

UNA AGM  
Set for October 22-24

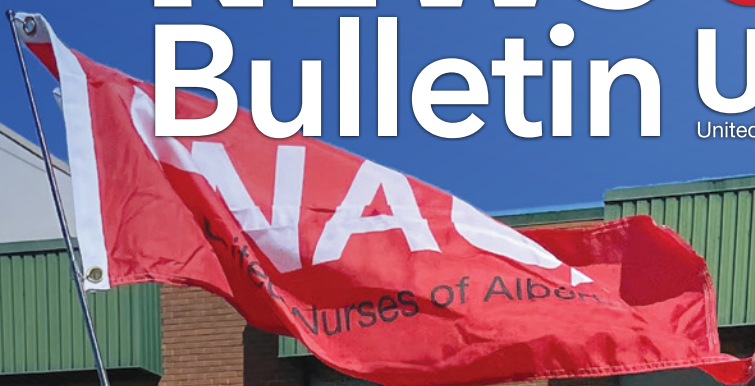
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Local 75 members  
return to Jasper

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# NEWS Bulletin UNA

United Nurses of Alberta



**2024  
BARGAINING  
UPDATE**

PAGE 7



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## PRESIDENT'S MESSAGE



# With negotiations at a crucial point, nurses must stay strong and united!

■ **AS** I write this in late September 2024, the weather is still mild, but fall is clearly upon us.

Negotiations for a new Provincial Collective Agreement are also at a crucial point. In the first three weeks of September, the UNA Negotiations Committee and the employers' representatives made enough progress in mediation that both committees and the mediator recommended another two days of mediation.

On September 20, at the end of what was to have been the final week of mediation, the Negotiating Committee agreed to call a Reporting Meeting for October 10 in Calgary. The delegates to the Reporting Meeting will discuss whether to recommend to members that they ratify a tentative agreement, accept a mediator's report, or consider a strike vote. Which option remains to be seen.

Whatever happens, though, it remains essential as it has through the past difficult five years that UNA members remember the importance of solidarity, of sticking together to ensure all nurses receive the respect they deserve and demand in contract bargaining and in their workplaces.

Even if we achieve an agreement that respects nurses and meets our goals in bargaining, many

challenges remain in the months and years ahead, not the least of which is the massive and disruptive reorganization of Alberta's health care system.

UNA will continue to fight every day for safe workplaces, recognition of professional responsibility, safe staffing, and respect.

When we reach an agreement with the employers – however that comes about – every local and every individual member of UNA who is covered by the agreement will have an opportunity to vote on the final contract. That has always been and remains a fundamental commitment to UNA's members.

I am proud and thankful to all of you for the extraordinary work you continue to do. No matter what happens in the next few days and weeks, Alberta's nurses, as they always have, will go forward, never back!

**Stay well! Stay safe! Stay strong!  
Stay united! We can do this  
together.**

**In Solidarity,**

*Heather Smith*

President, United Nurses of Alberta

Front Cover: Members of UNA Local 86 take part in the  
"Honk for Healthcare" rally in Bonnyville on August 1.

# UNA 2024

## Annual General Meeting

### set for October 22-24



■ **UNA'S** 2024 Annual General Meeting will be held on October 22, 23 and 24 in Edmonton. Including delegates, observers, staff, and representatives of other unions and organizations, about 1,000 people are expected to attend the event at the Edmonton Convention Centre.

This is the first time UNA's full AGM will be held at that downtown location.

Elections will be held for the president and second vice-president, as well as for regional district representatives.

In addition to the normal business of the AGM, in preparation for action required by the current round of bargaining for a new Provincial Collective Agreement, delegates will hear from speakers about the economic issues impacting bargaining.

Well-known Edmonton-born labour economist Jim Stanford is expected to address the AGM on Tuesday, October 22, by a video link from Australia, where he is the director of the Centre for Future Work and Honorary Professor in the Department of Political Economy at the University of Sydney. He is also the Harold Innis Industry Professor in Economics at McMaster University in Hamilton, Ont.

Educated at the New School for Social Research in New York City, Cambridge



Jim Stanford

University in England, and the University of Calgary, Dr. Stanford was for more than 20 years the economist and director of policy for Unifor and its predecessor the Canadian Auto Workers Union. Unifor is now Canada's largest private-sector trade union.

He is the author of *Economics for Everyone: A Short Guide to the Economics of Capitalism*, which has been published in six languages.

From 11 a.m. to 1 p.m. on the final day of the AGM, October 24, delegates will take part in a large rally at the Alberta Legislature to call for an end to privatization of public health care and respect for Alberta's nurses. 🍷

## Correction

■ **HEATHER** Smith was Beryl Scott's first local president when Beryl came to work in Alberta. Incorrect information appeared in the previous edition of UNA News Bulletin. The online PDF has been corrected to eliminate the error. 🍷



[www.una.ca/document/nbsummer2024](http://www.una.ca/document/nbsummer2024)



## DESPITE COMMUNITY CONCERNS AND FUND RAISING, **AHS plans to close ER in Beaverlodge**

■ **UNITED** Nurses of Alberta is deeply concerned about plans to permanently close the Emergency Department in the northwest Alberta community of Beaverlodge.

