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### Message from the President

#### **Heather Smith**

I've been seeing Canadian geese here for over a week and I heard a robin on my way to work today. They are sure signs that spring is here. It must time for new action and we are planning a special event to mark May 12th—International Nurses Day and Florence Nightingale's birthday.

We are going to take our ideas to the Alberta government, most specifically our new Health and Wellness Minister, Ron Liepert.

Mr. Liepert has been saying some dramatic things about health care since getting his new position. Does he speak for just Mr. Liepert or does he speak on behalf of the Conservative Government?

During the recent provincial election there was a lot of talk about "plans"? Premier Stelmach said many times "I have a plan," but I don't recall any disclosure that the Conservative Party plan for health care included resurrecting Ralph Klein's Third Way. Of course Mr. Liepert, isn't calling his plan the Third Way. He refers to the Mazankowski Report, perhaps hoping that most citizens will not remember that it was the foundation of the Third Way.

Ron states: "Clearly we have to look at the comprehensiveness." He invokes the name of the Saskatchewan premier credited as the father of public health care in his defence.

"I personally don't think when Tommy Douglas invented medicare he expected we'd be replacing hips and hearts and elbows and every other thing." – March 29, 2008 Rick Bell, Calgary Sun

For those who don't remember, reducing the medicare umbrella was exactly what the Third Way was about. Mr. Klein and Mr. Mazankowski envisioned private insurance coverage (if you are eligible for coverage and can afford the premiums) would fill the gap between provincially-covered services and those needed by citizens.

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That appears to be exactly what Mr. Liepert is suggesting again. Consider the vast array of tests, procedures and treatments that didn't exist when medicare was first introduced. Is Mr. Liepert suggesting today's medicare should be limited to services and treatments of the

1960's?

I clearly recall the plan to eliminate health care premiums. Mr. Stelmach initially suggested they should be eliminated in four years. Days after the election Mr. Liepert suggested the Alberta premiums could be eliminated sooner. Ending premiums is long overdue, but is it really the first indication of a plan to try to lessen the pain of new private insurance costs?

Within hours of his appointment to Health & Wellness, Mr. Liepert was expounding the merits of the Mazankowski Report. Should we assume Mr. Stelmach didn't know his new Minister had such plans? Or was Mr. Liepert appointed precisely because he had such plans and Mr. Stelmach agrees with them? Even as Mr. Liepert was talking about resuscitating the Third Way, Mr. Stelmach was saying: "the Third Way is DOA". Who is controlling the defibrillator?

Mr. Liepert says he will announce his plans for the next year by mid-April. Health care advocates have a lot of work ahead, including reminding Mr. Liepert and Mr. Stelmach that although they have an even bigger majority of seats, they do not have a mandate from the citizens of this province to privatize and erode health services. I am sure that I am not the only voter who didn't hear about that plan during the election.

We have an exciting spring ahead. I hope you can join us for our May 12th event. More details will be provided via your Local Executive and the UNA website (una.ab.ca). And of course, families and friends of nurses are welcome to join us at our celebration and for a great picnic on Monday, May 12th.

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## How can nurses in Alberta work to revive and strengthen our profession?

Problems in Alberta's health care are more and more frequently traced back to the serious nursing shortage.

ER doctors are concerned about patients kept in the hallway for hours, even days. Everything gets backed up and delayed; patients wait hours. The bed shortage, which keeps their patients from actually being admitted, isn't really a bed shortage. There are empty beds, even whole units empty, but no nurses available to staff them.

A NURSING CARE PLAN

UNA is developing a Nursing Care Plan for Alberta Nursing to present to Alberta's Health and Wellness Minister on Florence Nightingale's birthday, Monday, May 12.

Waiting lists for surgery grow longer. Surgeons wait idle, saying they can't perform as many operations as they would like, because of the shortage of nurses.

Nurses are faced with "overcapacity" patient stacking. Three beds are crammed in a room. Nurses have to manoeuvre beds to get anything done.

