 132 of the Election Act allows for three consecutive hours for the purpose of voting.

An Employee's regular work schedule may already allow for three consecutive hours while the polls are open (from 900 to 2000 on Election Day).

If a shift begins at 1200, or ends by 1700, an Employee will have the three hours required by legislation to vote and would not be entitled to take additional time off.

The provisions contained in Section 132 of the Election Act state:

- (1) An employee who is an elector qualified to vote shall, while the polls are open on polling day at an election or plebiscite, be allowed 3 consecutive hours for the purpose of casting the employee's vote.
- (2) If the employee's hours of employment do not allow for the 3 consecutive hours' absence, the employee's employer shall allow the employee additional time for voting to provide the 3 consecutive hours, but the additional time for voting shall be granted at the convenience of the employer.
- (3) No employer may make any deduction from the pay of an employee or impose on or exact from the employee any penalty by reason of the employee's absence from employment during the 3 consecutive hours referred to in subsection (1) or additional time granted under subsection (2).

**Talk to your manager in advance to ensure you have the time off.**

**United Nurses of Alberta**

# NEXT ALBERTA



***Together, we can  
CHOOSE OUR FUTURE***

***Albertans are tired of the ups and downs of the boom and bust economy, and anxious about the future.***

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We need to diversify and prepare for a fundamental transformation of the global energy economy.

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***Next Alberta is a campaign led by us – working Albertans – to explore these issues and engage with union members and all Albertans to make this upcoming election about our future, not the past.***

***Join the conversation and help choose our future by visiting***

***[nextalberta.org](http://nextalberta.org)***

# TWO LETTERS THAT MAKE A VITAL DIFFERENCE TO YOUR CARE

# RN

**YourRN.ca**



# Member Spotlight: Viola Routly

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



*Viola Routly is a Nurse Clinician working out of the Northwest Hemodialysis unit at the Northland Mall, after having spent years as a CNA certified nurse in neuroscience at both the Calgary General Hospital and Foothills Medical Centre. An assertive personality, confident voice, and subtle sense of humour encompass a tender, kind-hearted, knowledgeable professional, and passionate staff and patient advocate. She has demonstrated resiliency through the seemingly exponential growth of dialysis in the city of Calgary and remains an accomplished leader within the dynamic and resourceful Southern Alberta Renal Program. Her unparalleled commitment and dedication to the nursing profession is part of her identity, embedded within her children's desire to pursue a career in the nursing field, and displayed in her support of the new generation of Registered Nurse. She is a happily married mother of 3.*

## **Q: Where did you grow up?**

A: I was born in southern Alberta in a small town named Carmangay. We settled in Champion. My dad worked in the oil patch managing the fields so we moved a lot. We left Champion when I was 5 and much of my extended family were still there so we never lost touch with that area. We were everywhere from northern Alberta to southern Saskatchewan. We didn't like the north at all and my dad stayed in the oil industry before getting a different job and coming to Calgary. We landed here with my parents and sister when I was 14.

## **Q: What brought you to Calgary?**

A: My sister got sick and we had to come to Calgary for her treatment. We moved to Happy Valley which was a big entertainment campground complex and is now Valley Ridge. It used to be two large campgrounds and a golf course, restaurant, mini-golf, go-karts. My dad started working security and ended up managing the complex. I worked there as well. That was my summer, winter, morning and evening job. I guided trail rides

and had a business running hay rides and sleigh rides. I can harness, hitch and drive a team of horses. I was also the voluntary first aid responder. If there was an injury they'd say, lets go get Viola.

## **Q: What led to your interest in nursing?**

A: I was 6 years old and in grade two when I was asked by my teacher what I wanted to be when I grew up. I told her I was going to be a nurse. My family has always been a helping group. My dad drove ambulance for a couple of years in southern Alberta. My great grandmother was a midwife. She delivered a hundred-and-something babies in southern Alberta. In those days midwives did not just deliver, they moved in with and looked after the family so that the mother could rest, bond, breastfeed, and generally get settled. My sister passed away of Ewings Sarcoma three years after moving to Calgary. I thought I wanted to be a pediatric nurse after everything we went through and my dad told me to wait until we had recovered. It was really good advice. I might not of been able to tolerate a hospital environment right away. I waited to start nursing until I was 26. I went to Mount Royal.

*continued on next page...*

## Member Spotlight: Viola Routly *...continued from previous page*

### **Q: Where was your first job after graduating nursing school?**

A: I did two tours in school in neuroscience at the Calgary General Hospital and they hired me right out of school. I told the manager I wanted to work casually just to get my feet wet and my manager said no no no no, it's much better taking a position and just getting in there and doing it. I learned later that their primary motivation was to fill vacant lines but they were quite right; working full time helped me learn my job.

### **Q: Tell me about your transition to dialysis...**

A: They asked some of us to move from the General to FMC to open Unit 112. I went in November of 95' which worked out rather well because that's when I found out I was expecting. So I had my feet wet and was trained before I left on maternity leave. Then while I was on maternity leave dialysis offered me a job.

### **Q: How did you get a job offer while on maternity leave?**

A: They had blown up the General. I would have never left that unit but one move made me feel like I could make another move. They say you don't know what you've lost until it's gone. I had a really hard time working on 112 because of what happened with my sister. She had been on 111 which was formerly pediatric oncology. Years later I still had trouble looking at the site. I would cover my eyes when I parked. I just thought, you know maybe this isn't where I want to work. I had a friend that worked in dialysis. She told me they were hiring casuals during the hiring freeze. I went from a full time job in neuro to a casual in dialysis. It made people sit down and fan themselves. I interviewed while on leave and came back from maternity to start dialysis. I started February 3, 1997.

### **Q: What was dialysis at FMC like?**

A: FMC had all the dialysis there was in the city at that time. When I started we had two units, Unit 27 A & B. Assisted self care was on one side and acute patients and new starts on the other. We got more and more patients and had to steal rooms because we had no place to put everyone. At one time we had Unit 27, and beds on 103A, 46, 37, and a specialty area to manage hepatitis cases. It seemed like we were never on the right side the hospital when there was trouble. There was also a time when dialysis occupied the laundry area because they had to close 27. We were putting patients wherever we could until South Calgary Health Centre came online. Not long after, 27 still couldn't keep up with the demand so we opened up on the 12th floor of FMC until dialysis opened up in the Colonel Belcher, which then transferred to the Sheldon Chumir. PLC was next to come online, then Northland. So many places opened it's hard to keep track of them all.

### **Q: When did you obtain the role of Nurse Clinician?**

A: When they found the space at Northland, FMC was once again falling out the windows. The current Nurse Clinician wasn't interested in opening another unit. She had been the sole clinician working to establish the other sites and I believe she kept our program glued together through all of it. I don't know how she did it. She liked her job and didn't want to move so I applied. I was hired two weeks before the unit opened so I could gather up patients and get things organized. It was June of 2005. Sunridge opened a year after us and the Fanning was last.

### **Q: Talk about the growth of the Southern Alberta Renal Program...**

A: All we seemed to do was grow grow grow. A doctor once told us in orientation that we would grow by 50% a year and said hang on to your socks. He saw it coming. We saw a flattening of about 2% growth for three or four years. Significant pre-care treatment came on board which had a lot to do with it. It has kept people off of dialysis until they need it.

### **Q: Describe the process to someone being placed on dialysis...**

A: A GFR of less than 30 puts people in contact with pre-care. It used to be that GFR determined when someone would start on dialysis based on an arbitrary value of 10. The current thinking is to look at the patients and see who needs dialysis and who doesn't based on symptoms, which is much more sensible. Some patients do great with a GFR of 6 and others are sick and uremic with a GFR of 12. We always want to try peritoneal dialysis first, that's the goal. It's all personalized to meet their specific needs. It's also gentler. It keeps them off some of their meds and liberalizes their diet more. It gives them the freedom to dialyze when they want to. Supplies can be sent anywhere. So if someone is going on vacation to Hawaii they make arrangements and that's where the supplies go.

### **Q: Do you have special certification in renal care?**

A: Yes. I got certified in nephrology nursing through the CNA certification program after I started as a clinician. I was CNA certified in neuro for 15 years so I knew the process and scope of it. CNA certification was new when I started in neuro at the General. Neuro took the lead with CNA to develop a certification process. There were 42 of us certified the first year. I still have the magazine with my name in it. Now some 17000 nurses are certified across Canada in a number of different specialities.