Plans to construct a new building to replace the aging Beaverlodge Municipal Hospital will not include the construction of a new 24-hour Emergency Room.

Instead, the new Mountview Health Complex will include what Alberta Health Services terms an “Advanced Ambulatory Care Centre” that will only be open for 16 hours per day and will close every night.

“Closing the ER in Beaverlodge will not only impact the nurses who currently work in the hospital but also patients who will need to drive 45 kilometres to Grande Prairie to access emergency services,” said UNA President Heather Smith. “This will leave a huge gap in

emergency services in this sprawling region of northwest Alberta.”

Residents of the community will soon need to drive to the Grande Prairie Regional Hospital to access 24-hour emergency department services. Residents living west of Beaverlodge in communities like Hythe will have even further to drive.

Concerns about the ER closing were raised by Dr. Camellia Presley, a Beaverlodge physician, in front of 350 local residents at a noisy standing-room-only town hall meeting in the community in late June.

“Physicians will not work in an AACC,” she told the meeting, the Grande Prairie based *Town & Country News* reported. “Zero doctors have agreed to this.” She said the three local physicians who work at the hospital’s ER will leave. “That leaves me. I’m not going to work 16 hours. It’s not going to happen.”

UNA is also concerned privatization of the construction of the new building will set a dangerous precedent for replacing aging hospitals in other rural communities across Alberta.

Residents of Beaverlodge have long advocated for a replacement to the hospital, first opened in 1956 and the second-oldest operating hospital in Alberta. Efforts by municipal leaders and community members to raise funds to build a replacement hospital led to the formation of Mountview Health Limited Partnership in 2021. The Public-Private Partnership is an arrangement between the Town of Beaverlodge and Landrex Inc., a residential and commercial construction company based in St. Albert.

The new building replacing the Beaverlodge Municipal Hospital will not be a hospital but is described as an “integrated campus of care” on the Mountview Health Limited Partnership website.

The Alberta government says AHS will lease space in the new complex, but the dissolution of the province-wide single health-care agency raises serious questions about what other services will be downgraded at the new location.

“This is a warning signal for all small towns with aging hospitals,” Smith said. “You had better call your local MLA, because if you have to start passing the hat to replace your local hospital you might end up with less health care service than what you had.”

“Closing the ER in Beaverlodge will not only impact the nurses who currently work in the hospital but also patients who will need to drive 45 kilometres to Grande Prairie to access emergency services.”

– Heather Smith

“It shouldn’t be up to individual Albertans to raise funds above and beyond the taxes they pay for public services that are the provincial government’s responsibility to provide,” Smith said. “I can hardly fault the people of Beaverlodge for stepping up when the provincial government wouldn’t, but the community expected their donations would help build a new hospital.”

According to the partnership group’s website, the Town of Beaverlodge requested in March 2024 that the Department of Health add a trauma room to the complex at the expense of the partnership group. That request was denied by Alberta Health in June 2024 because “it was determined that the associated costs would not be financially feasible.” 🍷

**MORE  
INFO**



[townandcountrynews.ca](https://townandcountrynews.ca)



[mountviewcomplex.com](https://mountviewcomplex.com)



## Covenant Health commits to improve how workplace harassment, violence concerns involving medical staff are handled

■ **INTERIM** measures were announced by Covenant Health in mid-July to improve worker safety by making changes to how workplace harassment and violence concerns involving medical staff are handled by the organization.

The changes were made in response to concerns raised by United Nurses of Alberta.

After meetings with UNA Occupational Health & Safety Advisors Dewey Funk and Tim Nessim, and UNA Labour Relations Officer Brady Holroyd, Covenant Health's Medical Affairs, Occupational Health and Safety, and Human Resources staff acknowledged UNA's concerns.



**Covenant  
Health**

**In a letter dated July 24, Covenant Health committed to the following measures:**

- ✓ When UNA or its members request information about the complaint process involving medical staff including physicians they will be directed to the Human Resources Client Partnerships Manager. The HRCP Manager will also function as the central point of contact for all inquiries, including queries about the status of complaints.
- ✓ Where the respondent is a member of medical staff, the HRCP Manager will collaborate with a contact in Medical Affairs to gather information, which will be shared with UNA as deemed appropriate by the employer.
- ✓ Covenant Health will continue collaboration with UNA to address specific concerns and respects UNA's requirement to support its members.
- ✓ Covenant Health will work with UNA to improve the response to Type III harassment and violence complaints involving medical staff, including physicians.

Covenant's response follows similar measures **announced by Alberta Health Services in May 2022** to improve the process for nurses reporting workplace harassment and violence concerns involving physicians. 🍷

# With bargaining for new Provincial Collective Agreement at crucial point, **UNA calls Reporting Meeting for October 10**

■ **WITH** bargaining for a new Provincial Collective Agreement at a crucial moment, the United Nurses of Alberta 2024 Negotiations Committee has called a Reporting Meeting for Thursday, October 10, in Calgary.

No agreement on a new collective agreement was reached in mediation in the first three weeks of September, so the UNA Negotiations Committee made the decision to call the meeting on September 20, at the end of what was to have been the final week of mediation.