Nurses are called and asked to work extra shifts twice, three times or even six times a day.

Health regions report mushrooming deficits totalling well in excess of \$100 million, caused in part by the huge overtime costs that come from calling nurses in on so many extra shifts.

Patients and families come into the health system agitated and ready to fight

Fewer nurses are working full-time, reducing their FTE because they say they cannot handle the pressure, the

"It is urgent that government act now, and there are workload and the stress. things we can do to reduce the shortage," says UNA President Heather Smith. "Resources and innovative management can do a great deal to reduce the array of problems creeping into our health system because of personnel shortages. We do need to "grow our own" by educating nurses and other health workers, but that takes years. We need action now."







### Eight nursing students get nursing scholarships

NA was busy recently making a growing number of scholarship presentations to first year nursing students. The UNA Executive Board recently voted to bump up from five to seven \$750 scholarships for first-year nursing students. In addition this year, the Canadian Federation of Nurses' Unions provided a \$1,000 scholarship, making a total of eight nursing students who had a little boost covering costs for their first year.

"It was a great pleasure to see the excitement and enthusiasm in these eight nurses-to-be," said UNA Second Vice President Jane Sustrik.

The winners met all criteria: currently in their first year of full-time studies in an accredited nursing program in Alberta; related to a UNA member in good standing; completed a short essay on "How does the UNA impact nursing worklife?"

The UNA Scholarship Fund has been steadily growing thanks to the generosity of members at every UNA annual meeting.

# Conservative promises on the nursing shortage: "too little, too late" say nurses

Shortage crisis goes back to cuts in 1990s

he Conservatives first election promise of the provincial election campaign was to educate more doctors and nurses.

When it comes to Registered Nurses (including both Registered Nurses and Registered Psychiatric Nurses, RNs and RPNs) the government's numbers are not credible and fall short of what is needed immediately in our health system.

The promise to graduate 2,000 nurses by 2012 is too little, too late, United Nurses of Alberta says.

"We need more than 2,000 more nurses every year starting now, not four years from now," says UNA President

Over 30 percent of Registered Nurses (RNs and RPNs) Heather Smith. working in Alberta right now are 50 years of age or over. Thousands of nurses will be retiring between now and 2012, with no plan to replace them.

"The government estimates we have 1,400 nursing jobs going vacant in the province now," says Heather Smith. "That is an understatement of the shortage, which is actually much higher. We can use the entire 2008 graduating class of 1,375 new nurses right away, and still be

UNA also questions whether the Conservative promise short," she points out. to graduate 2000 nurses in 2012 is realistic. "If the government's goal is 2,000 grads by 2012, they need to increase intake quite a bit more this year than they are proposing," Heather Smith said.

On top of the current shortage and the coming retirement boom, there is also the rapid expansion of

"How are they going to open up the desperately needed hospital in Calgary, or hundreds of more beds in Edmonton?" Heather Smith asks. "We already have hospital beds idle because of a lack of nurses in both cities."

"All the promises and announcements made over the past year about educating more nurses, do NOT add up to a complete solution. It's a plan to continue failing, rather than to actually meet the needs for nursing care."

While the nursing shortage is a continent-wide and even global issue, poor government planning in Alberta left this province particularly short. In 1990, Alberta's nursing programs graduated 898 RNs but that number had dropped to 440 by 1999. All the in-hospital nursing programs were closed and the educational institution nursing programs were not expanded enough to make up the difference.

"The Alberta government's past failures to plan for the health workforce have left our system in crisis today," says President Heather Smith. "We have no confidence the government has a detailed plan now. We have asked repeatedly for planning projections and demographic assumptions, but government has not released that information and no one has ever seen any that we know of. Our health care system is too vital to be handled in such a slipshod manner. When it comes to the health workforce we really need a plan, not just a promise."





