LOCAL 115 UNA

NEWSLETTER

Winter 2019

United Nurses of Alberta

UNA.net & Members
Page 2

A Moment with the Secretary
Page 3

CHC: Fund it Fairly
Pages 4 & 17

CHC: Keep it Public
Pages 5 & 38

Spotlights
Pages 6 & 41

4 Week Schedule for Casual Employees
Page 7

Wear White Wednesday
Page 8

Parkland: Scrutinizing Alberta's Public Sector
Page 9

A Moment with the PRC Committee
Page 10

PRC Process
Page 11

Workers' Resource Centre
Page 12

Kenny's Cuts
Page 13

Letter to David Harrigan
Page 14

CHC: Expand it
Pages 16 & 39

Parkland: Political Challenges and Digital Frontiers
Page 18

AFL Winter School
Page 19

Talk to Us
Page 20

How Safe is Your Workplace?
Page 21

OHS Alert (HIAC)
Page 23

Two Letters That Make a Difference
Page 24

Membership Spotlight
Page 25

CDLC: 2020 Workshops
Page 28

CDLC: Letter Writing
Page 29

Joint Statements (Dispute Resolution)
Page 30

CFNU: Take 20 Minutes
Page 34

Parkland: Alberta's Coal Phase-Out
Page 35

What's at Risk in the B.C. Supreme Court Hearing on Health Care?
Page 36

PIA: Low Wage Facts
Page 40

Christmas Crossword
Page 42

Upcoming Events
Page 43

AGM & Local Meeting Notification
Page 44

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

Provincial Office
700-11150 Jasper Avenue NW
Edmonton, AB T5K 0C7
Ph: (780) 425-1025
Toll Free: 1-800-252-9394
Fax: (780) 426-2093
http://www.una.ab.ca
nurses@una.ab.ca

Local 115 Executive

President: Kevin Champagne
Vice-President: Wayne Stopa
Secretary: Sheldon Vogt
Treasurer: Wanda Deadman

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, Rebecca Brown, Arielle Hebert, Logan Rutter, Sandra Verones
PRC Committee: Local 115 Executive, Laura Ashburn, Simone Foster, Mandy Hart, Coralyn Opacic, Cyrena Quinn, LiLien Tong

Published by the United Nurses of Alberta Local 115 four times a year for our members

Editors

Local 115 Executive & Communications Committee

Local 115 Executive Team

A Moment with the Secretary

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

'Tis' the season. Holiday parties lurk around every corner, waist-busting treats litter the nursing stations, carols pierce the airwaves, eggnog stains upper lips, the ugliest of sweaters emerge from the deepest of closet corners, and mistletoe surfaces eliciting hormonal upheaval in even the most experienced holiday-goers. The push leading up to and through the holiday season has us hurtling through time and space, frantically working to balance all that is our Christmas with the schedules of work, family, and friends, with a little elf watching and reporting our every move.

At the present time it can be hard to ignore what seems like an overwhelming amount of negativity when it comes to Alberta's political climate and the impacts of legislative decisions to public services. For the sake of one's sanity, this time and page will be used to spread festive cheer and leave the political debate to the bureaucrats.

This year I share Christmas with my 18-month old daughter Rosemary, my 7-year old son Jackson, and my wife Caroline. Our to-do list has been exhaustive but we're committed to seeing it through. Holiday music, Christmas cards, and baking are mainstays with a visit to the mall for the ever-important Santa's Workshop and the Enchanted Forest at the very top of the list. I'm genuinely excited to see the reaction my daughter has to the jolly man with a beard and bright red suit. She wasn't keen on Harvey the Hound at the Flame's game and I suspect she'll give Santa a piece of her mind. I have yet to hang the Christmas lights and, if I'm being honest, I wouldn't be at all upset if it was something I ended up not having to do, however, I fully anticipate by the time Christmas has come and gone, our house will brighten the quiet snow-filled nights to come.

A couple of nights ago my son and I were watching Charles Dickens' A Christmas Carol. There have been many renditions of the story but none quite as good at capturing the heart of a 7-year old as the Muppet's version. I was taken by surprise at the emotional reaction I had at the relationship between Kermit the Frog and his son Tiny Tim, particularly when the Ghost of Christmas Future shows Scrooge what becomes of Tim should Scrooge not change his ways. I've found myself thinking about the scene where Kermit is describing the gravesite chosen for Tim and how his family is commenting on how quiet his walks home have become. Heart-wrenching stuff from a puppet's portrayal of masterful storytelling.

The transformation of Scrooge may be considered miraculous and while the story ends happily with Tim, his family, the community, and Scrooge eating merrily together, I haven't been able to shake the thought that not all real Christmas stories have the happiest of endings. It's entirely possible that this thought is perpetuated by past nursing experience of tragedy around this time of year. The world doesn't stop on Christmas Day and neither do nurses. For all of our members especially those of you working this holiday season, sacrificing family time, and touching the lives of the most vulnerable on a day that may mean something entirely different for them than it does for you, the Local 115 Executive would like to take this moment to extend our utmost gratitude, thanks, and love for the small miracles you create this holiday season.

Merry Christmas & Happy New Year

Sheldon Vogt

Executive Secretary Local 115
United Nurses of Alberta

LOCAL 115 UNA

PUBLIC HEALTH CARE
WE'VE GOT THIS!

FUND IT FAIRLY

Public health care costs increase annually based on several factors including inflation, the aging population and new technologies. Health care funding in Canada hasn't been keeping pace with these changes. For far too long, our hospitals have been underfunded.

- Between 2010 and 2014, health spending per capita in Canada decreased by an average of 0.2% per year.
- Since 2014, health spending per capita has increased by an average of 1.7% per year. This isn't enough to meet the rising costs of health care.
- These costs are expected to rise by 4% on average across the country this year.
- When public health care was established in Canada in the 1960s, the federal government contributed 50% of the costs.
- The federal share of health funding has decreased dramatically over the years. Currently the federal government is only covering 22% of health care.
- Based on bilateral agreements signed with the provinces in 2017, the federal share of health care funding is only guaranteed to increase by a minimum of 3% per year.
- The federal share is expected to decline again as provincial health care costs rise.

Federal leadership is needed to ensure adequate funding and conformity with the principles of the Canada Health Act.

#WeGotThis #TakeAction

healthcoalition.ca Canadian Health Coalition @healthcoalition

PUBLIC HEALTH CARE
WE'VE GOT THIS!

KEEP IT PUBLIC

Five important principles form the foundation of our public health care system. These principles are laid out in the Canada Health Act. They work together to ensure that health care is delivered based on people's needs and not on their ability to pay.

Universality: All Canadians and permanent residents are covered equally under the same conditions for all publicly insured health services.

Acccessibility: All Canadians and permanent residents must have equal access to all medically necessary services without having to pay user fees.

Comprehensiveness: Insured health services must include all medically necessary procedures to prevent and diagnose illnesses and maintain health.

Public Administration: The health care system is managed by a not-for-profit public authority. This ensures that it is accountable to the public.

Portability: While each province has its own health care system, all Canadians and permanent residents are covered when travelling in another province.

All provinces must respect these principles in order to qualify for federal funding.

#WeGotThis #TakeAction

healthcoalition.ca Canadian Health Coalition @healthcoalition

Casual Employees eligible for overtime when they work in excess 147.25 hours in a four week period

The UNA Provincial Collective Agreement makes provision for payment at overtime rates for Employees working casual who work more than full-time hours.

Article 30.03 of the UNA Provincial Collective Agreement states:

(a) (v) A Casual Employee shall be entitled to overtime worked in excess of 147.25 hours averaged over a four (4) week period starting October 6, 2014.(with a starting point established as the first day of the first pay period following 90 days from the date of ratification of this Collective Agreement).

If an Employee works more than full-time hours over a four-week period (147.25 hours), then those extra hours must be paid at the overtime rate of 2X the basic rate of pay.

The beginning of the four-week period will vary depending on when the Employer's pay period starts.

For casual Employees whose home site is Alberta Hospital Edmonton, the University of Alberta Hospital or who are covered by the Mental Health Clinics Addendum, overtime over the four-week period commences after 155 hours.