However, UNA President Heather Smith said enough progress had been made toward an agreement during the previous three weeks working with Mediator Lyle Kanee that the UNA and Alberta Health Services negotiating teams agreed to return to the table for two more days.

“The employers, UNA and the Mediator agreed the talks have been productive and have agreed to continue informal mediation on September 26 and 27,” she said in her 13th negotiations update to members since the start of bargaining in early February 2024.

At the Mediator’s request, the employers and UNA agreed these conversations are on a “without prejudice basis,” meaning that if an agreement is not achieved, the positions of the union and the employers are as stated on July 11, 2024. The Employers and UNA also agreed not to share specific details about proposals and positions taken during mediation.

Reporting Meetings are called for the Negotiating Committee to report to delegates from affected UNA locals on what happened in bargaining.



Photo: UNA

Members of the  
UNA Negotiations  
Committee at work.

In this case, UNA Labour Relations Director David Harrigan said, “if no agreement was reached by September 27, it could mean we have a mediator’s recommendation, or we have reached impasse and will not be able to achieve any further movement without job action. The delegates then discuss and provide direction to the Negotiating Committee on next steps, which could be to hold a ratification vote or to proceed with steps necessary to hold a strike vote.”

AHS negotiates on behalf of all employers that sign the Provincial Collective Agreement, which also covers employees of Covenant Health, Lamont Health Care Centre, and The Bethany Group (Camrose).

All members of affected UNA locals will have the opportunity to participate in a vote once the Negotiating Committee puts forth a final recommendation.

Since this edition of UNA NewsBulletin went to press while the process was still continuing, members are urged to check the UNA App or website regularly for new developments. 🍷



# UNA files Unfair Labour Practice complaints

■ **IN** late July, United Nurses of Alberta brought an Unfair Labour Practice complaint against Alberta Health Services for breaching the *Labour Relations Code* by interfering with the union's representation of its members through the bargaining process.

A second complaint against AHS was filed with the Alberta Labour Relations Board in early August, this time for serving notices of layoffs to 30 nursing positions during negotiations for a new agreement without properly informing and negotiating with the union.

The first complaint filed with the Alberta Labour Relations Board says that despite clearly communicated objections from UNA, AHS directly communicated with its Employees, roughly 100,000 people, seeking feedback on a program subject to ongoing negotiations between AHS and UNA on behalf of its members who are employed by AHS.

Communicating directly with employees about the North Zone Locum Program, which seeks to find ways to ease recruitment and retention

problems in rural and remote areas of the province, "clearly interferes with the Union's representation of its members through the bargaining process," the complaint stated.

"The Employer's direct communication of its intention to expand the Locum Program to Employees rather than to the duly elected or appointed officials on the Union's bargaining team constitutes bargaining in bad faith and is prohibited," it said.

In the second case, AHS made it clear in communications to UNA it had been planning layoffs but had not informed the union until just before they were announced, during negotiations.

UNA asked the Board to remedy the situations by declaring the employer breached the *Code*, ordering it to cease and desist, ordering it to recognize the union as exclusive bargaining agent, and to engage in good faith in all matters, including the Locum Program, and to cease and desist from negotiating directly with employees.

At publication time, a resolution conference was expected soon. 🍷



UNA brings Unfair Labour Practice complaint against AHS

## UNA welcomes two leadership placement students

■ **LINDSAY** Powell and Dan Nguyen, fourth year Bachelor of Nursing Science students from MacEwan University in Edmonton, joined United Nurses of Alberta for five weeks in September and October.

For their course – Nursing Practice: Professional Roles Influencing Care – they will observe workshops, an executive board meeting, district meetings,

PRC committee meetings, and a Covenant PRC Forum meeting.

The students involved in this internship program are expected to evaluate the influence of evidence, policy, and legislation on decision-making practices in complex health systems.

UNA is pleased to have the opportunity to assist with the training of a new generation of Alberta nurses. 🍷



Dan Nguyen and Lindsay Powell



# July Ministerial Order set out time limits on ability of AHS employees to decline transfer to Recovery Alberta



RECOVERY  
ALBERTA  
UPDATE

■ **UNITED** Nurses of Alberta members who received notice in mid-July that they were being transferred had until August 6 to choose whether to accept or decline transfer to the new Recovery Alberta Agency.

Fewer than 3 per cent of the AHS employees whose jobs were being moved to Recovery Alberta, about 80 people, declined the transfer.

UNA was informed on July 18 that the Alberta Government had issued the expected Ministerial Order confirming the employees whose positions are moving from AHS to Recovery Alberta took effect on September 1, 2024. A copy of the Ministerial Order is posted on UNA's website, [www.UNA.ca](http://www.UNA.ca).

The notice to UNA from the Alberta Health Department said the transfer of unionized employees from AHS to Recovery Alberta would be treated as a successorship as outlined in legislation, which means the current Provincial Collective Agreement continues to apply.

Staff transitioning to Recovery Alberta's day-to-day work will be the same and will continue to use the same systems and processes, including Connect Care and e-People.

AHS employees working in Addiction, Mental Health, and Correctional Health Services positions that were being transferred to Recovery Alberta received transfer notices.