### BACKGROUND

# The numbers on Alberta's Nursing Shortage

### THE CURRENT SHORTAGE OVER 1,400 NURSES NEEDED NOW1.

The government estimates Alberta has about 1,400 vacant RN or RPN positions currently. Most nurses agree, even if all the vacancies could be filled, there still would be nursing work left undone. The shortage is even greater than the number of vacancies.

### THE EDUCATION GAP: 2007-08 1,375 REGISTERED NURSING GRADUATES<sup>2</sup>.

Government figures estimate the province will be graduating 1,375 RNs and RPNs this year from the 11 nursing programs in Alberta. That is up dramatically from the low point of 440 nurses that graduated in 1999.

If every graduate immediately goes to work in our system, we would still be short.

### 10,000 NURSES ELIGIBLE TO RETIRE OVER THE NEXT 5 YEARS3.

Over one third of the province's 27,000 Registered nurses are 50 years of age or older. Nurses on average retire at the age of 55. Although United Nurses of Alberta and the Health Employers are trying many innovative steps to encourage nurses to delay retirement, many will nonetheless leave jobs that have become stressful because of high pressure caused by

We could lose 2,000 of our most experienced nurses a year. the shortage. That is more than we will be graduating each year.

In addition, there is a significant level of attrition of recent grads, new nurses who stay in the profession for only a short time before deciding it is "not for them".

Alberta needs to be educating and hiring more than 2,000 new nurses each year to maintain current nursing levels.

### IS EXPANDING, MORE NURSES WILL BE NEEDED.

Plans are to open a major new hospital in Calgary in three years, as well as a new heart institute in Edmonton and significant expansions are planned in several other areas. All these expansions will need yet MORE nurses to provide services.

- Alberta Health and Wellness Backgrounder, December 20, 2007
- Alberta Health and Wellness Backgrounder, December 20, 2007
- Aweria ricaum and weimess Dackgrounder, December 20, 2007

  3 Canadian Institute for Health Information, Highlights From the Regulated Nursing Workforce in Canada, 2005, Preliminary Report CIHI 2006

# NURSING CARE P



# A Nursing Care Plan for Alberta Nursing

A lbertans need a high-functioning health system and that will take more nurses. UNA is currently working on a plan on what our province and Health Regions need to do to alleviate the shortage.

"We will be bringing out the details on what we call "the nursing care plan for Alberta nursing," Heather Smith said. "Our system is unwell, and with a good plan, we can help it recover," she said.

The greatest immediate source of more nurses available in Alberta is the nurses we already have.

A low percentage of Alberta nurses work full-time, as low as 25% in some areas.

"I can't handle more shifts," is the most common reason nurses give for not working more shifts. Nurses take a cut in pay and work three days a week instead of five, because that's all they can handle.

The nursing shortage is in many ways, the worst cause of the nursing shortage. Units that run short-staffed have high stress levels and one of the reasons nurses don't work more shifts. And the worse it gets, the fewer shifts nurses are able to handle. It's been a bit of a downward spiral as we watch more nurses move to part-time.

The spiral must be reversed. Lighter workloads and stress levels with more nurses working on a unit will help. But, that is hard to do when we do not have more nurses to hire. We need to look at ways to encourage part-time nurses to increase their FTE and take on more shifts. Managers need to set higher, survivable and sustainable staffing levels and reduce workloads.

Help present UNA's **Nursing Care Plan** to government

Come to the nursing rally at Noon, Monday, May 12, 2008 at the Legislative Assembly in Edmonton.

Celebrate Nursing Week and Florence Nightingale's birthday with ACTION to fix health care in Alberta.

We will be presenting the *The Nursing*Care Plan for Alberta Nursing to the
Alberta government. Help tell the
government: Enact a real plan to
alleviate the nursing shortage!

NAJ

## Government tries to reassure LAPP members

### But threat to pension plan remains

any LAPP members have recently received letters from the Government, an MLA, or employer, in which they try to refute warnings from the Labour Coalition on Pensions about possible threats to your pension plan.