### **Q: Talk a bit about your role as a Nurse Clinician at Northwest Hemodialysis?**

A: As the Nurse Clinician I'm the charge nurse and clinical leader and I liaise with the rest of the



## Member Spotlight: Viola Routly *...continued from previous page*



program. It's all out-patient so we do a lot of community type work. I monitor the schedule and designate patient assignments based on skill mix and experience. We have a whole interdisciplinary team and it's my job to refer them when appropriate. Our empathy project is based on symptom

management and is about how to involve patients, draw key information, and apply it to their care. We have questionnaires and provide education on things like sleep hygiene or itchiness. We have a "K" protocol to help manage potassium within a certain range. We have the amputation prevention project which is aimed at providing quality foot care. We utilize a patient rounds tool which is used as a nursing communication tool and to help guide conversations with the physician. It succinctly condenses information in one place so we can determine what the patient needs and it better utilizes the physician's time. It ensures continued and timely follow up. Our clinician team meets once a month at FMC on Unit 27. The clinicians in the outlying areas join by Telehealth. It fosters program collaboration and minimizes isolation.

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

A: The rapidity of change. I'm having to learn to let things flow and come as they happen. I like to have my finger on the pulse and I like things to be perfect but it's not always possible. I'm learning that some things take longer and that we can adjust as we go along. I don't like jumping in with both feet and wondering what fluid I'm standing in.

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

A: The team. We have such a good group working here and receive lots of support. We have lots of people with really good ideas who can share things with each other. The work is interesting and diverse as well and I like that.

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

A: Work hard, take a deep breath now and then, and get some rest. You will learn as you become experienced. You do have things to contribute even early in nursing. New people are young, willing and they're newly trained so they have a lot of good information. And you don't give them the worst patients on the unit. Let them learn their craft and support them. My belief is that nursing school teaches you the language you are going to be speaking but your real training starts when you hit the

floor with some autonomy.

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

A: I have a herb garden and I've learned to cook a little bit. My kids tell me they wish I could have cooked like I do now when they were younger.

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

A: My husband's name is Jeff. We've been married 34 years and have 3 kids. Nathan is 26. Rebecca is 22, and Emily is 19. Nathan is finishing his psychology degree and is thinking about entering an RN program with an interest in pursuing psychiatric nursing. Rebecca starts her preceptorship at Bow Valley as an LPN in a month and Emily starts LPN school at Bow Valley in September.

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

A: I like Fusion Sushi and the Keg. I read a lot. I like Margaret George. She writes historical fiction. The most recent one was Mary, Called Magdalene but she's also written books about Nero, Cleopatra, Mary Queen of Scots, and Henry the VIII. I think the TV show Mash was absolutely gifted. At the moment I'm working my way through Murdoch Mysteries. My favourite movie is Princess Bride. My favourite place to shop is the Silk Road Spice Merchant. It's a store in Inglewood in an old building which I absolutely love. Chefs shop there!

### **Q: What are your plans for the summer?**

A: We've had a challenging time looking after elderly parents but we're currently rebuilding our kitchen which is three quarters done right at the moment. It looks like quartz, cabinets and flooring. I think it's my family's way of trying to have me spend more time in the kitchen..

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

A: I am a nurse. That's all I am. I happen to be registered right now but I will never not be a nurse. Patient centred care has been the nursing philosophy since Florence Nightingale. As nurses, we don't exist without the people we care for and I don't think we can do our job without a union. We are required to advocate for our patients within a very large system. We need a feeling of safety that we're not putting our careers and families at risk by standing up for the patients. We can be advocates because the union advocates for us. Without that support we can't do our jobs. Because the union has an agreed upon contract that we are to stick with, everybody knows the rights and responsibilities of the roles and can hold people to them. It's a common language. Heather Smith is a strong leader. I've read her articles and listened to her during contract talks. She keeps a clear vision on what the union wants to accomplish. I think she has taken our union from a novice and indistinct group to a strong, consistent and competent organization. I'm with her.



# UNIVERSAL HEALTH COVERAGE: EVERYONE, EVERYWHERE



[who.int/healthforall](http://who.int/healthforall)

#HealthForAll

Canada's food guide

# Eat well. Live well.

## Eat a variety of healthy foods each day

Have plenty of vegetables and fruits



Eat protein foods

Make water your drink of choice



Choose whole grain foods

## Healthy eating is more than the foods you eat



Be mindful of your eating habits



Cook more often



Enjoy your food



Eat meals with others



Use food labels



Limit foods high in sodium, sugars or saturated fat



Be aware of food marketing

Discover your food guide at [Canada.ca/FoodGuide](https://Canada.ca/FoodGuide)

# Professional Responsibility Concern Form (PRCF)

Electronic submission of this 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)

**ALL sections of this PRC MUST be completed.** A PRC representative will be in contact with you within two weeks to follow-up on your PRC. For more information on completing a PRC, go to <https://una.ab.ca/memberresources/professionalresponsibility>

Worksite: FMC Unit: 13

Local File# 19-666

Reporter Name(s): Diligent Nurse  Individual  Group

Date Rec'd Sep 13, 2019

Manager's Name & Title: Sally Smith, RN (Unit Manager)

**It is expected that a Manager will be notified about the PRC concern to allow the manager the opportunity to address the issue.** Discuss exceptions to this requirement with your UNA PRC representative.

Manager/Manager-on-call contacted?  Yes  No Date Sep 13, 2019 Time 23:00

Reason Manager not contacted: \_\_\_\_\_

Name of Manager/Supervisor contacted: Sally Smith, RN

When did the incident/issue occur? Date Sept 13, 2019 Time 2300 Shift Night

## REQUIRED What Patient Safety or Quality of Care Concern was Impacted by this Situation?

In other words, what is the general reason for filing this PRC. Keep this section brief.

Significant risk of adverse events related to: Inadequate staffing, inappropriate skill mix, overcapacity/ overcrowding, equipment malfunction and lack of guidance from admin on-call.

## REQUIRED Detailed Description of Situation/Issue/Concern

Do not use names of patients, residents, clients, staff, doctors, or others

I arrived to work on Friday night for my 8-hour night shift. The unit had received 3 sick calls. The patient to nurse ratio was 12:1. I was told by exiting staff that no one would pick up, even at overtime. Multiple staff members stated they did not receive a message from the new text system. Around 23:00, admin on call was contacted due to the staffing crisis on the unit. They provided no suggestions. The staffing mix was inappropriate as there was only myself (charge), one senior RN, and a recent grad just out of orientation. The new grad was not fully certified on the unit yet. The new grad was told by evening charge to get me if she wasn't certified in something or any alarms went off. Breaks were missed.

Patient safety concerns include the following:

A patient in respiratory distress at the beginning of the shift required all 3 staff members to be in the room, leaving all other patients unattended to for a significant period of time. A code 66 needed to be called and the patient was transferred to ICU. During this time while patients were unattended to, multiple medications were delayed, including IV antibiotics and analgesic. While admitting a new patient to the unit from ED, the overhead lift broke while in the air with a bariatric patient in it. The emergency release cord was not functioning either. The patient was left hovering for over an hour until we could find a suitable portable lift to get him down. The patient was already beginning to show signs of skin breakdown from the restrictive sling. OC spaces were overbooked. Management had approved the placement of 3 patients into a 2 patient space as 2 of the patients were related. Due to clutter of the area, one patient tripped and sustained a broken hip.

RLS (or other incident report) completed?  Yes  No RLS/Incident Report#: RLS123456

This form does not replace the Employers' incident reporting form/system. RLS is a voluntary reporting system. If known

Is staffing a factor for this issue?  Yes  No Were any medications missed/late?  Yes  No

Were any assessments done late?  Yes  No Did you miss any breaks?  Yes  No

## REQUIRED Recommendations/Potential Solutions You Would Propose

What is needed to prevent this situation or issue from occurring again? What are the potential solutions that solve this problem?

Ensure baseline staffing at all times. Review/ audit the call out process. Ensure proper functioning equipment with regular documented maintenance. Possible emergency policy for equipment failures. Better real time support and guidance for staff. Only permit 2 patients into the 2 patient OC space.

Name (Printed) Diligent Nurse

Designation:  RN  RPN  LPN  Other (Specify) \_\_\_\_\_

Signature Submitted on behalf of member by UNA Date PRC Submitted Sept 15, 2019

REQUIRED Personal E-Mail 115prc@una.ab.ca Phone (403) 670-9960

A UNA PRC representative will be in contact with you. Do not use AHS email or work phone as UNA is unable to communicate with you via work email/phone.

## Purpose

Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organization and human support systems, and the resources necessary for safe, competent, and ethical nursing care.

This form and the information contained in it is the property of the United Nurses of Alberta.

## United Nurses of Alberta

### Local 115

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## PROFESSIONAL RESPONSIBILITY CONCERNS

### A Nightmare Scenario on PCU 13

by **Cyrena Quinn, RN & Andrew Lafreniere, RN**  
 UNA PRC Representatives



Cyrena Quinn  
 U103A CICU



Andy Lafreniere  
 U94 CVICU

Hello all you diligent, caring nurses! Have you ever considered filing a Professional Responsibility Concern? Perhaps you've filed so many you could do it with your eyes closed. Have you left work with an unsettled feeling that you may have missed something critical because it was such an awful shift ... only to return to find you did? Maybe you have filed a PRC for this very reason.