UNA
United Nurses of Alberta

Provincial Office: 780-425-1025 or 1-800-252-9394 • **Southern Alberta Regional Office:** 403-237-2377 or 1-800-661-1802 • **www.una.ca**

4 Week Shift Cycle for Casual Employees

Overtime is paid once 147.25 hours have been worked

2019	
Mon 2019-01-21	Sun 2019-02-17
Mon 2019-02-18	Sun 2019-03-17
Mon 2019-03-18	Sun 2019-04-14
Mon 2019-04-15	Sun 2019-05-12
Mon 2019-05-13	Sun 2019-06-09
Mon 2019-06-10	Sun 2019-07-07
Mon 2019-07-08	Sun 2019-08-04
Mon 2019-08-05	Sun 2019-09-01
Mon 2019-09-02	Sun 2019-09-29
Mon 2019-09-30	Sun 2019-10-27
Mon 2019-10-28	Sun 2019-11-24
Mon 2019-11-25	Sun 2019-12-22
Mon 2019-12-23	Sun 2020-01-19

2020	
Mon 2020-01-20	Sun 2020-02-16
Mon 2020-02-17	Sun 2020-03-15
Mon 2020-03-16	Sun 2020-04-12
Mon 2020-04-13	Sun 2020-05-10
Mon 2020-05-11	Sun 2020-06-07
Mon 2020-06-08	Sun 2020-07-05
Mon 2020-07-06	Sun 2020-08-02
Mon 2020-08-03	Sun 2020-08-30
Mon 2020-08-31	Sun 2020-09-27
Mon 2020-09-28	Sun 2020-10-25
Mon 2020-10-26	Sun 2020-11-22
Mon 2020-11-23	Sun 2020-12-20
Mon 2020-12-21	Sun 2021-01-17

2021	
Mon 2021-01-18	Sun 2021-02-14
Mon 2021-02-15	Sun 2021-03-14
Mon 2021-03-15	Sun 2021-04-11
Mon 2021-04-12	Sun 2021-05-09
Mon 2021-05-10	Sun 2021-06-06
Mon 2021-06-07	Sun 2021-07-04
Mon 2021-07-05	Sun 2021-08-01
Mon 2021-08-02	Sun 2021-08-29
Mon 2021-08-30	Sun 2021-09-26
Mon 2021-09-27	Sun 2021-10-24
Mon 2021-10-25	Sun 2021-11-21
Mon 2021-11-22	Sun 2021-12-19
Mon 2021-12-20	Sun 2022-01-16

Article 30.03(C)(v) - A Casual Employeee shall be entritled to overtime worked in excess of 147.25 hours averaged over a four (4) week period starting October 6, 2014.


S M T W T F S
OUR profession OUR jobs
wear white Wednesdays
United Nurses of Alberta
RN
RPN
RN

SCRUTINIZING ALBERTA'S PUBLIC SECTOR

How Its Size and Compensation Compare to Other Jurisdictions

Richard E. Mueller

A Moment with the PRC Committee

By Simone Foster,
Local 115 PRC Committee,
United Nurses of Alberta

My name is Simone Foster and I am a proud Registered Nurse working at Foothills Medical Centre. I am also a member of the UNA Local 115 PRC Committee. Some of you may have heard my voice in a voicemail, spoken to me personally, received an email (or IP to IP) from me, or passed me in the hallway (most likely wearing all black scrubs and with a left tattoo sleeve). If you do see me, don't hesitate to ask me questions about PRCs, the PRC process, about getting involved in the union, or just to say Hi!

My nursing career began after I graduated in 2016 and I began working at FMC in 2018. I was getting my bearings and learning to navigate a new role while balancing a casual position in Psychiatry at RGH; a position I still hold to this day. As I was introduced to the Collective Agreement and learned more about the history of various unions in Canada, my interest peaked, and I reached out to the Provincial Branch of UNA to learn how to get involved. I was directed to the Executive Secretary of Local 115 and shortly after, became my Unit's Ward Representative before getting elected to serve on Local 115's PRC Committee.

Since sitting on the PRC Committee, I have heard some common myths around PRCs that I would like to address. First, while the PRC process is a negotiated provision of the UNA Collective Agreement, other health care workers may also file a PRC. To assist with the investigative process, we ask that they have an RN sign their name to the completed PRC. Second, PRCs may be filed as a group or as an individual. Our advocacy is built upon the foundation of the voices shared in each PRC and a strong collective voice is paramount to achieving appropriate resolution. Third, while PRCs can be completed anonymously, it is best practice to use your voice and inform the manager of the issue prior to submitting the PRC. Without knowledge of the issue prior to filing the PRC, management is unable to take immediate steps to seek resolution. Also, your PRC will be addressed during our PRC Council meetings in collaboration with management. Managers need to know who completed the PRC so they may offer extra support, gather/clarify information, implement resolution strategies, and assess outcomes. And who better to involve in the resolution of a PRC than the front-line worker whose testimony and experience helped identify the issue? Who can better attest to whether or not the solution is indeed working? Under the rare circumstance that a submitter wishes to remain anonymous, this should be communicated to the PRC Committee member who is investigating your PRC as the name of the submitter will be included on the final submission to the manager unless directed otherwise. Finally, filing PRC's is not only your right, but your professional responsibility under the Health Professions Act. Nurses can feel both very brave and vulnerable to speak up when concerned. If for some reason, you are not comfortable with any component of the PRC process, I encourage you to reach out to your Local. As a member of the committee I am passionate about ensuring that your concerns are addressed. Solving PRCs can improve unit morale, patient care, worker satisfaction, and worker retention, a mission shared collectively by UNA and AHS.

I see the PRC process as a way of empowering nurses to voice concerns about situations that impact the care of their patients. Filing PRCs is a noble task and one that requires dedication and resiliency. We love what we do, we love our patients and we want to be able to come back and do it every day with safety and optimal patient care at the forefront. I strongly encourage you to file PRCs where warranted and encourage your colleagues to do the same. If by chance I am assigned your PRC, I look forward to chatting with you about your concern. Otherwise, catch me at FMC teammates!