AHS employees who held more than one position were sent a transfer notice only for their position in Addiction, Mental Health, or Correctional Health Services.

UNA documents about the transfer of AHS employees to Recovery Alberta are posted on the union's website.

On May 31, UNA completed five days of negotiations with AHS regarding the transfer of employees to Recovery Alberta. A **Letter of Understanding** was achieved that protects the rights of employees impacted by the creation of Recovery Alberta. 🍷

## MORE INFO



Ministerial Order  
on UNA's website



Resources for UNA  
members about  
Recovery Alberta,  
layoff and recall



Recovery Alberta  
information for  
UNA members



Recovery Alberta  
MENTAL HEALTH AND ADDICTION SERVICES



# Local 211 PRC Committee's work results in significant improvements at Calgary Community pain clinic

■ **AFTER** two years of collaborative work among members of Local 211's Professional Responsibility Concern Committee, clinical Registered Nurses and Alberta Health Services leadership, numerous concerns at Calgary's Richmond Road Treatment Centre's Chronic Pain Procedure Clinic have now been resolved.

"Staff were very isolated and doing complex procedures for pain for some high-risk clients. It felt like a disaster waiting to happen."

"This procedure room was functioning for years without proper supports," said Local 211 PRC Committee Co-Chair Michelle Senkow. "Staff were very isolated and doing complex procedures for pain for some high-risk clients. It felt like a disaster waiting to happen."

"The process took a long time, but the work got done," she said.

In a letter sent to the AHS executive director of rural and community care in November 2022, the Calgary Community local outlined its major concerns with the clinic, including its location, staff training deficiencies in a number of areas including how to cover emergencies when regular nurses were not available, and a lack of information and training about high-alert drugs such as ketamine, lidocaine, midazolam and fentanyl.

In addition, the parties agreed to respond to a number of equipment needs and physical changes to enhance patient care and safety. These included a Code Cart with standardized medication and equipment, including a defibrillator, a procedure and recovery room equipped with built-in electrical connections, suction equipment and telephones, and the transfer of high-risk clients to an acute-care site.

A programmed response team made up of appropriately trained staff for emergencies and more administrative support to book patients and help with patient flow were also among the changes.

Local 211 President Jacki Capper thanked the nurses who originally filed the PRC Concerns: Renee Golka and Natalie Miranda, as well as Senkow and her fellow PRC Committee members Samantha Olmstead and Kenna Pankiw. She also thanked AHS's Zone Primary Care Director Rod Iwanow for helping to address the problems. 🍷

## Among the points agreed to by the parties were:

- Advanced cardiovascular life support training for all casual staff.
- Creation of policies and procedures for dealing with high-alert drugs.
- An increase in staffing to three RNs on infusion days.
- Standardized clinical-practice guidelines for infusion treatments.

# All provinces should ensure critical oversight of nursing agency use: CFNU

■ **FINDINGS** by New Brunswick's Auditor General this spring about a critical lack of oversight in the province's health care spending in the use of for-profit nursing agencies underscore the need for rigorous investigations in every Canadian province and territory, the Canadian Federation of Nurses Unions said in June.

"We cannot accept over \$173 million of taxpayers' money in New Brunswick being funneled into for-profit corporations with no oversight," said CFNU President Linda Silas in a June 6 statement.

"We can't continue to allow resources to be pulled from our public health care system unchecked," Silas said.

"Solutions exist within our public health care system, and nurses are ready to work with governments to implement them."

New Brunswick Auditor General Paul Martin's report, Silas said, "should light a fire under all our provincial and territorial governments to rein in their use of for-profit agencies."

The report details questionable billing practices, auto-renewal clauses, and no legal review or competitive vendor selection process.

It found that decisions by several regional health authorities to work with for-profit agencies to fill staffing needs were not supported by data, only informal reports. In many cases, the needs of the facility were not well documented, and some contracts allowed agencies to deploy health care teams regardless of need.

"Decisions about health human resources should never be profit-driven," said New Brunswick Nurses Union President Paula Doucet. "These decisions must be rooted in strong data to support the needs of patients."

"It is shocking that our regional health authorities neglected to ensure they were receiving value for that level of money, and this allowed companies... to take taxpayers to the cleaners without any accountability," she said.

CFNU has been calling on provinces and territories to bolster the nursing workforce by investing in strong retention initiatives, enabling a robust recovery of the country's health care systems.

"We can't continue to allow resources to be pulled from our public health care system unchecked," Silas said.

"Solutions exist within our public health care system, and nurses are ready to work with governments to implement them," said Silas.

Ensuring that permanent health care jobs in Canadian communities are good, attractive jobs is key to both retaining nurses and putting an end to expensive overreliance on private staffing agencies, Silas said. 🍷



# Medical mission to Guatemala was a family affair for the Packs of Taber



Members of the Taber contingent to the TANGO Foundation mission to Guatemala in May 2024.

## *International Solidarity*

Photos: Colleen Pack

■ **THIS** year's medical mission to Guatemala by a 39-member team of Canadians and Americans from the TANGO Foundation was a family affair for the Packs from the Southern Alberta town of Taber.