Completing a PRC to reflect the stress of a shift that puts patient safety at risk is a skill in and of itself. In this newsletter we explore the PRC process through a mock PRC, step-by-step, and include a detailed, well written mock PRC. This mock PRC is **fictionalized** and is **not a serialized version** of any known, submitted PRC.

#### Step 1: Identify the PRC

I felt terrible after having worked my weekend night shift. I've usually just sucked it up, gone home and watched a good movie when things get bad. This shift was different. I truly felt I had a responsibility to do something. It was too unsafe. I just didn't know what and it wasn't the first time we'd worked that short or had these issues. There were so many safety concerns including equipment failure, a bariatric patient stuck in a lift, a fall, and overcrowded OC arrangements, not to mention working short staffed, no breaks and

an unsafe skill mix. If we were better staffed would we have been able to promptly assess the patient in respiratory distress and prevented a code 66?

#### Step 2: Talk to my Manager

I went to the manager's office as soon as I had completed my charting Monday morning. I knew I needed to speak with them as soon as possible. I felt my managers were dismissive. They said all attempts were made to replace staff, that they could not have done much more, they understood things were busy and to "fill out an RLS if you feel it was that bad."

When I pushed a bit harder, they responded that most units work with higher ratios and perhaps we could look at ways of improving my time management. I did my absolute best with the resources I had, yet I felt they were inferring a better nurse wouldn't have had this problem.

#### Step 3: Fill out a PRC

I was so angry. I was shaking as I put on my jacket to leave. A senior staff asked what was wrong and when I told her about the weekend, she was shocked. She told me to fill out a PRC. I told her I'd already done an RLS, but she said that PRC's were different. She said the PRC process is done in collaboration with the union and that the manager was required to address any PRC filed. I filled out a PRC that day on the UNA app on my phone. A PRC representative called me three days later and we discussed the shift. With their help I was able to better articulate the patient safety concerns. Below is my original PRC statement, which was short and concise. On the page opposite is the final PRC we submitted, after help from the UNA Local 115 PRC representative.

**Member Original PRC** submitted via UNA App on my phone:

"Short staffed. It was super unsafe. Patients at risk for falls. Equipment malfunctioned with injury resulting to patient."

#### Step 4: Response from Management

The manager responded that she was aware the unit was short staffed, however, didn't realize all the other factors. They supplied data to show that other units are able to maintain higher ratios of 15:1. They commented that this was the first PRC they have received and represents an isolated incident. They conceded to creating an OC policy to alleviate future problems.

#### Step 5: PRC Joint Committee (PRCC)

The PRCC is a joint team of hospital administrators and elected UNA Local 115 members. The committee meets monthly to review all PRC's and the received responses from managers to help facilitate resolution. This could entail requesting the manager further investigate the potential safety concerns from staff, demonstrate what actions management took to

#### Your PRC UNA Committee Members

**Nicole Bajada**, U47B Apheresis  
**James Cooke**, U27 Dialysis (Co-chair)  
**Andrew Lafreniere**, U94 CVICU  
**Cyrena Quinn**, U103A CICU  
**Wayne Stopa**, Local 115 VP  
 Our Email: [115prc@una.ab.ca](mailto:115prc@una.ab.ca)



prevent their occurrence, or create an action plan to address the safety concerns. Due to the severity of this PRC and insufficient response, the manager was asked to attend to a PRCC meeting to provide further insight. The manager admitted she felt it was an inappropriate PRC submission as this was a one-off incident and staff have been more sensitive lately after a recent rotation change.

The PRCC tasked the manager to create a plan addressing several issues including creating an OC policy, formal review of the patients tripped in the OC space, review of how equipment checks are done on the unit, review of staffing orientation (including a skills checklist), and a debrief of the patient who went into respiratory distress that required a Code 66 to be called. They also asked for the call logs for that shift, a review of the OT process and testing to be done on the automated text system.

They requested a timeline to achieve this. Additionally, the PRCC Co-Chair for AHS notified the manager's Executive Director, to get her involvement.

### **Step 6: Follow up PRCC Meeting**

Both the manager and the executive director of Unit 13 attended the next PRCC meeting. The plan presented was informal and did not realistically address the concerns. It was also lacking timelines. The executive director supported the manager's plan, also stating they felt this was the result of an emotional staff member. After meeting with the manager and the Executive Director, the members of the PRCC were divided. The Employer felt they should give the plan a chance to go ahead and if there were issues then intervene. The Local felt that the issues were too serious, and a new plan should be created before

implementation.

### **Step 7: Voluntary Mediation (Optional Step)**

One option available to the PRCC when there is a dispute is to enter voluntary mediation. To resolve this discrepancy, two non-biased mediators were appointed. Each represented the view of the assigned party and created a draft of their suggested resolutions. The mediators were not able to bridge the gap in the differences of PRCC members, resulting in a stalemate.

### **Step 8: Meeting with Senior Leaders (First Step in Escalation)**

As a result of the stalemate, the UNA PRC team met with the Senior Operating Officer to discuss the concerns and to seek their intervention. The SOO had not been informed of these PRC matters and asked for a week to meet with the ED and review the matter further. One week later, UNA Local reps met again with the SOO, who stated they are satisfied with the manager and ED response and that further intervention from their office is not required.

### **Step 9: Meeting CEO or Designate**

The Local, at this point, decided to escalate this issue to the CEO. If an issue cannot be resolved by the PRCC, a resolution meeting will be held within 21 days with the CEO or designate. After informing the employer side of the PRCC, both parties provided the CEO with written background information on the issue. The CEO, after reviewing all the information, agreed that the management plan was not appropriate. They tasked the SOO and Executive Director to work with the managers and staff to create a comprehensive list of action items and solutions, which would be approved by the PRCC and CEO.

### **Additional Steps:**

#### ***Independent Assessment Committee:***

If resolution had not been reached with the CEO, an independent assessment committee would be formed. This includes a union member, an AHS representative and chairperson who is knowledgeable about health care and current nursing practise. This group investigates the incident and makes further relevant inquiries.

#### ***UNA Presentation to Board:***

Should the issue still remain unresolved, UNA can present to the AHS Governing Board and request their intervention.

This process is part of our Collective Agreement that assists nurses in tackling challenges in patient safety and quality of care and provides the ability to not accept things as they are. It's our right and responsibility to question and report patient safety concerns. We are the best advocate for our patients and this process ensures issues will be escalated until there is resolution that all the parties can accept.