Always in solidarity,

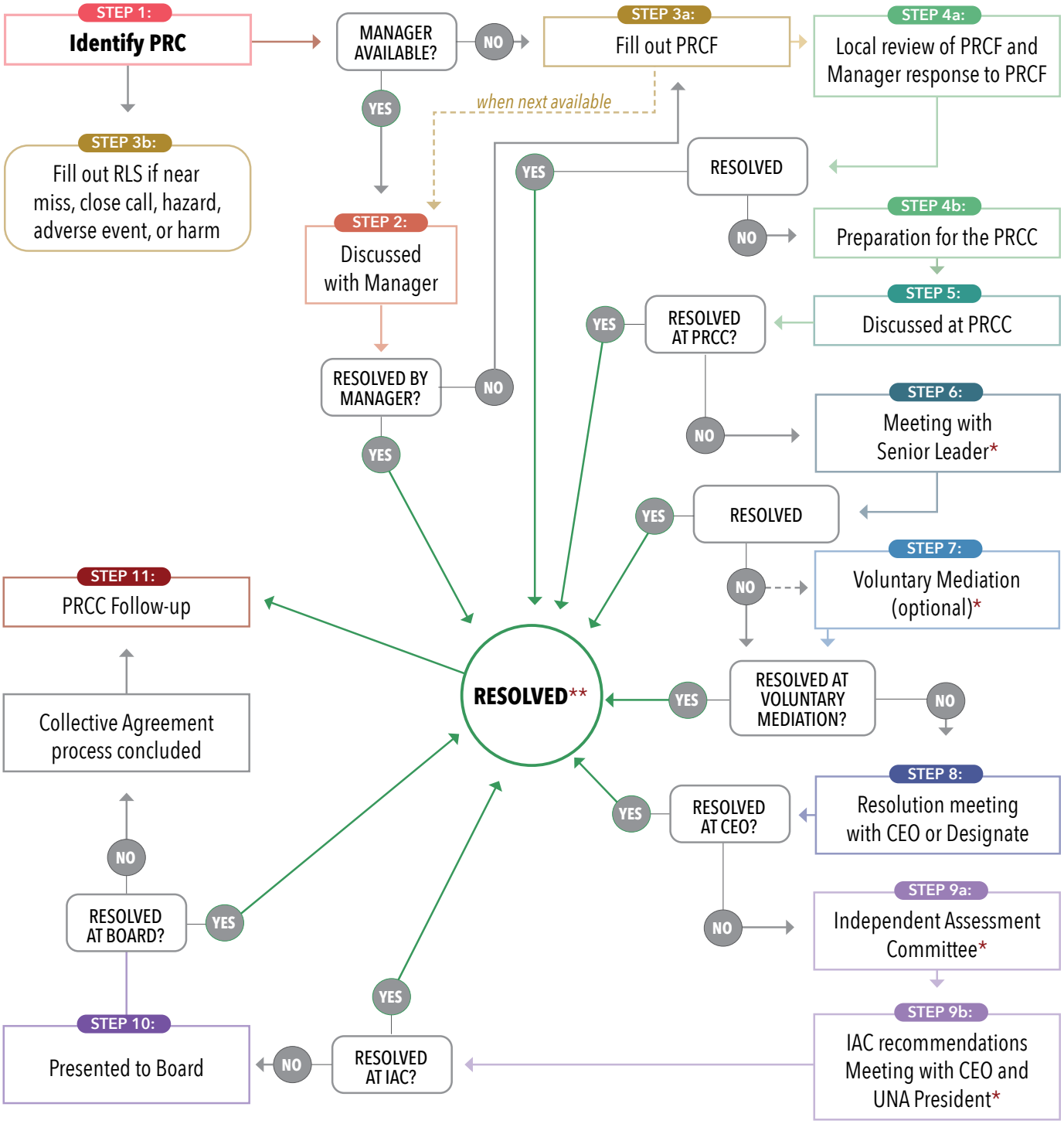
Simone Foster

Local 115 PRC Committee
United Nurses of Alberta

LOCAL 115 UNA

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.

UNA United Nurses of Alberta

Alberta Health Services

THE WRC IS MOVING JANUARY 20, 2020

WRC

440, 999 8 St SW
Calgary, AB
T2R 1J5

The WRC will be moving to our new location in downtown Calgary on January 20, 2020.

All other contact information will remain the same.

For more information, please call us at:
1 (844) 435-7972
1 (403) 264-8100

We look forward to serving you in our new home!

www.helpwrc.org

Alberta Federation of Labour

Alberta Health Services

November 29, 2019

Mr. David Harrigan
Director of Labour Relations
United Nurses of Alberta
700, 11150 Jasper Avenue NW
EDMONTON, AB T5K 0L1

Dear David:

In advance of 2020 collective bargaining commencing, we wish to provide information on a number of initiatives that could impact the AHS workforce and specifically the Direct Nursing bargaining unit.

While our budget has remained stable, Alberta's growing and aging population means we need to be more efficient and focused in terms of healthcare spending. This places increased demand on our healthcare services and it means we have to do things differently in order to provide safe, effective and high quality care for Albertans.

The following initiatives are opportunities AHS has identified to address savings and efficiencies in the health care system, and/or changes in services to better serve patients and families.

In Progress – Operational Best Practice (OBP):
AHS will proceed using an "attrition-only" approach until March 31, 2020. Beginning April 1, 2020, AHS will use all options under the collective agreement to implement OBP. Total FTE impact over the next 3 years is estimated to be 500. As the work progresses, the impact may change and AHS will relay any impact changes if, and once, they become known.

As you may recall, AHS is commencing work in the remaining sites where OBP has not commenced. As we are in the early stages of this work we do not know the extent of any potential impacts to the workforce at this time. As the OBP work progresses we will update you.

Potential Contracting Out Initiatives That May be Considered in the Future:
Home care services including nursing, palliative and pediatric. This would impact approximately 60 FTE.

If further contracting out initiatives are to be considered in the future, we will advise as required.

Other Initiatives under Consideration:
As these are under consideration only at this time, specific details are not available. As plans are developed, more specific details including potential sites and workforce impacts will be shared when that information is available:

- Reconfiguring services provided at some smaller sites. There are no specific plans at this time. This work may commence in 2020.

Labour Relations
Suite 900, 9925-109 ST NW, Edmonton AB T5K 2J8 Fax: 780-424-4309
www.albertahealthservices.ca

- Close acute beds as continuing care beds open. There are no specific plans at this time. This work may commence in 2020.
- Reduce clinic visits in all Zones by targeting those that could move to non-hospital facilities. This work may commence in 2020.

Potential Options under Consideration in the Future:
AHS will continue to consider all options available to meet our organizational needs including changes to staff mix, service redesign including changes and repurposing of sites, relocating services, reducing or ceasing the provision of services. As these are under consideration for the future only at this time, specific details are not available. As plans are developed, more specific details including potential sites and workforce impacts will be shared when that information is available.

AHS Review:
Ernst & Young has been contracted by the Government of Alberta to conduct a comprehensive review of all AHS, AHS Subsidiaries and Alberta Health operations from back office functions to the frontline. This work is expected to be completed in December 2019 and recommendations presented to the Government of Alberta shortly thereafter. There is the potential a number of initiatives may come from the recommendations to Government that AHS will have to review and/or implement. More detail will be coming to AHS in the coming months. Plans will be disclosed as soon as possible.

Business as Usual Initiatives:
It is also anticipated there will be other initiatives arising out of the identification of savings and efficiencies as part of AHS' business as usual management and review of its operations, although such initiatives are not fully understood or assessed at this time. Initiatives may vary in magnitude and level of impact to the workforce. Initiatives will be disclosed as required and in accordance with AHS' collective agreement obligations.

Sincerely,

Raelene Fitz

Raelene Fitz
Lead Negotiator
Alberta Health Services

PUBLIC HEALTH CARE
WE'VE GOT THIS!

EXPAND IT

INCLUDE PHARMACARE

Canada is the only country in the world with universal health care that doesn't cover prescription medication. Currently, one in four households in Canada can't afford their medication. One million Canadians are having to choose between putting food on the table and buying their medication. Our public health care system should be expanded to include prescription medication so that everyone can access the medication they need.

- Although the majority of Canadians have drug coverage through their employers, they often face expensive co-pays and deductibles. Some plans also have monthly or yearly maximum claim amounts.
- People with work-based drug plans risk losing their coverage if they change or lose their job or they retire.
- Many Canadians have no drug coverage at all, which means they have to cover 100% of the costs of their medication.
- Approximately 20% of Canadians have inadequate drug coverage.
- Certain groups such as low-income workers, young workers and women are less likely to have adequate drug coverage.
- Over 1.5 million Canadians don't fill their prescriptions or skip doses of their medication due to costs.
- When people skip their medication, they end up getting sicker. This results in more than 300 000 extra doctors visits per year and up to 670 premature deaths.

#WeGotThis #TakeAction

healthcoalition.ca Canadian Health Coalition @healthcoalition

PUBLIC HEALTH CARE
WE'VE GOT THIS!

FUND IT FAIRLY

SUSTAINABILITY

In 2003, when Roy Romanow presented his report on the Future of Health Care in Canada, he said that our health care system "is as sustainable as we want it to be". At the time, many politicians and commentators were decrying the high cost of health care to the public coffers. Sixteen years later, fiscal conservatives and privatizers alike continue to warn about the rising cost of health care with the mantra "it is unsustainable". But the costs of health care are rarely presented within the full economic context.

In 2017, public health care expenditures in Canada represented 10.4% of GDP. In comparison, in the U.S. health care represented 17.2% of GDP.

But this doesn't capture the economic value that results from health spending. This spending creates employment, research and development, the manufacture of health care supplies and infrastructure, and improved population health.

As health budgets are constrained, the public health care system struggles to deliver. This leads some to call for the introduction of private, for-profit health care. In fact, health care systems that combine public and private funding have higher administrative costs. For example, in the U.S. hospital administrative costs account for 25% of budgets. This is twice as much as we spend in Canada.