The facts are as follows: at the November 15th, 2007 meeting of the Local Authorities Pension Plan (LAPP) Board of Trustees, employers and the government forced through new rules of procedure that changed voting and quorum requirements for the Board. Up until that time, the five union-nominated employee representatives on the Board had the ability to block changes to the plan that might affect members' benefits. Under the new rules, however, that ability is gone.

This development set off alarm bells for the unions representing LAPP members. All across Canada pension benefits are coming under attack, and early retirement benefits are usually first on the list. Over the last couple of years, LAPP employers, the government, and LAPP administration have made repeated references to the high cost of maintaining the plan's early retirement features, such as the "85 factor".

In response, the Labour Coalition on Pensions took steps to force the government and the LAPP Board to restore the old rules of procedure and the union protection that went with them. In December, the unions filed a court action seeking reversal of the Board's decision. In January, UNA and other unions contacted members and urged them to contact the Premier, the Finance Minister, and their MLAs, demanding the rule change be nullified. At the same time, a website was launched to inform members about these new threats to the plan and its benefits (http://www.savemypension.ca) .

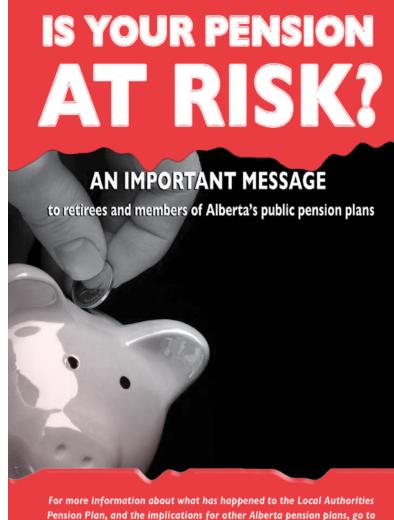
Despite these efforts, the LAPP Board continues to operate under the new rules of procedure. The storm of protest from LAPP members has, however, thrown the government and the LAPP Board on the defensive. On March 4, 2008 Grant Howell, Chair of the LAPP Board, posted a letter on the pension plan's web site (http://www.lapp.ab.ca/). In this letter, Mr. Howell tries to reassure LAPP members, insisting:

- "There are no changes planned to 85 factor retirements."
- "There are no changes planned to cost of living allowances."
- "There are no changes planned to any of LAPP's early retirement provisions."

What the letter doesn't say is that under the new rules all the items listed can be changed in the face of unanimous opposition from union representatives on the Board. This is not a matter of opinion, or of interpretation – it is a fact.

It is this fact, along with statements from the Government and from LAPP administration about the high cost of early retirement benefits that convinces the unions in the Labour Coalition on Pensions that a threat to these benefits remains.

The Coalition is continuing with a court case on the issue and it is still calling on LAPP members to contact their MLAs, the Premier, and the new Finance Minister. Let them know that vague promises or halfway measures won't do it – the LAPP must return to the voting and quorum rules in effect before November 15th 2007, and the union representatives on the Board must have the ability to protect members' benefits.



www.SaveMyPension.ca

### CONTRACT *notes*

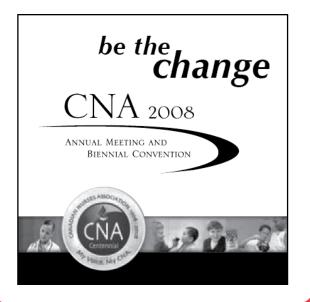
### **UNA sending delegates to RPN and CNA conferences**

UNA is funding members to attend both the World Congress of Psychiatric Nurses May 22-24, 2008 in Regina and the Canadian Nurses' Association Convention in Ottawa June 15 -18, 2008.



For the Psychiatric Nurses Conference, UNA will fund two members-at-large to attend. Funding includes conference registration, travel, hotel, meals, salary replacement for LOAs as per UNA policy. To be eligible to enter the draw to attend this conference, members must hold current registration with the College of Registered Psychiatric Nurses. Deadline to submit your name to Provincial Office is April 11, 2008.