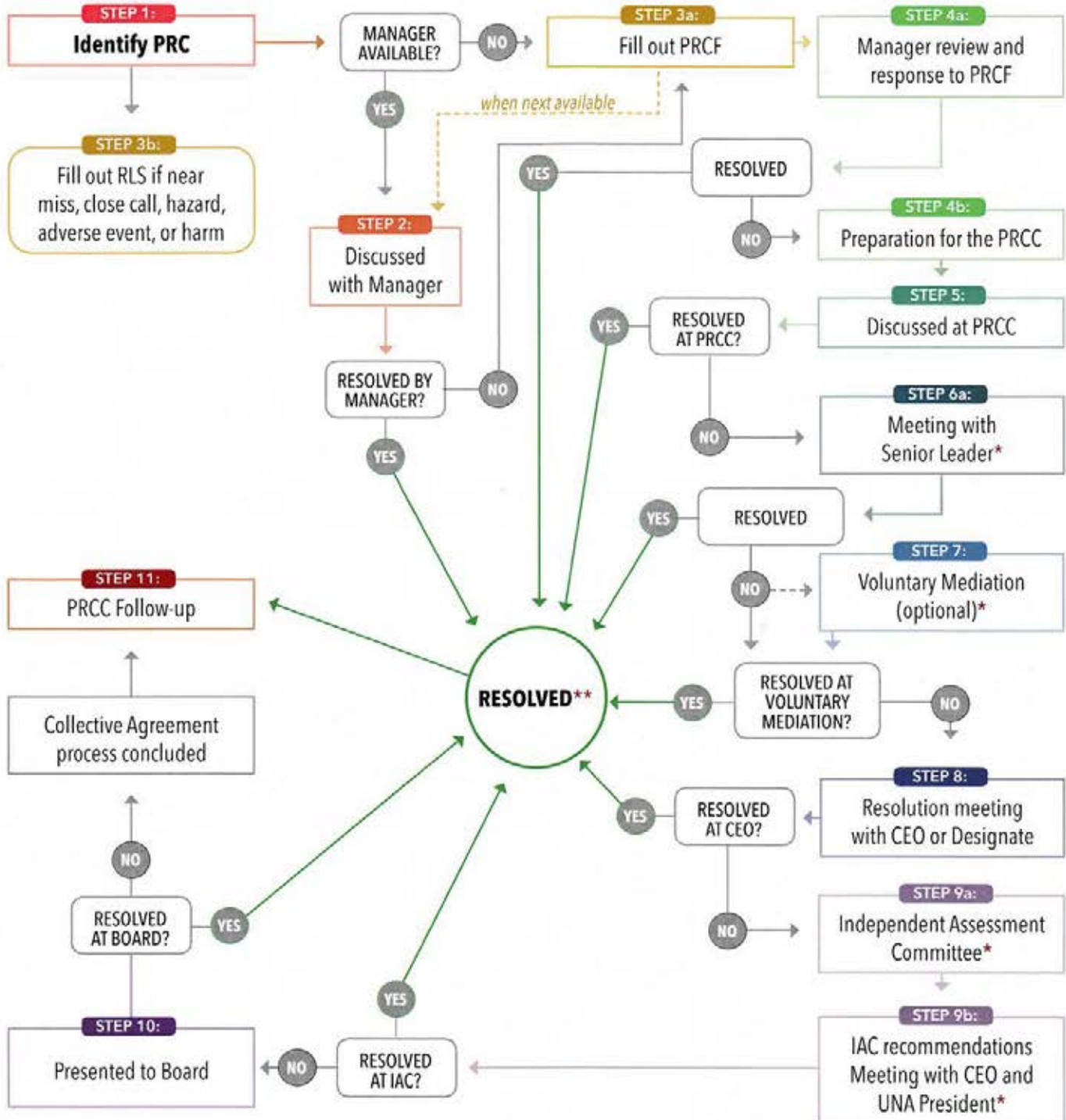
## **PRCC GUIDING PRINCIPLE #1**

*Professional Responsibility Concern Committees (PRCCs) are joint committees focused on joint problem solving through collaboration in an environment of mutual respect to resolve issues as close to the point of care as possible.*



# Professional Responsibility PROCESS

**PRC** – Professional Responsibility Concern  
**PRCF** – Professional Responsibility Concern Form  
**PRCC** – Professional Responsibility Concern Committee



\*New steps added in 2018 (Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 - March 31, 2020.)

\*\*36.01 (t): When the parties succeed in reaching a resolution of the issue(s), the agreement shall be confirmed in writing by the parties. If either party fails to implement or adhere to said resolution, the failure to adhere or implement shall be subject to the provisions of Article 32: Dispute Resolution Process.

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# ALBERTA IN CONTEXT

HEALTH CARE UNDER  
NDP GOVERNMENTS



Rebecca Graff-McRae  
Trevor Harrison  
Ian Hussey  
Larissa Stendie

# ELECTION BULLETIN

## WHERE THE PARTIES STAND ON HEALTH CARE: What we know and what we don't

With a provincial election looming, United Nurses of Alberta wrote to the leaders of all political parties with seats in the Alberta Legislature in mid-January asking them to respond to five questions about issues of urgent importance to nurses. We requested their responses of about 300 words to each question by mid-February. The questions are included in this special *UNA Election Bulletin*.

UNA received responses from only two of the five parties we contacted – the governing New Democratic Party and the Alberta Liberals.

Regrettably, the United Conservative Party, Alberta Party, and Freedom Conservative Party chose not to disclose their platform policies on these issues to UNA members. Despite several entreaties, some well after the deadline date, UNA had received no response from the UCP, the Alberta Party or the FCP by press time.

UNA remains committed to its promise to the parties that we will publish their responses without editing. If we receive submissions from any of these parties at a later date, we will post them along with the responses of the NDP and ALP at [UNA.ca/ElectionBulletin](http://UNA.ca/ElectionBulletin).

### THE QUESTIONS WE ASKED

#### **QUESTION:** Health care funding cuts

Several Alberta political leaders have floated the idea of health care funding cuts. In the context of the widely perceived need to balance Alberta's budget, what is your party's position on cuts in funding to Alberta's health care system? In the event your party supports cuts, what are the areas within the health care system where you would anticipate reducing funding?

#### **QUESTION:** Protection of front-line nursing

Studies from multiple jurisdictions suggest higher ratios of Registered Nurses in health care lower costs and improve patient outcomes. Is your party prepared to take measures to increase or maintain the percentage of RNs in the health care system? If so, what approach would you take?

#### **QUESTION:** Private sector role in public health care

Some Alberta political parties have advocated a bigger role for private-sector health

delivery in Alberta. What is your party's position on a larger role for the private sector in our public health care system? Specifically, what services do you think would be appropriate for an expanded private-sector role?

#### **QUESTION:** Capital projects and plans

During the past four years, several significant health care capital projects have been announced, including a new cancer centre in Calgary and a new hospital in South Edmonton. In addition, some projects have been placed on the province's list of priorities, for example, expansion of the Red Deer Regional Hospital. Will your party commit to proceeding with these projects?

#### **QUESTION:** Labour relations

The current government enacted changes to the Alberta Labour Code that included features such as first-contract arbitration that have long been standard operating procedure in most other Canadian jurisdictions. Would your party leave this legislation in place?

# ELECTION BULLETIN

## ALBERTA NEW DEMOCRATIC PARTY RESPONSES

### ► **Health Care Funding Cuts**

Our Canadian health care system isn't a right. It's a choice.

It's a choice we as Albertans and Canadians have made together. And we have to continue to make this choice every day.

The Alberta NDP has always chosen to fight for universal public health care. We fundamentally believe that whether an Albertan has a fur coat, or no coat at all, they deserve the same health care services.

Nurses are on the front lines, providing quality care, and we are committed to ensuring that nurses have more support to do their jobs effectively – not less.

We are against cuts to the health care system. When we were elected, one of the first choices we made was to cancel the catastrophic cuts the previous Conservative government had planned for Alberta's health care system. We also cancelled the Conservatives' unfair health care premiums.

With a growing and aging population, we need continue to take a measured approach to delivering health care services in the right place, at the right time, with the right health care provider.

Our government won't make the kind of reckless cuts others are proposing – upward of 20% of our budget, firing 4,000 nurses to fund a \$700 million tax break for the rich. With a growing and aging population, even a funding freeze would be a massive cut to the health care services that families count on. A freeze

would mean not being able to staff new health care builds like the Calgary Cancer Centre, the new Grande Prairie Hospital, or the new South Edmonton Hospital.

As we get closer to the election, we will have more to say about our plan to invest in health care for Albertans. In the meantime, you can trust the choice we've made is that we will continue fighting to protect and improve Alberta's public health care system.

### ► **Protection of front-line nursing**

As nurses, you are there when Alberta families need you most, from the first days of a baby's life, to some of the darkest and most anxious hours of a person's life.

That's why Rachel Notley's NDP will always be there to defend you, your patients, your jobs and our public health care system.

When we were first elected, we not only inherited an economy in free-fall, we inherited run-down schools, overstressed hospitals, and a major, province-wide infrastructure deficit.

To deal with the downturn, our opponents urged us to respond in the same way they had for years: firing thousands of nurses, cutting hospital funding, and cancelling construction projects.

We said no. Instead, we stabilized health care funding and had the backs of our health care workers. Numbers from CARNA's annual reports show that from

2014-2017, there was an increase of 1,209 nurses registered with CARNA.

That's in stark contrast to previous conservative governments when faced with an economic downturn. In 1993, under Ralph Klein, 3,000 full time nurses were fired. The UCP Leader, Jason Kenney is no stranger to Klein's cuts. He was there, as the head of the Canadian Taxpayers Federation, saying Klein's reckless cuts didn't go far enough and weren't done fast enough. The best predictor of future behaviour is past behaviour.

At the Alberta NDP convention, under Rachel Notley, our members voted on a resolution to establish safe staffing ratios for health care workers in Alberta. Meanwhile at the UCP Convention, Jason Kenney's members voted in favour of two-tier American-style health care.

Rachel Notley's NDP values the work nurses perform and know that the best way to protect front-line nursing is to ensure stable funding for health care and to avoid reckless cuts. Nurses should be at the bedside, not in the unemployment line. That's why we will continue fighting to protect and improving front-line nursing in Alberta.

## ▶ **Private sector role in public health care**

When Rachel Notley's NDP came to office and learned about the deal cooked up by the previous Tory government to sell off the lab system to an Australian company, we knew we had to do something. By the end of our first summer in office, we had put a stop to that dangerous and irresponsible experiment in privatization. We do not believe that the delivery of health care services should be sold off to those whose interests are to profit from it.

We also had to make decisions around the delivery of continuing care throughout the province. We knew we had to develop a better supportive living program that would make funding decisions based on need, not profit, and as a result, we are currently rolling out the new Building Communities of Care capital program. We will announce more details on our commitment to long term care closer to the election.

Jason Kenney and the UCP have been clear that their plan for health care is to move towards an American-style, two-tier model. They would ensure that the wealthy receive priority access to health care services, while slashing funding to the public health care services regular Albertans rely on.