Universal public health care is sustainable. Like Row Romanow said, it's as sustainable as we want it to be!

#WeGotThis #TakeAction

POLITICAL CHALLENGES AND DIGITAL FRONTIERS

Reproductive Health and Services in Southern Alberta

PARKLAND INSTITUTE

Carol Williams, Katelyn Mitchell & Carly Giles

68 YEARS OF LABOUR EDUCATION

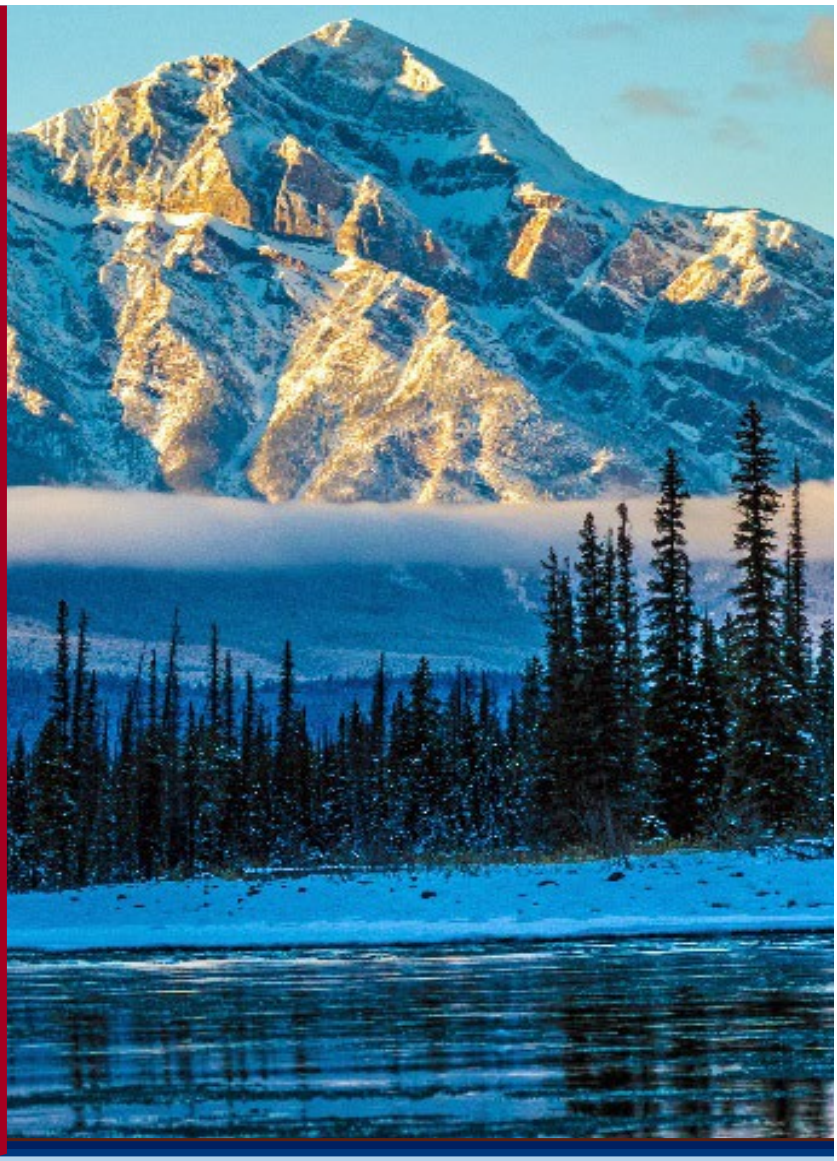
2020 AFL/CLC WINTER SCHOOL

JANUARY 12 – 17, 2020

THE FAIRMONT JASPER PARK LODGE

Register Online:

www.afl.org



REGISTRATION DEADLINE: NOVEMBER 29, 2019

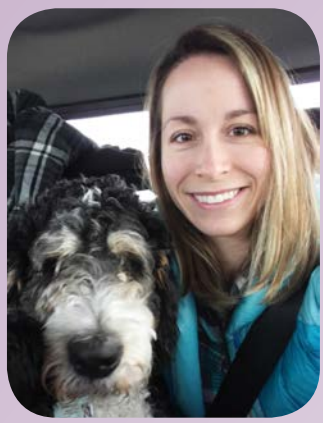
- A Path to Reconciliation
- Advanced Steward Training
- Collective Bargaining
- Communications
- Facing Management Effectively
- Labour Community Advocate
- Labour History
- Labour Law I
- Member Engagement
- Mental Health in the Workplace
- Occupational Health and Safety
- Workers Compensation Essentials

Alberta Federation of Labour

Canadian Labour Congress
Congrès du travail du Canada

How Safe is Your Workplace: A Reproductive Risk Story

By Rebecca Brown & Arielle Hebert,
Local 115 OH&S Committee,
United Nurses of Alberta



An Occupational Health and Safety (OHS) concern can take many forms: slips, trips, falls, violence, hazardous exposures, injuries, psychological harm and so on. The list is pretty extensive. When you suffer harm at work it is imperative that you report it for your sake, for the sake of your colleagues, and for the safety of future workers in the workplace. So, what happens when you discover an OHS concern? The following is based on a real case and is used with permission, although names have been changed.

Sarah discovered that a medication that was being mixed on her unit carried a reproductive risk. She brought the issue up with her manager as there were staff on the unit who had experienced some problems that could be related to that medication. She also filed a WCB report. Sarah and the staff were told mixing the medication was a minor risk and that everything was fine as long as they wore gloves to mix the medication. At that time Sarah didn't file an OHS concern because she felt the issue had been resolved.

Fast forward two years. Sarah found out that the information they had been given was not correct. The medication was a serious reproductive risk and all other AHS sites had the medication mixed in a pharmacy under the bio hood; a process used for high risk medications. At that point Sarah alerted the UNA who directed her concern to the OHS committee. Sarah was assigned a committee member who contacted her to discuss the concern. She was able to provide all the information in a timely fashion and the committee member was able to quickly file the UNA OHS form online. This form gets sent to the Local and the main OHS office at UNA headquarters in Edmonton. As this was a very serious concern, the provincial OHS team were there to assist the committee in this investigation. The committee member also contacted Sarah's manager to discuss the concern and to start working on how to resolve the issue quickly. As the problem involved a medication, the manager of pharmacy was also contacted for their input.

The concern was discussed at the next OHS Local meeting and, once all the information was collated, put forward to the Joint Workplace Health and Safety Committee (which meets every month to discuss and try to rectify all OHS concerns across the site.) This case was resolved by the pharmacy agreeing to mix the medication under the bio hood as was the practice across all other sites at AHS.

Any of the nurses on the unit who are of reproductive age also have to don appropriate Personal Protective Equipment (PPE) when spiking the medication and when removing a patient's IV. The medication is now listed in the unit Hazard Identification Assessment and Control (HIAC) document and labelled as a reproductive risk. Thanks to Sarah's vigilance in reporting and the work of the OHS committee, the staff can now administer this medication in a safe manner.

Did you know that every workplace in AHS has a HIAC folder which details all the known and potential hazards in the area and has a framework for how they are supposed to be dealt with? The HIAC is a working document and should be updated after every OHS concern. One of the questions we will ask if you report a concern to the OHS Committee is if there is a framework for the OHS concern you have in the HIAC, and if so, was the correct procedure followed? Take some time and locate your HIAC folder and see what it contains. Check for when it was last updated and see if it should be revised. Anyone working in the area has the authority to make notes in the HIAC regarding OHS.

If you need to contact the Union to discuss an OHS concern you can:

- Go to **UNA.ab.ca** and click on the OHS icon on the main page
- Go on the UNA app and click on the "report a concern" on the upper right hand side
- Pick-up the phone and call Local 115 directly on 403-670-9960

The OHS committee has been successful in resolving many issues over the years. Of course sometimes things have to go further, but your Local will always have someone there to support you.