Colleen Pack, president of United Nurses of Alberta Local 164 in Taber, says she's been on several missions before with TANGO – which stands for Taber Assisting Nations through Global Outreach – among them Peru and Fiji as well as Guatemala.

But this time she brought her husband Jon, an optometrist and also a TANGO veteran, and her two daughters, Erin, an RN from Local 120 at the Chinook Regional Hospital in Lethbridge, and Lauren, a second-year RN-program nursing student at the University of Lethbridge.

In addition, they were accompanied by three other nurses from the Taber Health Centre represented by UNA and AUPE to the Hospitalo San Pedro in the community of San Pedro La Laguna in central Guatemala.

"This year I had the daunting task of organizing the OR team and all of our supplies," Colleen Pack recalled in her International Solidarity report to UNA, which contributed \$1,000 in support to the effort. "While we didn't do as many surgeries as in past years due to this being a new site, we were able to get their OR up and running so they can continue with much-needed surgical work."

Monday through Thursday during the week of May 6-9, the 14-member Operating Room team performed various surgeries including laparoscopic

Colleen Pack



□ CONTINUED ON PAGE 13





"For this Guatemala trip, we brought with us our greatest resources – *nurses!*"

– Colleen Pack



□ CONTINUED FROM PAGE 12

gall-bladder removals, hernia repairs, and other minor surgeries. They worked with Guatemalan nurses, surgeons, and local translators to provide pre-op, intra-op, and recovery for all procedures. The mission also included a dental team, a medical team, and a construction team. All surgeries were provided at no cost to the patients.

"These surgeries, while accessible and seemingly routine in Canada, are a great gift to these Guatemalan people," Pack said. "They are life-changing miracles."

"Living in Canada, we take for granted the accessibility to instruments, supplies, equipment and resources we have available to us," she said. "For this Guatemala trip, we brought with us our greatest resources – *nurses!*"

When mission members returned home, the TANGO Foundation left the Hospitalo San Pedro more than \$40,000 in surgical supplies and equipment.

"We received much more than we gave as we were able to help these wonderful people and serve them in a small way," Pack concluded her report. "I am extremely grateful to be a recipient of the International Solidarity Grant from UNA that allowed me to be a part of this amazing adventure." 🌸

Scenes from the TANGO Foundation mission to the Hospitalo San Pedro in San Pedro La Laguna, Guatemala.

Find out how to apply for a **UNA International Solidarity Grant**.



More information about the **TANGO Foundation** can be found at [thetangofoundation.com](http://thetangofoundation.com).







## UNA Local 75 members at Jasper hospital return to work in wake of devastating July wildfire

Photos: Parks Canada

■ **WITH** Jasper's hospital thankfully mostly undamaged by the wildfire that roared into the townsite on July 24, members of United Nurses of Alberta Local 75 at the Seton-Jasper Healthcare Centre began returning to work on August 16.

Remaining members of the local including community and home care nurses had mostly returned to work by August 15, with the hospital reopening the next day, said Local 75 President Rachel Gaudry.

"We have such a deep gratitude for all the firefighters who saved so much of our community, and all of those working so hard to make it safe for us to return home," Gaudry said. "The kindness and generosity we've received throughout the evacuation has been unbelievable. It's incredible how many people are rooting for Jasper."



"There remain a lot of unknowns for our members considering that many of our nurses lost their homes completely in the fire, and others are learning what damage their homes may have sustained," Gaudry said a few days before residents were allowed to return to the Jasper National Park community. Some physicians and other hospital staff as well lost homes in the catastrophic fire caused by a lightning strike on July 22.

□ CONTINUED ON PAGE 15





Geikie Street looking towards Patricia Street



Patricia Street and Hazel Avenue



Geikie Street



Alpine Village

"There remain a lot of unknowns for our members considering that many of our nurses lost their homes completely in the fire, and others are learning what damage their homes may have sustained."

#### □ CONTINUED FROM PAGE 14



Before Parks Canada allowed residents to return, roughly 25,000 workers including year-round residents, summer workers and tourists were evacuated from the national park, mostly to towns in British Columbia.

In a statement on July 25, UNA Secretary Treasurer Christina Doktor said the union was "enormously proud" of the nurses who continued to provide emergency services at the community hospital as long as they could. "We are grateful for the courage of our members who remained as long as they could, as well as that of firefighters and other emergency workers," she said at the time.

Late in the day on July 24, Parks Canada confirmed that significant loss had occurred within the town-site and all emergency responders except the most critical structural firefighters were ordered to leave the community because of the danger.

At the same time, evacuation orders remained in effect in Little Red River Cree Nation, Chipewyan Lake, and parts of the Chipewyan Prairie First Nation, and residents of other communities were on evacuation alert.

On July 27, UNA's Executive Board announced that it had approved a \$10,000 donation to the Canadian Red Cross, which had earmarked the funds for immediate and ongoing relief, recovery and resilience efforts in response to fires, and for future community preparedness and risk reduction for natural disaster events within Alberta.

Both the federal and provincial governments matched all donations to the Canadian Red Cross 2024 Alberta Wildfires Appeal that were made before August 25.

One firefighter died in the struggle to contain the wildfire. 🍷

# CANADA'S NURSES FIGHT FOR nurse-patient ratios and a patient bill of rights



By Linda Silas  
President, Canadian  
Federation of Nurses Unions

Together, we will not  
let our politicians  
off the hook.