As our record over the last four years demonstrates, a re-elected NDP government will continue investing in public health care services and stop reckless privatization experiments.

## ▶ **Capital projects and plans**

Rachel Notley's NDP is proud to have made badly needed investments in public health care, so that our hospitals and health centres are there when patients and families need them.

During the boom years, Calgarians were told that they urgently needed a new cancer centre because the Tom Baker Cancer Centre had reached capacity. Consecutive Conservative Premiers from Ralph Klein to Jim Prentice kept breaking promises of getting a new cancer centre built.

Under Rachel Notley, the Calgary Cancer Centre is finally under construction. In January, 30 per cent of the project's total concrete had been poured. This project will provide quicker care for cancer patients in the region.

# ELECTION BULLETIN

We are committed to finishing this project – and ensuring there are enough doctors, Registered Nurses and other allied health professionals to actually treat the patients who need life-saving cancer treatment.

We're are diligently planning for the new hospital in South Edmonton. The last time an acute care hospital was built in Edmonton was in 1988 – over 30 years ago. Since that time the population has almost doubled.

We are committed to finishing this project.

After we talked to and listened to the community and the Red Deer NDP MLAs last year, we invested \$1 million to update the needs assessment and business plan for the Red Deer Regional Hospital expansion. Upon reviewing the initial findings of that assessment in early February, Rachel Notley committed that, if re-elected, she would build the much-needed expansion of the Red Deer Regional Hospital.

## ► **Labour relations**

In addition to fighting for better hospitals and improved health care, Rachel Notley's NDP is also fighting for better, safer and stronger workplaces.

In the past, Conservative governments introduced Bill 9 and Bill 10, two bills

designed by the old government to fundamentally undercut your pensions and your future. At the time, Rachel Notley, as an opposition member, led a filibuster that delayed and eventually killed the bills' attacks on working people, their pensions and their unions.

As government, we introduced and passed legislation that ensures you have joint governance of your pension plan. We believe that when pensions receive contributions from both the employer and employee, they should be jointly governed by employer and employee.

We've also created mandatory safety committees through the Occupational Health and Safety Act. We've added first contract arbitration into the Labour Code. We've improved leave provisions to help people care for loved ones who are sick without worrying about being fired, and we've improved measures to support and protect women fleeing domestic violence.

Jason Kenney and the UCP have previously stated that, if elected, they will undo every piece of legislation that we've passed during their "Summer of Repeal." This would be devastating, and a huge step backwards for workers in the province.

Rachel Notley's NDP will continue to work with you, as a partner, to improve labour relations in Alberta.

## ALBERTA LIBERAL PARTY RESPONSES

### ▶ **Health care funding cuts**

All health services (whether publicly or privately funded) need to be evaluated in relation to quality, access and cost-effectiveness, not only for internal shifting of resources for evidence-based outcomes but also for consideration of opportunity costs in other areas. As health care spending approaches 50 per cent of the provincial budget, there is clearly a need to examine:

Management roles and responsibilities with a view to optimizing their important role in relation to essential front-line services. Management salaries and benefits also need to be examined in comparison to other jurisdictions.

Management of chronic conditions (our costliest area of medical management), which is clearly not optimal and where a stronger and better coordinated team approach is needed. This may require a shift of funding to some degree.

Long-term care costs can be minimized with greater investment in homecare and community services, especially to those who are isolated and vulnerable.

Investment in prevention, which continues to be inadequate for an advanced society with evidence of achievable cost savings through screening and early intervention (both physical and mental conditions) and recognition that meeting basic needs results in dramatic reduction in the use of health care services. Team-based primary care standards and accountability are long overdue, and will ultimately reduce cost, suffering and premature deaths.

Investment in health education (including mental health, lifestyle, diet and activity) and partnership with research community has proven effective in many jurisdictions but requires new levels of collaboration especially in regards to reducing risk of drug and alcohol addiction.

Better use of operating rooms, including hours of operation and turnaround times.

### ▶ **Protection of front-line nursing**

There is clearly a need to examine the question of each profession (especially nurses and doctors) optimizing its scope of practice with respect to each of the following areas of service delivery: emergency services, acute care, maternity care, long-term care and community care. Our goal is to move to full scope of practice for all health care professionals, including nurses, to ensure both quality and sustainability of our system. Cost-effectiveness is part of the measure needed, and research should provide a basis for making these critical decisions about the balance of professionals with limited resources.

### ▶ **Private sector role in public health care**

Public funding has been demonstrated to provide the most affordable and equitable health care and the Alberta Liberals support this fundamental value inherent in Medicare. We are committed to one publicly-funded medical system for all. We also recognize that financial means must not determine access to equal health care. Some support services such as

# ELECTION BULLETIN

laundry, procurement, transportation, and food preparation as well as infrastructure could benefit from competitive bidding processes, including carefully managed Public/Private Partnerships (P3), and we are open to such indirect health services involving private investment.

## ► **Capital projects and plans**

The Alberta Liberals would honour all previously-announced health care capital projects, ensuring that each involves a fair and open bidding process where construction has yet to begin. We've been vocal advocates for a new cancer centre in Calgary and other urgently needed health care facilities in both Edmonton and Red Deer, and are strongly committed to their prompt completion.

The Alberta Liberals would also enact transparency legislation for public-private partnerships (P3s). In each instance, where the use of a P3 is being considered, the legislation would require the undertaking of a detailed risk and value for money analysis to determine if the P3 delivery method creates the best value. More broadly, we'd ensure that information is publicly available on all capital projects so that Albertans can have confidence that their tax dollars are being spent in the most efficient way possible.

Lastly, and most importantly, infrastructure is just infrastructure without the necessary staffing complement. The Alberta Liberals would ensure that any new health care facilities have adequate operational funding and are properly staffed to be able to meet the needs of the populations they serve.

## ► **Labour relations**

On the whole, the Alberta Liberals supported both Bill 17, the Fair and Family-Friendly Workplaces Act (which made numerous amendments to the

Employment Standards Code and the Labour Relations Code), and Bill 30, An Act to Protect the Health and Well-Being of Working Albertans (which amended the Workers' Compensation Act and the Occupational Health and Safety Act). After decades of Conservative rule, Alberta had some of the most regressive labour laws in the country, and many of the changes were justified to help restore balance.

That said, Bill 17 did represent a massive policy shift, and the Alberta Liberals believe that it would have benefitted from a stakeholder consultation period of longer than five weeks. Now that the legislative changes are in full effect, it's become apparent that the Employment Standards Code changes around statutory holiday pay are problematic for many small businesses, who've seen their overall costs increase dramatically under the NDP. This is one item that we'd revisit.

The Alberta Liberals would also amend the Employment Standards Code to prohibit employers from skimming tips that are intended for servers and other hospitality staff.

We'd also amend the Employment Standards Code overtime and rest period exemptions for waged, non-family employees of farms and ranches, which currently entitles them to only four days of rest for every 28 days of work.

With respect to the Workers' Compensation Act, we'd amend section 13.2(8) to increase the length of the appeal period for WCB claimants to four years from the current two years. Many Canadian jurisdictions don't impose any sort of limit on the WCB appeal period, yet in Alberta we stubbornly insist on squeezing claimants at a time when they and their families are most vulnerable. This is patently wrong, and really only benefits the WCB by reducing its liability.

## Where major parties stand on **HEALTH CARE FUNDING AND FISCAL POLICY**

When it comes to understanding the positions of the major political parties in Alberta on health care and public services, there's a lot of noise and distraction, and frequently too few facts.

With an election call inevitable soon, it's important to try to cut through some of the confusion to get a hint of what the parties' true positions are likely to be – even if they're not saying much just yet.

Based on what we know from public statements by the parties, here's a quick breakdown of where the parties now vying for your attention and your vote stand.

### ► **Public health care**

**ALBERTA PARTY:** The party's 2019-20 "shadow budget" proposed cuts of nearly \$1 billion from health care spending. The party has said it would develop strategies for mental health, long-term care and chronic conditions. It says it is in favour of private facilities playing a bigger role in long-term care.

**ALBERTA LIBERALS:** Liberals have called for increased emphasis on mental health and preventative care, social determinants of health, and long-term and continuing care. The party supports private-sector provision of long-term and continuing care, but not what it has called core health services, such as lab services. A more detailed statement from the Alberta Liberal Party is available in this *Election Bulletin*.

**NEW DEMOCRATIC PARTY:** The Alberta NDP is unequivocally opposed to cuts to Alberta's health care budget. With Alberta's population aging and growing, the NDP advocates what it calls a measured approach to delivering health care services in the right place, at the right time, with the right provider. It has showed some commitment to maintaining a public-sector role in long-term care, and party members have voted to support a national pharmacare program. A more detailed statement from the Alberta NDP is available in this *Election Bulletin*.