As per the current *Alberta Occupational Health and Safety Act* remember your three basic rights:

- Right to **know** what hazards and dangers you may encounter and need to be trained on

- Right to **participate** in the process of identifying and controlling hazards
- Right to **refuse** unsafe work with full protection from reprisal

As Registered Nurses we also have an obligation under this act to report to the Employer or your supervisor anything unsafe or harmful in our workplace.

In the New Year members of your Local 115 OHS committee will be coming around FMC with a coffee cart to introduce ourselves and answer questions you may have about what we do. Look out for us and stop for a chat.

Your safety matters!

LOCAL 115 UNA

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

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 considered a workplace hazard.

The assessment must be through 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 it's outward sighs (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.

OH&S

ALERTS

United Nurses of Alberta

Member Spotlight: Tony Huynh

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

Born and raised in Calgary to Vietnamese immigrants, Tony Huynh is a Registered Nurse perpetuating his family's hard-working culture in casual positions on Unit 47 at FMC and at Agape Hospice. He exudes gratitude and tranquility while wielding dizzying positivity that touches the hearts of patients throughout their journey. A strong and humble foundation and a genuine love of people is arguably no more apparent than in his continued work as a Nursing Attendant in the CVICU at FMC. Diversity, individuality and serenity are traits woven throughout his character and used to balance the busyness of life in the city. When not at work Tony can be found participating in any number of adventures including the pursuit of self-mastery and divine spirituality through the Benedictine congregation.

Q: Tell me about your family…

A: My family is the Chinese ex-patriot community from Vietnam. My family came over from Vietnam as new immigrants and refugees during the Vietnam war. This was at a the height of communism after French colonial rule fell. My mom and dad were lucky in that they were able to come directly from Vietnam. Other family members weren't so. My aunt had to flee Vietnam and ended up in a refugee camp in Hong Kong for 2-3 years until my mom was able to sponsor her over here.

Q: What kind of work did your parents do in Vietnam and upon arrival in Canada?

A: My parents lived in the urban area of Ho Chi Minh city in the south of the country. My dad was a very hard-working man. His family would go out and collect bits of rubber and plastic and manufacture shoes from it. My mom was a nurse in Vietnam but didn't pursue nursing in Canada. It was hard at that time and there were components of her education that would not have been recognized in Canada. Their priority was putting food on the table. In Canada, mom did a lot of factory work as was very common and still common now among new immigrants. She was an experienced seamstress and worked sewing leather covers for cars. Dad works in a hotel downtown washing dishes.

Q: What led to your interest to pursue nursing?

A: I started studying invertebrate zoology. I never thought of nursing until 3rd or 4th year into my zoology degree. Something just didn't feel right. Looking back I think at that time I yearned for a profession that allowed me to be of service in a different way. That's what really drew me to nursing; the human aspect.

Q: Where did you go to school?

A: I applied to the University of Calgary Bachelor of Nursing transfer program. It was a two year accelerated program. At that time the program had two streams; one for degree holders and the other for non-degree holders. The difference between the two were simply the requirements (amount of credits, GPA etc). There was no real difference in the education. I began in 2012 and graduated in 2014.

continued on next page...

Member Spotlight: Tony Huynh

...continued from previous page

Q: Where was your first job?

A: I started working as an Nursing Attendant (NA) the same year I applied to the nursing program. My first job as an NA was on Unit 94 at FMC, the Cardiovascular Intensive Care Unit, and I still work there as an NA today.

Q: Why the continued work as an NA?

A: It provides some variety and I love the team in the CVICU. I'm just not ready to let go of it quite yet. In part I think there's always this sense that you're not really ready. That's the sense at least for me. I enjoy the work I do as an NA. Also, I'm curious about exploring other clinical areas.

Q: Where was your first RN job?

A: At Agape hospice. I had selected Agape for my final focus and got a job there after graduation and my return from England.

Q: What led to the interest in palliative care?

A: I knew I always wanted to explore end-of-life and palliative care. At times I've felt like end-of-life and palliative care has been underemphasized. It's a very important aspect in someone's life. As a labour and delivery nurse eases the transition of life into this world, so we in palliative care ease the transition of life into the next world.

Q: What was of interest in England?

A: A monastery. I went to the Isle of Wight which is a tiny island off of the coast of Portsmouth. There's a Benedictine monastery there inhabited by 9 monks.

Q: Why England? Why a monastery?

A: I had always wanted to travel somewhere after graduation, but I didn't want to travel just for the sake of travelling. I was perusing through Chapters one day and came across and stack of books. One caught my eye called, "And Then They Were Nuns: Adventures in a Cloistered Life" by Canadian Author Jane Christmas. The premise of the book was about her exploring her journey of whether she was "nun material" or not. One of the places she visited was Quarr Abbey on the Isle of Wight. After reading the book, I couldn't stop thinking about Quarr Abbey.

I looked up their website and saw they were offering internships for young people. I got in touch with the intern master, applied, and did an interview over the phone with him and the head of the monastery called the Abbot. Two weeks later I was buying my ticket over to the monastery. I stayed for two months and recently returned in the spring from a three-month trip.

Q: What is a Benedictine monk?

A: Benedictine monks are an order of Catholic monks.

It originated from St. Benedict, the father of Western Monasticism. St. Benedict was a monk in Italy who lived in the city and felt a calling to have a deeper life of silence and solitude. He ended up leaving the city and going out into the wilderness as many monastics do. He founded this order of monks in the catholic church that has continued to now.

Q: Are there rules to becoming a Benedictine monk?

A: I'll highlight two major ones. The whole way of life of the Benedictine congregation is set out by what is the rule of St. Benedict, which he wrote ages ago, which specifies how they live day-to-day. It identifies at what time they have to wake up for communal prayer, how they approach silent prayer, things like that. When someone professes to become a Benedictine monk, they have vows attached to their profession. The vow of stability, the vow of obedience, and the vow of conversion of life. Stability meaning set and stable to one community, in one location, in one monastery for the rest of their life. Obedience meaning becoming obedient to the Abbot. Conversion of life meaning a vow to poverty, chastity, and things like that. It's a whole change of life, attitude and perspective.

Q: What was the internship like?

A: The premise of the internship program was to provide young men with an opportunity to experience the monastic life and to get a better enrichment of the spiritual life. There were four of us. We lived the monastic life as best as we could. We attended prayer services seven times a day, did manual work, and went to conferences facilitated by the monks aimed at providing spiritual direction.

Q: Are you considered now a fully professed Benedictine monk?

A: Not at all. If I was I would be at the monastery. While a enclosed contemplative order, one of the hallmarks of Benedictine spirituality and the monastery is them opening their doors to guests from all over the world. You can learn and immerse yourself in the Benedictine way of life even as a guest or a friend of the monastery. Many people whether religious or not, spiritual or not, catholic or not, a believer or not, come to the monastery to take some time away from the busyness of the world to be silent and in solitude. It's a part of spirituality that is quite universal.

continued on next page...

Member Spotlight: Tony Huynh

...continued from previous page

Q: Was there any thought not to return to Canada?

A: No. My intention was to always return. This is where my family and my home is.

Q: Tell me about Unit 47…

A: It's a roughly 29 bed palliative short stay unit called the Intensive Palliative Care Unit (IPCU). The average length of stay is approximately a week or so. We specialize in helping patients with difficult to manage symptoms such as pain crisis, intractable nausea, etc. Many of our palliative patients are under a palliative care attending physician but we also see patients from a wide variety of services. It's a common myth that patients have to be actively dying to be admitted to the IPCU. I find that when people hear the word palliative care at once they begin to think of end-of-life care or actively dying. Palliative care actually begins when we're born. It's a philosophy and something that can be done within and outside of end-of-life care. Of course we do palliative care towards the end of life phase and many people die on the unit, but we do transfer a lot of patients home and to assisted living, LTC, and hospice.

Q: How is the Medical Assistance in Dying (MAID) program being utilized on Unit 47?