**AS** we work to fix the crisis facing Canada's health care systems, solutions focused on safe staffing are critically important.

The impacts of short staffing are wide and devastating – pressure-cooker health care working environments, high rates of nurses burning out, and near-misses with patients.

I know short staffing can seem like an endless loop. There aren't enough staff for safe patient care and reasonable work-life balance, so nurses are pushed to leave. We can never fill a leaking bucket.

Despite the dire state of the staffing crisis, though, safe nurse-patient ratios are a bright light. In fact, when California introduced nurse-patient ratios, it was in the context of an extreme and ongoing nursing shortage.

As British Columbia and Nova Scotia work to implement safe staffing models, we have an opportunity to bring in mandatory nurse-patient ratios across the country.

This fall, CFNU is hosting the first national forum on nurse-patient ratios, with the active participation of United Nurses of Alberta. We will be bringing employers, academic researchers, Health Canada and government officials to the table with nurses' unions to set the stage for a pan-Canadian framework to implement nurse-patient ratios.

Safe staffing practices support safe and manageable workloads, so nurses can provide patients with the highest

quality of care. In turn, as working conditions improve, nursing jobs become more sustainable over a career span. Research shows that mandated nurse-patient ratios improve patient outcomes and save health systems money.

As our federal government prepares the next budget, we are making sure they know nurse-patient ratios need to be a priority and included in funding formulas. Safe patient care is at the heart of our recommendations, and that is why we are pushing the federal government to introduce a Patient Bill of Rights that will create the conditions for patient safety in all sectors by, along with other measures, implementing nurse-patient ratios and ensuring regulatory limits on consecutive work hours for nurses.

We're also continuing to push our federal government to address the nursing shortage through a \$1 billion investment to implement the Nursing Retention Toolkit.

The federal government has a critical role to play in setting the provinces and territories on the right path to create better conditions of care where nurses and health professionals have the resources they need, and patients can access the quality of care they deserve. In truth, no one province or territory can tackle this crisis on their own.

But with nurses' unions focused on a bold vision, strong leadership and meaningful collaboration, together, we can chart a brighter, healthier and safer future for everyone. 🍷

# ER, Obstetrics and other department closings hit many Alberta hospitals, mostly in rural areas

■ **IN** May 2024, rural Emergency Rooms in Boyle, Coronation, Drayton Valley, Elk Point, Fairview, Fort Macleod, Grimshaw, Hinton, Lac La Biche, Rocky Mountain House, Smoky Lake, Sylvan Lake and Tofield were temporarily closed, mostly the result of shortages of physicians, independent journalist Kim Siever reported in June.

Between June and September 1, according to Alberta Health Services, Emergency Rooms had to be temporarily closed in Consort, Elk Point, Grimshaw, Hardisty, Smoky Lake, Swan Hills, and Two Hills. The AHS list did not include the Jasper-Seton Healthcare Centre, closed entirely because of the forest fire and evacuation in July and August.

Between June and September, Obstetrics Departments temporarily closed in Edson, Lac La Biche, Rimbey, Slave Lake, Stettler, Sundre, Three Hills, Wabasca, Westlock, and White Court.

"Rural Emergency Rooms... were temporarily closed, mostly the result of shortages of physicians."

– Kim Siever, Independent Journalist

Acute Care Departments closed temporarily in Beaverlodge, Boyle, Fairview, Hanna, High Level, Lac La Biche, Manning, Peace River, Rocky Mountain House, Swan Hills.

Other departments temporarily closed in many communities on those lists plus Edmonton and La Crete. 🍷

## New collective agreement signed covering members at Good Samaritan sites

■ **MORE** nurses at several Good Samaritan long-term care facilities represented by United Nurses of Alberta ratified a new collective agreement in August.

The agreement was also signed by representatives for the employer, the Good Samaritan Society.

Key points in the new agreement are wage parity to Alberta Health Services with full retroactive pay, agreement that the employer will designate a Registered Nurse or Registered Psychiatric Nurse to be in charge of a unit, an increase in the percentage of pay-in-lieu for named holidays, and an increase in maternity leave to 18

months. A new Letter of Understanding also provides a 1-per-cent lump-sum payment for recognition of services during COVID-19.

This agreement covers members of UNA locals 8, 212, 223 and 316 at Good Samaritan facilities in Rocky Mountain House, Stony Plain, Medicine Hat, and two Edmonton sites – Southgate Centre and Dr. Gerald Zetter Centre.

UNA congratulates and thanks the locals for their hard work and solidarity during negotiations and recognizes the commitment of the members who negotiated this agreement for their co-workers. 🍷





# UNA members keep on rallying for safe staffing and safe patient care

■ **NURSES** know that health care works best when health care workers work as a team. That's why UNA members have joined their coworkers from AUPE, HSAA, and CUPE at rallies in communities across Alberta this summer. These information walks have brought together health care workers and raised awareness about how the staffing crisis is impacting patient care.

"We have been ringing the alarms for years! We need to focus on retention, recruiting, and giving the nurses the respect they deserve," UNA Local 120 First Vice-President Susan Shelton told a crowd at an August information walk in Lethbridge.