**UNITED CONSERVATIVE PARTY:** UCP members in convention have voted to support U.S.-style two-tier health care, and at least one candidate is now on record musing publicly in support of the concept. The party officially supports publicly funded health care, but as kept the door open to private delivery of more of those services. It has been critical of the Government's decision to stop privatization of hospital laundry services.



# ELECTION BULLETIN

## ► Public services

**ALBERTA PARTY:** The party's shadow budget proposes cuts in provincial revenues of more than \$3 billion and funding cuts of \$2.9 billion. It has said it would budget for population growth but not inflation, focusing on "front line" ministries.

**ALBERTA LIBERALS:** Party policies say little about fiscal matters beyond support for a progressive taxation system.

**NEW DEMOCRATIC PARTY:** During its first term in office, the NDP has focused maintaining public services, but with an emphasis on bringing the budget back into balance and reducing debt over time. There has been little discussion of how revenues could be increased to meet inflation and population growth.

**UNITED CONSERVATIVE PARTY:** The UCP has campaigned on bringing back the "flat tax," providing a major tax break for the wealthy and transferring the cost of public services to middle- and lower-income earners. It also promises corporate tax cuts and significant fiscal austerity. The combined impact of these policies would be a loss of about \$1.5 billion to the provincial budget. In the past, party leaders has talked about cuts to public sector salaries.

## NOTES:

### Alberta's fiscal situation

In its February 27 third-quarter fiscal update, the provincial government reported significant progress controlling health costs while increasing the health budget annually by about 3 per cent to account for increases in population and inflation. This compares to increases of about 6 per cent annually during the previous government's term.

The government said it is on track to achieve its commitment to build 2,000 long-term care and dementia spaces. This Alberta government focused on bending the increases in costs and on new agreements with pharmacists and negotiating better prices for generic drugs.

### Delivery matters

Private solutions to the delivery of public health care is a frequent theme in the Canadian political debate about how best to finance and manage public health. International research suggests strongly that

because of their profit-motivated organization, in particular their need to generate 15 to 20 per cent in profits, private hospitals and clinics are more expensive to operate than public facilities. In other words, private facilities are profit maximizers, not cost minimizers. Research suggests U.S. hospitals may cost as much as 20 per cent more to operate than their Canadian counterparts.

Research by the Edmonton-based Parkland Institute also indicates inferior quality of care is a frequent outcome of private operation of health facilities. "For-profit companies are more likely to deliver poorer quality care, or cost more, or simply be a much riskier choice for governments and, ultimately, patients," Parkland said in a 2012 report.

The experiment with a private hip and knee surgical clinic in Calgary in the first decade of the century resulted in higher costs per surgery, a cost and delivery crisis caused by the bankruptcy of the private hospital operator, and lack of transparency and accountability throughout, the Parkland study concluded.

[www.parklandinstitute.ca/delivery\\_matters2](http://www.parklandinstitute.ca/delivery_matters2)



# Choosing Our Future

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**United Nurses of Alberta**

# How Do You Make Safety a Habit?

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



Did you know as a worker you have OHS-related responsibilities in the Alberta OH&S Act (Section 5)?

## **Obligations of workers**

Every worker shall, while engaged in an occupation:

- (a) take reasonable care to protect the health and safety of the worker and of other persons at or in the vicinity of the work site while the worker is working,
- (b) cooperate with the worker's supervisor or employer or any other person for the purposes of protecting the health and safety of
  - (i) the worker,
  - (ii) other workers engaged in the work of the employer, and
  - (iii) other workers not engaged in the work of that employer but present at the work site at which that work is being carried out,
- (c) at all times, when the nature of the work requires, use all devices and wear all personal protective equipment designated and provided for the worker's protection by the worker's employer or required to be used when worn by the worker by this Act, the regulations or the OHS code,
- (d) refrain from causing or participating in harassment or violence,
- (e) report to the employer or supervisor a concern about an unsafe or harmful work site act that occurs or has occurred or an unsafe or harmful work site condition that exists or has existed,
- (f) cooperate with any person exercising a duty imposed by this Act, the regulations and the OHS code, and
- (g) comply with this Act, the regulations and the OHS code.

The OH&S Act enshrines the **three basic rights** of workers:

The **right to refuse** dangerous work.

The worker should refuse to do work they believe would put themselves or others in imminent danger.

The **right to know**.

Workers need to know about workplace hazards in order to take work-related actions that will help them be safe and healthy at work.

The **right to participate**.

Workers should be able to participate in identifying hazards and assist in determining the hazard controls.

How to participate and promote health and safety in the workplace:

- Reporting unsafe conditions (including Near Hits) in MySafetyNet (MSN). You can also report to your Union, if appropriate.
- Wearing PPE
- Complete provided training such as It's Your Move, Move Safe, ACE Modules
- Get involved in the union's OH&S Committee
- Attend the Joint Workplace Health & Safety Meeting at your site

Participating in workplace health, safety and wellness activities has been shown to:

- Foster a safety-minded culture where everyone plays a role in supporting a safe and healthy work environment
- Help prevent work-related injury and illness
- Support efforts to create workplaces where employees feel safe, valued and have a sense of belonging.

AHS will be celebrating Health and Safety May 5 - 11, 2019 and the theme is "Make Safety a Habit". The Workplace Health and Safety (WHS) Team will be offering 30-minute Lunch and Learns exploring a variety of leading health, safety and wellness topics within AHS including:

- AHS' Alcohol and Drugs Policy: What you need to know
- The Communicable Disease Assessment (CDA) Program: AHS workers in Patient Care Locations
- How Psychological Safety Can Change the Way You Work
- Preventing Workplace Harassment and Violence in Patient-to-Worker Interactions
- Your Safety, Your Joint Workplace Health and Safety Committee

Register in MyLearningLink. Please note: registration closes one week prior to Health and Safety Week.

# Alberta OHS Code – Part 2: Hazard Assessment Elimination and Control



# A L E R T S



United Nurses of Alberta

Part 2 of the Alberta Occupational Health and Safety Code requires employers to perform hazard assessments in their workplace(s). It also specifies the methods the employer must implement in order to eliminate or control the workplace hazards identified in the assessment process. Part 14: Lifting and Handling Loads and Part 27: Violence also requires specific hazard assessments regarding these two workplace hazards. UNA local occupational health and safety representatives should be familiar with the requirements under the OHS Code in order to insure that their employer is in compliance with the Code. New language in Article 34: Occupational Health and Safety requires some employers to provide copies of hazard assessments to OH&S committees.

## The Hazard Assessment Process:

Employers are required to assess a work site and identify existing or potential hazard before work begins. There are two important phrases used in this section.

The reference to “before work begins” requires employers to identify and then eliminate or control hazards when designing or building new worksites, renovating old worksites, introducing new work processes, and changing current work processes.

The requirement to identify “potential hazards” means that a hazard does not have to have resulted in workplace injury or illness in order to be considered a workplace hazard.

The assessment must be thorough and identify hazards often grouped into four categories:

### 1. Physical Hazards

- lifting and handling loads (patients)
- repetitive motions
- slipping and tripping
- fire
- electricity
- noise
- lighting
- temperatures
- radiation
- violence

### 2. Chemical Hazards

- disinfectants
- asbestos
- solvents
- anesthetic gases
- chemotherapy
- scents
- latex

### 3. Biological Hazards

- virus, fungi, bacteria
- parasites
- mould
- blood and body fluids

### 4. Psychological Hazards

- workload
- staffing levels
- management styles
- shiftwork
- abuse, harassment and bullying
- lack of control over work

The employer must produce a written hazard assessment report that includes the results of the hazard assessment and the methods used to eliminate or control the hazards identified. The assessment report must be available to workers at the worksite (sec. 8 OHS regulation).

## Worker Participation Required!

When performing a hazard assessment in a work site or work area your employer is required to involve workers in that work site or area in the assessment process. Workers should have meaningful involvement. All affected workers should have the opportunity to provide input when identifying workplace hazards and determining appropriate control methods.

## Hazard Elimination and Control

This section of the Code sets out a hierarchy of control methods that employers must follow. The control method should attack the source of the hazard not its outward signs (e.g. noise, fumes, dust) it produces.

Whenever possible, hazards should be eliminated or controlled at their source (as close to where the problem is created as possible). If these options are not possible then the hazard should be controlled before the hazard reaches the worker (along the path between the source and the worker). Administrative controls (policy and procedures) and personal protective equipment (PPE) are the least effective control methods.

If eliminating the hazard is not possible then engineering controls are the next option for the employer. Safety engineered sharps devices and mechanical patient lift devices are good examples of engineering controls.