A: MAID has only been a recent addition to our unit and we have yet to experience a patient undergo the final provision of the MAID program on Unit 47. Having it as an option for patients on Unit 47 helps those familiar with us and with the environment, experience the provision in a place they're comfortable. In the months leading up to MAID becoming official on our unit, the staff were provided good education sessions. Everything from ethics and processes, right through to spiritual care. In the months leading up to the introduction of MAID, our management team asked everyone on the care team how comfortable they were with the process just to be aware of how everyone felt about the provision so as to plan sensitively when it does occur.

Q: How would you describe how nurses feel in regard to the MAID program?

A: I think given the nature of MAID, there's bound to be struggles with the care team. I've heard people express discomfort with being involved and others who've stated they are comfortable with being involved. But despite the gradient of views, I've noticed and felt that everyone is wonderfully supportive of each other which makes trekking into such a new territory much more comforting. The saying goes, "to thine own self be true". Having something like MAID starting on Unit 47 is a good way to allow nurses to reflect on our values and beliefs, especially in our care for our patients. I've seen a general tone of sensitivity, support and understanding among everyone despite differing views on it.

Q: What do you like to do in Calgary in your spare time?

A: I keep up a very regular meditation practice thankfully to my experience at the monastery. I'm an avid baker of sourdough bread, I like to knit socks, and I love doing ceramics. I appreciate how close we are to nature and how forgiving our weather can be despite the snow.

I love running along the Bow River and love checking out the new food scene. Japanese cuisine and bubble tea is big these days. We have really good middle eastern and Lebanese foods in Calgary as well. The food scene is very diverse.

Q: What is your favourite movie? TV show? Author? Place to shop?

A: I really like the new Mr. Rogers documentary called "Won't You Be My Neighbor?". The Simpsons is my favourite show. As strange as the humour can be sometimes it is very very witty. I read mostly non-fiction but my favourite author is Sir Arthur Conan Doyle with his Sherlock Holmes series. My favourite place to shop is the Market Collective.

Q: Talk about your participation with Local 115 at the Calgary Pride Parade…

A: As someone who is part of the LGBTQ community, and as someone that's experienced discrimination, it is beautiful to have something like the Pride Parade. Having something concrete to identify with is really quite affirming, however one's identity is multifaceted; what is part of me isn't what is all of me. The Pride Parade is an event that rings very true to my heart and I couldn't be happier to be involved.

Q: Why is the union important to you?

A: A teacher told me that as a nurse there are four major things we're called to do in our profession. To remember we're an instrument in healing, to provide care and support, to educate, and to advocate. I take advocacy for my patients very seriously. The union advocates for us as nurses so that we have what we need to advocate well for our patients.

JANUARY 24-25

Shop Steward Level 1
$60 AFFILIATES/$100 NON-AFFILIATES

MARCH 28-29

Pre-Retirement Training
$100 AFFILIATES/$140 NON-AFFILIATES

MAY 13 (FULL DAY)

Media Training
$125.00

JUNE 26-27

Health & Safety
$60 AFFILIATES/$100 NON-AFFILIATES

SEPTEMBER 25-26

Shop Steward Level 2
$60 AFFILIATES/$100 NON-AFFILIATES

NOVEMBER 28 -29

Pre-Retirement Training
$100 AFFILIATES/$140 NON-AFFILIATES

Calgary & District Labour Council
The Voice of Labour in Calgary

Canadian Labour Congress
Congrès du travail du Canada

Calgary & District Labour Council

2020 WORKSHOPS

#321, 3132-26 St. NE Calgary
Register at 403-262-2390
admin@thecdlc.ca

Remit Payment with Registration
Make cheques payable to
Calgary & District Labour Council
Registration closes 2 weeks before each course
Lunch is provided - let us know dietary restrictions

details on page 2

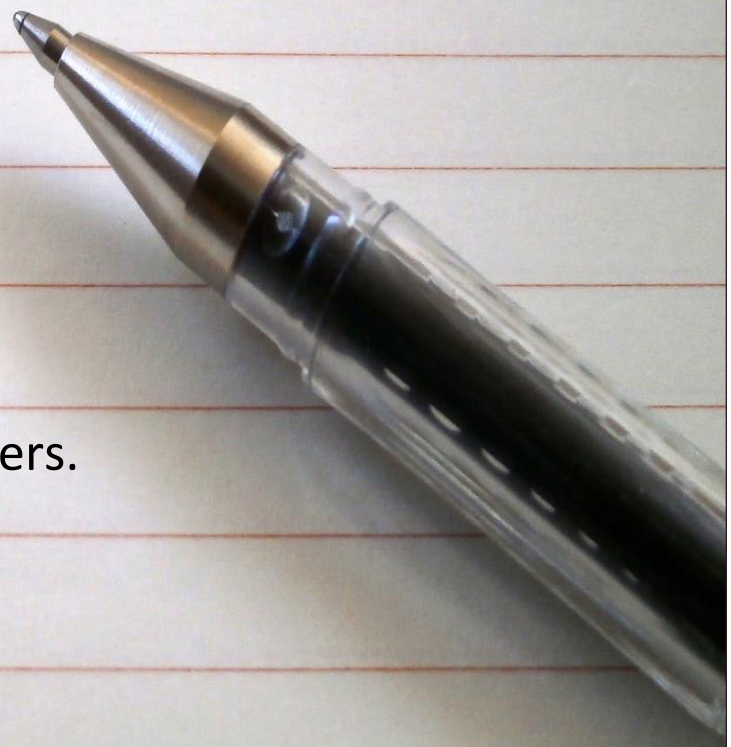
cope 397

Letter Writing

January 14th + January 28th, 2020

From 5 to 7 pm

CDLC Office #321, 3132-26 St. NE Calgary



Come out and enjoy good food

and good company while writing

personal letters to impact our leaders.

Paper and postage supplied.

COPE 397

Alberta Health Services

UNA United Nurses of Alberta

September 16, 2019

To: AHS Labour Relations and Human Resources Business Partnerships
UNA Labour Relations Officers and Staff
AHS Employees covered by the AHS/UNA Collective Agreement

Re: AHS/UNA Joint Dispute Resolution Process

Over the past several years, UNA and AHS worked together to identify opportunities to improve the effectiveness and timeliness of the Dispute Resolution Process outlined in Article 32 of the Collective Agreement. This work began with Lead Negotiators from AHS and UNA's Labour Relations Management Team meeting jointly with the Labour Relations Staff of UNA and Senior Human Resources Advisors from AHS to gather feedback about what was and was not working in the Dispute Process.

Subsequently, the representatives met to identify potential areas of improvement and to work collaboratively to develop options to address concerns and consolidate successful practices. A series of Joint Statements have been developed and will be distributed by both UNA and AHS.

In addition, the parties updated a 2006 document titled the Improving the Effectiveness of the Grievance Process to reflect current practices and how the process has evolved. Ultimately, the parties are also committed to delivering workshops to be jointly attended by both UNA Labour Relations Staff and Representatives and AHS Human Resources and Labour Relations Staff.

All of these efforts are a re-commitment by both parties to the principles of dispute resolution enshrined in Article 32.01 to:

- Encourage open, face-to-face dialogue between the people affected by a dispute;
- Achieve timely and equitable resolutions to issues as close to the source as possible;
- Contribute to, and support a positive, harmonious work environment and Employee and manager job satisfaction including Labour Relations Staff and Human Resources Advisors;
- Recognize and respect the roles, interests and accountabilities of all involved;
- Minimize the time and costs involved in resolving disputes; and
- Achieve solutions that are consistent with the terms of the Collective Agreement.

UNA and AHS identified significant improvement following a similar effort in 2006. We are confident your efforts to implement these guidelines will have a similar effect. Both parties recognize how important it will be to sustain this commitment.

Elaine Watson
Executive Director, HR Business Partnerships
Zone Operations
Alberta Health Services

Heather Smith
President
United Nurses of Alberta

Connie Shea
Executive Director, HR Business Partnerships
Provincial & Corporate & Ability Management
Alberta Health Services

David Harrigan
Director of Labour Relations
United Nurses of Alberta

Dennis Holliday
Executive Director, Negotiations & Labour Relations
Alberta Health Services

Dispute Resolution Process

Initial Problem-Solving

Discussion between the Employee and their most immediate out-of-scope supervisor is the first, and most important in the dispute resolution process. The discussion is not meant to be a superficial technicality prior to a grievance. Real attempts to resolve the issue should be made at the front-line level.