"Our health care needs more than just a Band-Aid. We represent everyone in health care. We want the best for our patients, and that's the biggest thing we're fighting for," UNA Local 114 President Linne Bowler told Lakeland Connect during an information walk in Bonnyville.

"We are falling behind, and we need changes. We need respect from our government and a solid, respectful contract," Bowler said. "We're all out of contracts right now and negotiating, and we want that to be a solid negotiation to improve all health care for clients and patients in Alberta."

□ CONTINUED ON PAGE 19








"Our health care needs more than just a Band-Aid. We represent everyone in health care. We want the best for our patients, and that's the biggest thing we're fighting for."

#### Foothills Medical Centre in Calgary



□ CONTINUED FROM PAGE 18

"Number One, people who are seeing the struggles we are facing in health care, please write to your MLA," said UNA Local 43 Vice-President Thomas Edwards at an information rally in Olds. "Let them know what your concerns are, let them know what the struggles are that you are facing and that you want this government to ensure that our health care system is publicly delivered, publicly administered, and high functioning."

Visit [www.una.ca](http://www.una.ca) for an updated list of rallies and information walks in communities across Alberta. 





By Dewey Funk  
UNA OHS Advisor

# Ruling by fear?

## Alberta needs to eliminate health care workers' fear, not encourage it

■ **"ALBERTA** premier reveals plans to transfer hospitals away from AHS," says the headline on a news story on the *Lakeland Today* news website.

"Premier Danielle Smith revealed her plans at a Drayton Valley UCP town hall event," said the subhead on the story, which appeared in community newspapers owned by Great West Media throughout Alberta.

Naturally, I read this article about the premier's comments, which were made in mid-August, with great interest. It continued:

*Smith said this strategy will improve the delivery of health care and help eliminate service disruptions in rural hospitals by introducing two incentives into the existing system — competition and fear.*

*"When you're dealing with a monopoly, and they believe that they can deliver any type of care, and there are no consequences, they're going to continue to deliver bad service. And competition is one option. That's why we're offering chartered surgical centres and why we're offering Covenant," Smith said.*

*"But the other is the fear of having it taken away. That is going to be a very powerful competitive incentive for the managers to say, 'Oh my goodness, if we continue to deliver terrible care in Drayton Valley, then somebody else is going to be chosen for the operator.'"*

I am very concerned when a premier believes that competition and fear are

the drivers to supply quality health care. For the premier of Alberta to state that she wants to have health care institutions run based on fear and competition is absolutely appalling.

From an Occupational Health and Safety perspective, how will fear ensure there are enough staff in an Emergency Department, medicine unit, or community services when there are no nurses or physicians to be employed?

UNA has been working with AHS to develop and implement the Behavioral Safety Program (BSP) for 10 years. This is a program which is conducted on a patient as a risk assessment to determine if the staff providing the care are at risk. This program is intended to provide:

- 1) A safe workplace for workers
- 2) A safe care plan for each patient

The BSP is a requirement as per the *Occupational Health and Safety Code*, Part 27, in which the employer is required by law to develop a Violence Prevention Policy.

This could place the BSP in jeopardy of not being fully implemented into Connect Care as there is no firm timeline established.

Effective health and safety is built on a just culture in the workplace. It cannot be built on fear. When managers are ruled by fear, cutting spending and not questioning bad decisions become their top priorities. Worker health and safety take second place.

Part 27 is one of the most important parts of the Occupational Health and Safety Code for health care workers.





When fear becomes the driver, mistakes are made due to the focus on getting a patient in and out of the system.

How does fear encourage people to seek out the education to become nurses, physicians or other health care providers in Alberta health care facilities where there is no one to be hired? Short staffing causes long wait times in EDs, which in turn brings out frustrations in the people trying to access the system.

Emergency Departments in Alberta were forced to close for more than 38,000 hours, or the equivalent of about 4.3 years, in 2023! Disruptions ranged from a few hours without a

physician to communities losing ER services for months on end.

The frustration from the public at times results in instances of verbal abuse and, in some cases, physical abuse to health care providers. This, in turn amounts to psychological abuse.

When the site is constantly short staffed, the cycle of mandated overtime, exhausted workers suffering from moral distress, workplace injuries, and the like, continues.

The premier of Alberta needs to focus on improving access to health care and to listen to health care workers. She needs to eliminate fear instead of encouraging it. 🍷

If you have any questions or concerns, please contact your UNA Local or Occupational Health and Safety Advisor at 1-800-252-9394.

## UNA MARKED NATIONAL INDIGENOUS PEOPLES DAY ON JUNE 21

■ **ON** June 21, UNA marked National Indigenous Peoples Day, which celebrates the contributions of First Nations, Inuit and Métis peoples of Canada.

UNA recognizes and celebrates the heritage, history and diverse cultural traditions of the Indigenous peoples whose land we share.

Our union is proud to represent many nurses of Indigenous heritage in communities across Alberta, including those employed by the Aakom Kiyii Health Services of the Piikani Nation, at Brocket, and by the Blood Tribe Department of Health in Stand Off, near Cardston.