S M T **W** T F S

OUR profession  OUR jobs

WWW

wear  
**white**  
**Wednesdays**



 *United Nurses of Alberta*

**RN**

**RPN**

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)





## JOINT COMMUNICATION

### Multi-Employer/UNA Collective Agreement

## Professional Development Days

September 2015

Professional Development (PD) days are an opportunity for the Employee to participate in professional development opportunities of interest that are not required by the Employer, including voluntary in-services on unscheduled days. PD days are not considered work scheduled or required by the Employer.

### Approval Criteria

- The Collective Agreement says “Upon request, each Employee shall be granted at least three (3) professional development days annually”. These days are not automatically granted.
- Employees must request approval from their manager for PD days with as much notice as possible.
- The PD days must be demonstrably related to professional development, but need not be related to the Employees current position. Managers may make enquiries to ensure the day(s) are being used appropriately, including making a request to view the course curriculum or pamphlet. Employees are encouraged to share their learning with their colleagues.
- PD days are not only for formal courses. PD days can also be requested for studying or research on their own or at a library.

### Payment

- PD days do not attract overtime, shift differentials or weekend premiums.
- Employees who work the standard workday are paid their basic rate of pay exclusive of premiums, for 7.75 hours for a PD day. This is the case if it is a regular workday, a “blank” day, or a Designated Day of Rest.
- Employees who work the extended workday are paid their basic rate of pay exclusive of premiums for 11.08 hours (or other appropriate length) for a PD day if the day is a regular workday, and for 7.75 hours on a “blank” day or Designated Day of Rest.
- Should the activities of the day(s) go beyond the regular work day, there is no additional pay. Should the activities take less time than the regular work day, no reduction in pay takes place, nor can the Employee be required to return to work.
- The Employer may, at its discretion, pay transportation, registration fees, subsistence or other expenses for a PD day activity, and shall advise an Employee in advance what will be paid.

If you have any questions, please contact your representative identified below:

#### For the Union:

David Harrigan  
Director of Labour  
Relations  
**United Nurses of Alberta**  
780-425-1025  
[dharrigan@una.ab.ca](mailto:dharrigan@una.ab.ca)

#### For the Employer:

Kim LeBlanc  
Lead Negotiator  
Negotiations and Labour Relations  
**Alberta Health Services**  
403-943-1410  
[kim.leblanc@albertahealthservices.ca](mailto:kim.leblanc@albertahealthservices.ca)

Pemme Cunliffe  
Director, Labour Relations  
and Total Compensation  
**Covenant Health**  
780-735-9165  
[Pemme.Cunliffe@covenanthealth.ca](mailto:Pemme.Cunliffe@covenanthealth.ca)





## Memorandum

**Date:** November 5, 2015

**To:** Margaret Fullerton, Senior Operating Officer, Alberta Children's Hospital  
Debbie Goulard, Interim Senior Operating Officer, Rockyview General Hospital  
Lori Anderson, Senior Operating Officer, South Health Campus  
Janice Stewart, Senior Operating Officer, Peter Lougheed Centre  
Julie Kerr, Senior Operating Officer, Community, Rural & Mental Health  
Shawna Syverson, Senior Operating Officer, Foothills Medical Centre

**From:** Brenda Huband, Vice President & Chief Health Operations Officer, Central and Southern Alberta

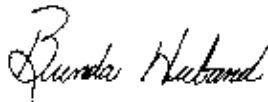
**Copy:** Acute Administrators on-call resource binder

**RE:** Charge Nurse Responsibility

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Further to discussions that began in the Spring of 2011 and that have continued, this memo is written to reconfirm the Calgary Zone's position that any Charge Nurse is able to, and expected to, use his/her best professional and clinical judgment and continue to flex staffing ratios and authorize overtime to ensure appropriate staffing levels based on overcapacity/surge beds and unit capacity to ensure patient safety.

Please ensure this memo is distributed to all Managers and Charge Nurses within your portfolios, thank you.

A handwritten signature in black ink that reads "Brenda Huband".

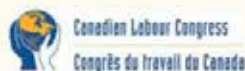
To Honour Labour's Contribution to our Community  
The Calgary & District Labour Council Invites You To Attend

# Labour Appreciation Awards

TICKETS ARE \$150/PERSON (6 TO A TABLE)

Tuesday, April 30, 2019 | 6 pm  
The Fairmont Palliser Hotel | 133-9th Ave. SE Calgary

Contact CDLC 403.262.2390 or [admin@thecdcl.ca](mailto:admin@thecdcl.ca)



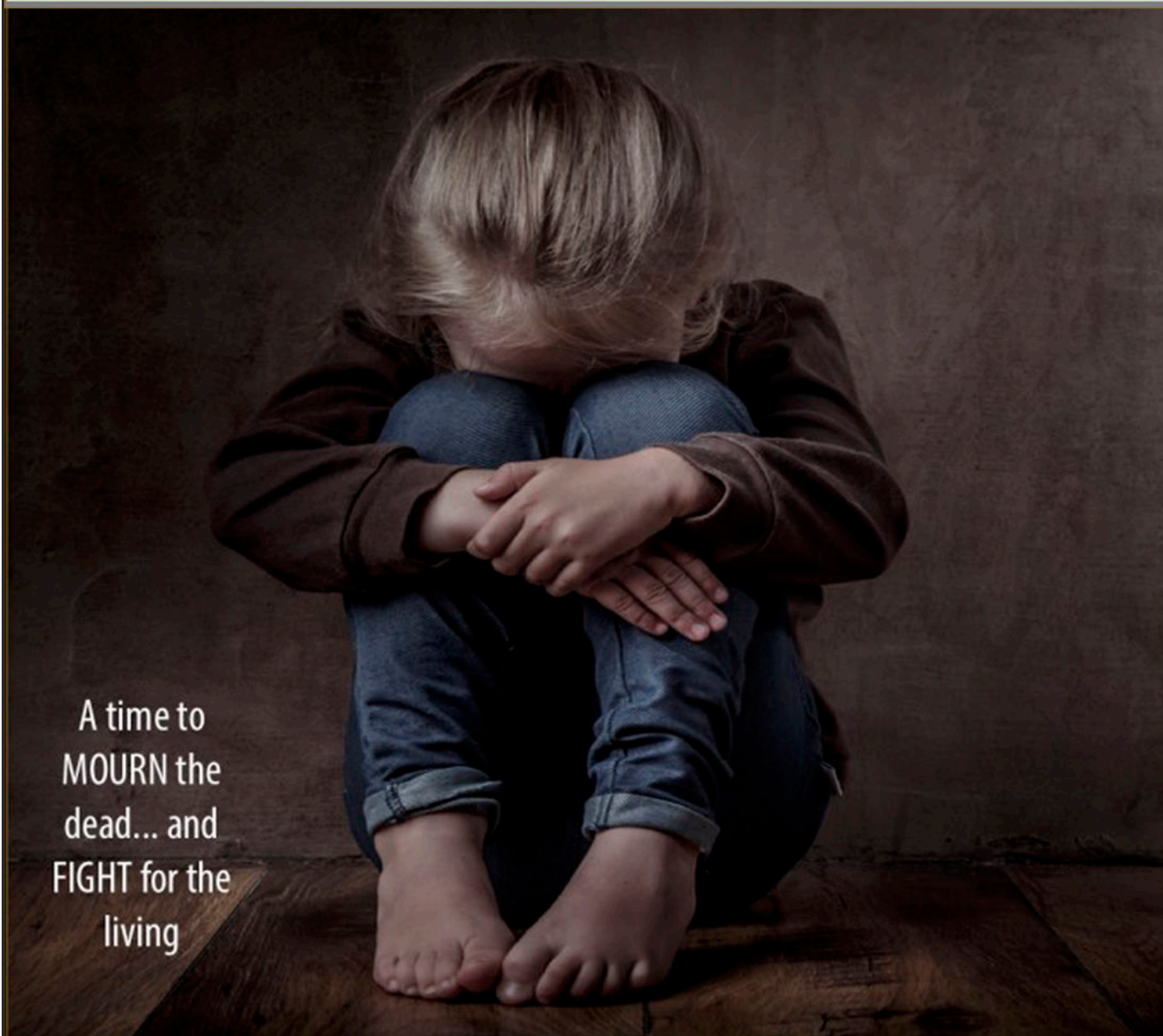
# April 28 – National Day of Mourning

for those injured or killed on the job



Join the Calgary & District  
Labour Council as we  
gather to REMEMBER

Wreath Laying Sunday, April 28th,  
2019 at 11am  
Ceremony and Memorial Service  
At the City of Calgary  
Police + Fire Memorial  
9th Ave. & Macleod Trail SE



A time to  
MOURN the  
dead... and  
FIGHT for the  
living

**UNA MEMBERS URGED TO CLAIM THEIR**

# **2-PER-CENT RRSP OR TFSA SUPPLEMENT**



# The Group Savings Plan Revisited

By Sheldon Vogt,  
Local 115 Executive Secretary,  
United Nurses of Alberta



“Do not save what is left after spending, but spend what is left after saving” - Warren Buffet

Saving money to promote financial security is a prudent course of action. In a world of retirement savings plans, tax free savings accounts, investments, mutual funds, stocks, bonds and whatever other

methods are used to secure that nice little nest egg, it would appear the days of the piggy bank or shoebox of cash buried in a hole in the ground have passed. This leaves a seemingly obvious question; what is the best way to save money?