Although it is tempting to neglect the initial problem-solving stage, it is a component of the Dispute Resolution Process set out at Article 32.07 of the UNA-AHS Collective Agreement. The only situation that allows an exception to having a discussion is a dispute arising from discipline.

Employees and Managers may feel uncomfortable having these conversations with each other. Employees are encouraged to trust their immediate supervisor and to raise concerns without making it personal. Immediate supervisors are encouraged to recognize that it is difficult for an Employee to come forward with concerns and are discouraged from taking the concern as a personal attack. Trusting one another and working together to solve problems can become habit forming.

There are times where an Employee and their immediate supervisor are not able to resolve the issue. The issue may involve a complex, technical application of Collective Agreement language, or may already be infused with hurt feelings or broken trust. In these cases, both UNA and AHS encourage the Employee to ask their local representative(s) or their Labour Relations Officer to assist with the initial problem-solving discussion. Likewise, the parties encourage an immediate supervisor to seek out the assistance of their Human Resources Advisor.

As early as possible in the process, have specific discussions related to information requirements. For example:

- Try to define the issue in a way that is understood by both parties.
- Can you agree upon some facts?
- If there are facts in dispute – will additional information either verify the facts or support further discussions?
- Is the assistance of others required?
- Is this an interpretative issue that would have potential implications provincially?

UNA United Nurses of Alberta

Alberta Health Services

Dispute Resolution Process

The 3 "Ps" and the Dispute Resolution Process

Three concepts that encourage individuals to share all information are:

1. ***Without Prejudice***: This means that, in the event that a mutually agreed resolution is not achieved, the meeting, discussion and participants cannot be held to anything that they said or anything that they may have offered, in attempts to resolve the dispute.

   A meeting does not have to be declared "without prejudice." Arbitrators have ruled that grievance meetings are automatically without prejudice. This allows the parties to openly discuss potential resolutions without the fear of being held to what they might propose at a later date when circumstances may have changed.

   An example of the meaning of "without prejudice" is where an Employer offers a monetary resolution to a dispute and the offer is initially turned down by the Union. The parties continue discussions and the Employer becomes aware of new information they believe strengthens their position. During future discussions to resolve the issue, the Employer may make an offer that is less than the first settlement offer. They can do this because the settlement discussions and the earlier offer were without prejudice – it's as if the first offer never existed.

2. ***Without Precedent***: This means the terms of the resolution cannot be used in future proceedings as evidence of an interpretation, practice or commitment. For example, to resolve a Personal Leave grievance, an Employer may agree to grant a day of Personal Leave for a reason that the Employer would not normally consider as appropriate. By agreeing to the resolution on a "without precedent" basis, the Employer is not obliged to recognize those same reasons in the future, and the resolution cannot be held up as an example of the Employer's agreement to a specific interpretation.

3. ***Privileged***: This means the discussions are confidential and anything discussed cannot be disclosed at the arbitration that may result from the grievance being discussed, or any other arbitration. [1] Like the conversations between a lawyer and their client, conversations that are for the purpose of grievance resolution[2] are generally considered privileged and the content of the discussions cannot be introduced as evidence in any arbitration. This includes discussions between the Union and the grievor, and the Employer and its Managers. [3]

   There may be exceptions to this general rule.

The concepts in the above three phrases serve the overall purpose of protecting the integrity of the dispute resolution process in order to stimulate open discussion and exchange of information. This supports the principle that the purpose of the process is to try to reach resolution of the issue.

---

[1] Not necessarily privileged to matters before the Court.
[2] It is important to remember that meetings for the purposes of investigation may not be privileged.
[3] The question of privilege is complex at times. If you are unsure, seek advice from your Union or Employer Labour Relations.

4. **Memorandum of Settlement (MOS)**
Not every resolution requires a formal MOS, however, where one is needed, there are a number of key elements that should be contained in an MOS:

1. Identification of the Parties to the Settlement (Union and Employer);
2. Reference to the issue or grievances;
3. How the matter is going to be resolved;
4. Waivers of liability;
5. Consequences of breaches of the settlement;
6. Signing spaces for the parties and the witnesses;
7. A release by the grievor(s) that acknowledges any specific individual responsibility, including an acknowledgment they are bound by the Memorandum and signing space for the grievor and a witness.

Note: In certain limited situations a confidentiality clause may be appropriate if agreed to between the parties.

HELP US PAINT A NATIONAL PORTRAIT OF NURSING AND ITS FUTURE.

NURSESUNIONS.CA/OUTLOOK

UNA
United Nurses of Alberta

CFNU
CANADIAN FEDERATION OF NURSES UNIONS

ALBERTA'S COAL PHASE-OUT

A Just Transition?

PARKLAND INSTITUTE

CORPORATE MAPPING PROJECT

Ian Hussey and Emma Jackson

What's at risk in the B.C. Supreme Court hearing on health care?

The future of our system

MELANIE BECHARD AND ALI DAMJI
CONTRIBUTED TO THE GLOBE AND MAIL
PUBLISHED NOVEMBER 22, 2019

Melanie Bechard is a fellow in Pediatric Emergency Medicine at the University of Ottawa and a member the Board of Directors at Canadian Doctors for Medicare. Ali Damji is a Site Quality Improvement Program Director at Credit Valley Family Health Team and faculty in the Department of Family & Community Medicine at the University of Toronto.

This week, the Supreme Court of British Columbia began to hear closing arguments in a case that will decide the future of Canada's health-care system.

In 2016, the for-profit Cambie Surgeries Corporation launched a constitutional challenge against B.C.'s public health-care system. The plaintiffs hope to overturn key provisions in B.C.'s Medicare Protection Act, including the ban on extra billing patients at the point of care and the ban on private insurance that duplicates what is already covered under B.C.'s provincial plan.

If B.C.'s law is deemed unconstitutional, then the Canada Health Act will be unenforceable. This would unravel medicare across Canada. Far from improving our system and increasing choice for patients, a victory for Cambie Surgeries would be a loss for the many Canadians who would not be able to pay out of pocket or afford private insurance and who would thus have to wait longer for treatment.

We did not enter medicine to charge patients privately for our services. We do not want to battle with insurance companies that will inevitably refuse to cover the care our patients require.

We never want to face the ethical dilemma of deciding which patient to treat first: the one who can pay for faster access, or the one who can't but is in greater need. This is simply not who we are as doctors.

As physicians, we know that the Canadian health-care system is not perfect. But expanding private-pay options will not improve access to care for everyone who can't afford to pay privately; it will just make their waits worse.

Calls to expand private payment aren't unique to Canada; we've seen what happens in other countries when such proposals see the light of day, and we know how such measures would harm our patients.

Australia introduced private health insurance, touting it as a way to infuse cash into the system without raising taxes, ostensibly to address increasing waiting times. Instead, waits grew even longer for those who depend on the public health-care system. Premiums are

also rising and consumers are dropping their coverage, despite the Australian government subsidizing private insurance to the tune of $9-billion annually.

The same thing happened in Germany, where those without private insurance wait three times longer for an appointment. It is false that introducing a parallel private-pay system would improve access or sustain Canadian medicare and protect its future.

What we need instead is commitment from across the health-care system – providers, patients and policymakers alike – to implement well-described system solutions that use our resources in ways that improve health for all, and not just for those who have the means to pay. We can get there by scaling up existing innovations in health-care delivery that are proven to save money and enhance outcomes, capturing new technologies, and maintaining creativity.

For example, a multidisciplinary rapid-assessment clinic improved care for patients with chronic back pain by providing co-ordinated consultations, reducing waiting times to see a specialist from 18 months to 2 weeks. An E-Consult service in eastern Ontario saved money and avoided unnecessary specialist consultations.

The Alberta Hip and Knee Joint Replacement Project modified the care pathway by developing a one-stop clinic with multidisciplinary professionals for patients awaiting joint-replacement surgery and cut waiting times from more than 14 months to less than two months. The College of Family Physicians of Canada has recorded several similar innovations in primary care across Canada.