For generations, many Indigenous peoples and communities celebrated their culture and heritage on or near June 21 because of the significance

of the longest day of the year. In co-operation with Indigenous organizations, the Government of Canada chose the summer solstice for National Indigenous Peoples Day.

While National Indigenous Peoples Day has been a statutory holiday in the Northwest Territories since 2001 and in Yukon since 2017, it remains part of the federal government's Celebrate Canada program in the rest of the country, providing "opportunities to celebrate our ethnic, linguistic, ethno-cultural and regional diversity, which helps make Canada a truly inclusive and outward-looking country."

National Indigenous Peoples Day provides an opportunity for all Canadians to learn more about Indigenous people and to show their respect for their vast contribution to Canada. 🍷



Photo: Image from Freepik



# ALBERTA UNIONISTS

- and everyone else! -  
mark Labour Day 2024



■ **LABOUR** Day on the first Monday of September – which this year fell on September 2 – is traditionally seen as the final long weekend of the summer.

For those of us at UNA and throughout the labour movement, though, it's when we recognize the role of working people and their unions in creating our successful society and renew our determination to ensure our rights and freedoms are protected and enhanced.

This year we were reminded of the importance of the occasion by the Alberta Government's effort to rebrand the end-of-summer break as the "Alberta Day" weekend.

We remember that public health insurance, public hospitals and health care, overtime pay, child labour laws, workers compensation, occupational health and safety legislation, employment insurance and fair pensions – not to mention long weekends – are all among the things unions have worked hard and fought hard to bring to our society.

That's why it's important for us to remember that unions are the most effective advocates of the rights of working people – including working people who have no union.

A great way to do that is to remember the roots of Labour Day in Canada in the years before it became a legal public holiday in both Canada and the United States in 1894. Labour Day in Canada grew from the demonstrations in support of striking printers in Toronto in 1872 that led Parliament to pass the *Trade Unions Act*, confirming that unions were legal.

Labour Day 2024 was celebrated at barbecues organized by local labour councils and individual unions in several locations. Many union supporters also took part in the 2024 Pride Parade in Calgary.

Albertans need their unions more than ever. 🌈



Above: Labour Day in Edmonton  
Below: Calgary Pride Parade





# Your seniority is important and needs to be checked from time to time

■ **IT'S** never a bad time for UNA members to check their seniority date and confirm that it is correct. Generally, Article 12.02 of the Provincial Collective Agreement sets out situations where seniority is considered: Selection of newly created shift schedules of the same FTE, selection of vacant shift schedules of the same FTE, promotions and transfers within the bargaining unit, layoff and recall, and approval of vacation times. Why wait until January's vacation planning season when you can do it now?

How seniority is determined and how continuous service is defined is dealt with in Article 12.01. Most Collective Agreements have similar language. Article 12.01 (a) reads:

*An Employee's "Seniority Date" shall be the date on which a Regular or Temporary Employee's continuous service within the bargaining unit commenced, including all prior periods of service as a Casual, Temporary or Regular Employee contiguous to present regular or temporary employment.*

In Article 12:01 (b) continuous service is defined as:

- (i) *service as a bargaining unit Employee in direct nursing care or community health nursing; and*
- (ii) *service with any Employer with a bargaining relationship with the UNA*  
*provided that the Collective Agreement with that Employer contains a reciprocal clause*

*...provided there was no break in the Employee's service for longer than six (6) months.*

What this means is that as long as you have not had a break of greater than six (6) months as an employee in a position covered by one of UNA's collective agreements, then you have continuous service and your seniority will be unbroken. There is an exception in Article 14.11 for employees who transfer from a bargaining unit position to a temporary out of scope position. If you are unsure whether article 14.11 applies to your situation or whether you had a break in continuous service then you can contact your UNA local or LRO with the details and they can help you.

If you see a tiny number next to your seniority that is because you were hired on the same day as someone else. According to Article 12.04 (e) (i):

*Where two (2) or more Employees have the same seniority date the Union will conduct a random ordering to produce individual ranking. An updated list shall be shared with the Employer at least every six (6) months.*

And 12:04 (e) (ii) explains:

Where a new Employee hired into the bargaining unit brings the same seniority date as other Employees already in the bargaining unit, they will be placed as the least senior of those Employees sharing the same seniority date.

The tiny number you see next to your seniority date is your tie breaking rank relative to other employees hired on the same date as you. 🍷

**KNOW**  
*your*  
**Rights**



Report from  
Director of Labour Relations  
**David Harrigan**

To check the seniority list, or if you have any questions or concerns, please contact your UNA local executive or Labour Relations Officer at **1-800-252-9394**.





# RESPECT

—FOR NURSES—

## NON-NEGOTIABLE

RESPECT RETAIN RECRUIT

UNA 

## Show your support with a '3Rs: Respect, Retain, Recruit' lawn sign

Insufficient staffing levels and high workloads resulting from the current staffing shortage are forcing nurses to leave the profession. Our health care system cannot survive without nurses.

Support Alberta's nurses by putting a "3Rs: Respect, Retain, Recruit" lawn sign on your lawn or in your window.



Anyone can order a lawn sign by going to:  
<https://neednurses.ca/action/request-a-lawn-sign>