UNA has lobbied a platform to help its members address this question in Article 29.05 of the UNA Provincial Collective Agreement, also known by Alberta Health Services (AHS) as the Group Savings Plan (<https://una.ab.ca/898/una-reminds-members-to-claim-their-2-percent-rrsp-or-tfsa-supplement>). Very simply, for every dollar a UNA member saves, AHS will match that dollar one-for-one tax free to a total of 2% of their gross income. Depending on their step on the salary scale, a bedside nurse with a degree can earn an extra \$57.55 - \$74.90 per pay cheque. It's free money!

To enroll, follow these steps:

1. Call Manulife (1-800-242-1704, Extension 304000), state your desire to join the AHS Group Saving Plan (reference **policy # 102007**), and request your User ID and PIN. The User ID and PIN will arrive by registered mail to your home address within 10 business days.
2. Go to <https://viproom.manulife.com/portal/open/loginPwd.do> and login with your new User ID and PIN and follow the steps to complete your enrolment online.

For those preferring to skip the phone call, simply print, complete and email, fax or mail the enrolment form to Manulife (contact information below).

RRSP Form: [http://events.snwebcastcenter.com/manulife/GBRS/Prod/ClientPortal/AlbertaHealthServices/resources/INS4744\\_AHS\\_RRSP\\_Enrolment\\_Guide\\_Ev5.pdf](http://events.snwebcastcenter.com/manulife/GBRS/Prod/ClientPortal/AlbertaHealthServices/resources/INS4744_AHS_RRSP_Enrolment_Guide_Ev5.pdf)

TFSA Form: [http://events.snwebcastcenter.com/manulife/GBRS/Prod/ClientPortal/AlbertaHealthServices/resources/INS4744\\_AHS\\_TFSA\\_Brochurev5.pdf](http://events.snwebcastcenter.com/manulife/GBRS/Prod/ClientPortal/AlbertaHealthServices/resources/INS4744_AHS_TFSA_Brochurev5.pdf)

Other important information is as follows:

Payroll contributions can be to either an RRSP or a TFSA, **but not both**.

Contributions can be switched from an RRSP to a TFSA (or vice versa) once a year on April 1st. Note that the Employer match will switch too. This year the allotted time to switch contributions will be from **March 25, 2019 to April 7, 2019**.

Once enrolled, changes to plans can be made through the “VIP Room” online (link above) or by faxing the appropriate forms which can be found at, <http://events.snwebcastcenter.com/manulife/GBRS/Prod/ClientPortal/AlbertaHealthServices/forms.shtml>.

AHS has met their obligation under Article 29.06 by recently providing an annual reminder via email to enroll in the Group Savings Plan. For more information visit, <http://events.snwebcastcenter.com/manulife/GBRS/Prod/ClientPortal/AlbertaHealthServices/> or contact Manulife directly at:

Manulife Group Savings & Retirement  
PO Box 11464,  
succ. Centre-ville,  
Montreal, QC H3C 5M3  
Phone: 1-800-242-1704, Ext. 304000  
Fax: 514-499-4480

In Solidarity,

*Sheldon Vogt*

Local 115, Executive Secretary  
United Nurses of Alberta





# Alberta Seniors Deserve Better

Alberta Seniors Deserve Better is a campaign by Public Interest Alberta and Friends of Medicare.

In this election, we need to talk about how our loved ones will be cared for.



**Public Interest Alberta teamed up with Friends of Medicare to produce a series of four videos to kick off the campaign Alberta Seniors Deserve Better in advance of the 2019 provincial election.**

The campaign, with ads directed and written by **Abdul Maik**, highlights the issues facing seniors in the continuing care system, and encourages Albertans to sign a petition to call on all of Alberta's political parties to make strengthening seniors' care a top priority in the 2019 provincial election.

The campaign tackles four main issue areas facing Alberta's seniors in the current continuing care system: high out-of-pocket costs shouldered by seniors and their families for essentials like medications and personal items, the complexity of the referral system that makes accessing care confusing and difficult, the lack of legislation to mandate staff-to-patient ratios in seniors' care, and finally, the profit motivation that comes with corporations providing much of our seniors' care.

Alberta's seniors have worked hard their entire lives to contribute to our province and deserve to live in dignity with high quality care. "This should be an election issue," said Carol Wodak, a senior and member of the Public Interest Alberta Seniors' Task Force at the March 5 video premiere. She added, "Caring for our vulnerable seniors now, caring for ourselves when we reach that point, ought to be a priority. Much more than saving any money, which in fact doesn't save us money in the end."

Join us in calling on all of Alberta's political parties to make strengthening seniors' care a top priority in the 2019 provincial election. All parties must prioritize the public services that are so important to the health and well-being of Albertans — especially our seniors. Alberta seniors deserve better.

**Learn More and Take Action at [ABSeniors.ca](http://ABSeniors.ca)**





## About us

For forty years, the Canadian Health Coalition (CHC) has been working to protect and improve public health care in Canada. We are a coalition of health care workers, seniors, unions, community organizations, faith-based organizations and academics, as well as affiliated coalitions in the provinces and one territory.

## Our campaigns

### PRO-PUBLIC HEALTH CARE

- Patients must always come before profits. Health care must remain public and accessible to all.
- The federal government must enforce the *Canada Health Act*.
- Blood and plasma donations across the country should always be voluntary.
- The CHC is educating the public about the Cambie case in British Columbia, which is threatening our public health care system.

### UNIVERSAL PUBLIC PHARMACARE

- Canada is the only country in the world with universal public health care that doesn't include prescription medications.
- 1 in 10 Canadians can't afford their medications.
- We need a pharmacare program that is public and universal, providing everyone with the medications they need.
- Universal public pharmacare could save the federal government up to \$11 billion per year.

### NATIONAL SENIORS CARE STRATEGY

- All seniors should have access to high-quality public home care, long-term care and palliative care.
- Public services and facilities provide higher quality care than private, for-profit services and facilities.
- Canada needs a national seniors care strategy to ensure consistent funding, standards of care and staffing levels across the country.
- We also need a human resources strategy to guarantee a skilled workforce and decent working conditions for care workers.





# 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)*

# Vacation approval delayed or pending?

At most UNA sites, the Employer must inform the Employee of approval or denial of her requests on the vacation planner by April 30.

If there is a delay in the approval beyond the deadline, or if the Employer says it is pending, the Employee should consider her vacation denied and initiate a grievance immediately.

If an Employee believes vacation time has been inappropriately assigned, she may also seek to file a grievance.

For example, if an Employee has applied for a week block vacation and the Employer approves Monday and Tuesday, but not Wednesday, and approves Thursday and Saturday, but not Friday, that is effectively a denial of her vacation. The Employee should grieve this type of denial.

**The grievances should be filed within 10 days (excluding weekends and named holidays) of April 30 or from the day you were informed of vacation decisions, whichever is earlier.**

The UNA Provincial Collective Agreement does not provide for a standing, or pending vacation request. If circumstances change such that a previously denied vacation period becomes available, the Employee will need to submit a new vacation request for consideration.



**United Nurses of Alberta**



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

**Local 115 Meetings: April 10th, May 8th & June 12th.** All meetings will be held at Foothills Medical Centre from 1600 – 1800. April’s meeting will be held in room AGW2 and all others will be in room AGW 4A-B. 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 Calgary and District Labour Council Labour Appreciation Awards: April 30th.** The CDLC works with community partners to maintain and strengthen health care, public education, and to protect social programs. This is a night to honour Labour’s contribution to the community. Proceeds go to the United Way. More information can be found at <http://www.thecdcl.ca/>.

**Alberta Federation of Labour Convention: May 2nd – 5th, Calgary, 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 related 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. The 51st Constitutional Convention is delegated, and all delegates must register through their unions. This year’s title is Next Alberta: Choosing Our Future. See [https://www.afl.org/convention2019\\_old](https://www.afl.org/convention2019_old) for more information.

**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>.

**Know Your Rights Workshop: 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).

**Dealing with Abuse Workshop: September 25th.** 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).

**South Central District Meetings: 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.

**Keep an eye out for our summer publication for more.**

Please  
Post



***United Nurses of Alberta***



**LOCAL 115**

**UNA**

## **Notice of Monthly Meetings**

April 10th, 2019

16:00 – 18:00

Foothills Medical Center Room AGW2

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)



@UNALocal115