These are only a handful of examples to highlight the countless ways our public health-care system is changing, and continues to change, for the better. Reforming our system so it works better only for those who can afford to pay, at the expense of everyone else, is not progress at all.

Newly trained doctors want the real innovations and meaningful changes our health-care system needs. Measures like those proposed by the plaintiffs in the trial, which benefit the privileged few at the expense of the general public, are a distraction from the real challenges facing our health-care system, and from the real solutions that will improve care for all Canadians.

PUBLIC HEALTH CARE
WE'VE GOT THIS!

KEEP IT PUBLIC

PRIVATE HEALTH CARE IS MORE EXPENSIVE:

- High-risk, complex patients are sent to the public system, which drives up costs.
- Administrative costs increase when hospitals have to deal with multiple private insurance plans.
- Private clinics often order unnecessary tests and procedures to increase their profits.

PRIVATE HEALTH CARE IS IS LESS SAFE:

- Private clinics have higher accident and mortality rates since they often cut corners to maximize profits.

#WeGotThis #TakeAction

healthcoalition.ca Canadian Health Coalition @healthcoalition

PUBLIC HEALTH CARE
WE'VE GOT THIS!

EXPAND IT

ECONOMIC BENEFITS OF PHARMACARE

- Canada currently pays some of the highest prices in the world for prescription medication. With universal pharmacare, we could drastically reduce these prices by bulk buying medications.
- Universal pharmacare would save Canada up to $11 billion per year.
- Employers would benefit by not having to pay for private drug plans for their employees.
- Individuals and families would benefit by not having to pay out of pocket for medication.

Universal pharmacare is the missing piece of Canada's public health care system. Expanding our health care system to include access to prescription medication would be good for people's health and good for business.

#WeGotThis #TakeAction

healthcoalition.ca Canadian Health Coalition @healthcoalition

2019 Alberta Low Wage Facts

Calgary Region

Public Interest Alberta obtained the following information from Statistics Canada's monthly Labour Force Survey. It indicates the average number of employed Albertans in each category for the year ending June 30, 2019.

The total number of employed Albertans in Calgary and the surrounding area in this period was 721,900. The minimum wage is currently $15 per hour, except for youth, who can now be paid $2 per hour less.

More than 90,000 minimum wage workers in Calgary can legally have their wages frozen this year, missing a key opportunity to boost the economy by putting more money in the pockets of the city's lowest wage workers.

- 92,600 employed Albertans in Calgary earn the minimum wage of $15 per hour or less (12.8%).

More than three of every five Calgary workers earning minimum wage are women.

- 57,800 employed Albertans in Calgary and area earning the minimum wage of $15 per hour or less are women (62.4%).

More than three-quarters of Calgary workers earning minimum wage are 20 years of age or older.

- 71,700 employed Albertans in Calgary and area earning minimum wage or less are 20 years of age or older (77.4%).
  - 48,000 are between 20 and 44 years old (51.8%).
  - 20,500 are between 45 and 64 years old (22.1%).
  - 3,200 are 65 years of age or older (3.5%).

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.

UNA
United Nurses of Alberta

Provincial Office: 780-425-1025 or 1-800-252-9394 • **Southern Alberta Regional Office:** 403-237-2377 or 1-800-661-1802 • **www.una.ab.ca**

Across

1. Nursing attire
7. Response to a stimulus without conscious thought
9. United Nurses of Alberta ___ 115
15. Walking in a ___ wonderland
17. Leg joints
18. ETOH withdrawal assessment
19. It's made of three oxygen atoms
21. Soap tasting chewing gum
26. "Home Alone" family name
29. Bill 22 attacks your ___
31. ___ Zeppelin
34. Hearing organ
36. Fly catcher
38. "A Christmas Carol" author
39. Major artery
40. Calgary City Counsellor Ward 11
41. Psychiatric nursing designation
42. Treatment for air embolism: ___ position
43. Calgary hockey team
45. Requirement to pay replacement overtime is not reason to deny: ___ leave
46. Elevator name
47. Dysphagia consistency
51. Distal small intestine
53. Major intracellular cation
57. Nursing "ears"
60. "Ugly" holiday garb
62. Holiday cookie man
63. Oxygen deprived
64. Gift on the 10th day of Christmas
65. Not night
66. Non-commercial holiday celebration, as depicted on Seinfeld, occurring December 23
68. Open sore
69. Holiday event at the Calgary Zoo
72. UNA President
74. Singer starring in 2019's "Hustlers"
76. Jaw closer
77. Surface epithelium of the skin
79. Blood pH < 7.35
81. Peppermint stick
82. Christmas decoration
83. Cranial nerve X

Down

2. Sing like Bing Crosby
3. Living organism that cannot replicate without a host cell
4. Tom in "A Beautiful Day in the Neighbourhood"
5. Kissing plant
6. Stomach enzyme
8. Modern day Christmas tradition
10. Professional Responsibility Concern
11. At once!
12. The three best words to describe him are "stink, stank, stunk"
13. Love: fr
14. "So This is Christmas" singer
16. Uranium hazard
20. Give food
22. FMC Senior Operating Officer
23. Broad spectrum antibiotic
24. Medical sample
25. "I'm dreaming of a ___ Christmas"
27. CPR
28. Arm bone
30. Teammate of Johnny Gaudreau
32. Surgical suffix
33. Chevy Chase's character in "National Lampoon's Christmas Vacation"
35. Star Wars: Episode IX
36. Stuff to hawk
37. Anonymous England-based street artist
44. Alberta's opposition leader
45. Each
48. Father of medicine
49. Southern Alberta Regional Office street name
52. "I saw mommy kissing ___ ___"
54. Biological metabolic pathway
56. Red blood cell
58. "Once Upon a Time…in Hollywood" director
59. "All I want for Christmas is my ___ ___ ___"
61. Shares a name with former New Yorker City Mayor Giuliani
67. SNL Christmas skit featuring Alex Baldwin: ___ balls
70. Article 8 of the Collective Agreement
71. Shape of DNA: double ___
72. Medical blade
73. Famous snowman
75. Holiday beverage
78. Occupational Health & Safety
80. AHS' values

Want to get more involved? Mark your calendar with these upcoming 2020 events!

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. Download the official brochure at **https://d3n8a8pro7vhmx.cloudfront.net/afl/pages/5085/attachments/original/1569529298/2020_Winter_School_Brochure_-_Final.pdf?1569529298**.

Dealing with Abuse Workshop: January 22nd & September 30th. 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.ca**.

Know Your Rights Workshop: February 11th, March 17th, April 28th, May 26th, September 1st, October 27th & December 1st. 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.ca**.

Local 115 Meetings: January 15 (location TBD) February 12th, March 11th, April 8th, May 13th & June 10th. All meetings will be held at Foothills Medical Centre in the main Auditorium from 1600 – 1800. 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.ca** for more information.

South Central District Meetings: March 5th, June 18th & December 3rd. 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.ca** for more information.

The Calgary and District Labour Council Pre-Retirement Weekend Workshop: March 28th – 29th & November 28th – 29th. 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.thecdlc.ca/**.

Engagement & Support Workshop: March 31st, October 6th & November 24th. In this workshop, Unit/Office Representatives and Local Executive members will come together to develop their practices in membership outreach, engagement, and support. Through large and small group discussions, activities, and scenarios, participants will identify ways to improve member outreach, to overcome barriers to participation, and to engage members in their local, while gaining a better understanding of the relationship between different local positions. Participants will also identify ways to support members through workplace concerns. This workshop is designed for Unit/Office Representatives and Local Executive members only. Unit/Office Representatives, where possible, should take Know Your Rights before taking this workshop. See **http://una.ab.ca/events** for more information and register through DMS or contact us at **local115exec@una.ca**.

Keep an eye out for our spring publication for more.

Please Post

United Nurses of Alberta

LOCAL 115 UNA

Notice of Monthly Meetings:

January 15 (location TBD)
February 12th, March 11th,
April 8th, May 13th & June 10th
16:00 – 18:00

Foothills Medical Center Auditorium

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