UNA will fund two members-at-large to attend the C.N.A. Convention. Funding includes conference registration, travel, hotel, meals, salary replacement for LOAs as per UNA policy. To be eligible to enter the draw to attend this conference, members must hold current registration with the College and Association of Registered Nurses of Alberta. Deadline to submit your name is May 9, 2008.



### UNA Board sets new process for breaking seniority ties

Since Bill 27 was passed in 2003, and many Locals were bundled into single bargaining units, UNA has had no clear tie-breaking policy if two people have the same seniority date. Locals previously used different tie-breaking systems. And now there are far more nurses in the same bargaining unit, where seniority date can be important.

At its March meeting, the Provincial Executive Board set a new tie-breaking policy that will apply to all members. The new policy comes into effect May 1 and UNA will be publishing the seniority lists with the new ranking.

#### SENIORITY TIE-BREAKING POLICY

or Employees with the same seniority date a computer generated random draw will take place to determine the ranking - this ranking will be permanent, for all purposes, and will be within the Bargaining Unit. Any Employee importing seniority shall be placed as the least senior of the Employees with that same seniority date. If multiple Employees are importing seniority with the same seniority date the ranking will be determined by a computer generated random draw, and then will be placed at the bottom of those Employees with the same seniority date.

### Supernumerary Nurses MUST be in addition to regular staffing

The Letter of Understanding on Retention and Recruitment Initiatives in the Provincial Agreement includes a special provision to encourage recruitment. Health Regions are able to hire new graduates into special Supernumerary positions, without posting these positions.

Supernumerary means these new graduates work under supervision in addition to regular staffing, and do not replace regular staffing.

If the regular staff complement on a unit is 5 nurses, then if there is a supernumerary nurse, the count must be a total of 6 nurses.

#### The Letter stipulates:

"These positions shall not be part of the staff count. There shall be no reduction in the number of nursing hours worked on any unit as a result of the creation of these positions."

This also means supernumerary nurses cannot replace regular staff under any circumstance. They cannot be brought in on an overtime shift to cover for a nurse in a regular line who is off.

# Can CARNA certify international nurses fast enough?

hundreds of international Registered nurses to stem the growing shortage crisis. But concerns are being raised that the College and Association of Registered Nurses of Alberta (CARNA) cannot screen and certify IENs (Internationally Educated Nurses) fast enough and as a result other provinces like BC and Ontario are the preferred choice for many international nurses.

Reports are that the "word on the street" in the Philippines is "don't go to Alberta, you may never get certified". The Philippines has over 800 nursing schools, and has a 'nurse export' policy. The country is a prime source of nurses for Canada.

Recently, Saskatchewan nurse recruiters were accompanied to the Philippines by the Saskatchewan Registered Nurses' Association (SRNA). They reviewed transcripts on the spot and advised nurses whether they would likely be approved quickly for registration and provided access to application documents.

UNA asked CARNA to explain the certification process for IENs and asked whether the process is hurting Alberta's competitiveness in international recruitment.

CARNA responds that they have "streamlined our internal processes" and have gone from a wait of six months to less than five weeks from the date of receiving documents to assessment of eligibility of IENs.

For the five months ending February 2008, CARNA reports that they performed a preliminary assessment on the documents and application of 521 IEN applicants.

- 163 were eligible for temporary permits.
- 294 (57 per cent) were referred to the Mt. Royal College IEN Assessment Centre.
- 59 were deferred, pending receipt of further documentation.

The remaining applicants were ineligible.

Most of the international nurses were required to take the Mount Royal College Substantial Equivalency Competence assessment, a 3-5 day process using a variety of tests for each core competency. Most nurses are assessed as needing some additional Canadian education, or language training to get a temporary permit. Mount Royal College also runs the Bridge to Canadian Nursing Program where courses cost up to \$2,000 each and can take a full semester to complete.

CARNA does NOT give temporary permits to nurses referred to Mount Royal and going through the assessment or upgrading process. The College recently decided to develop a model for interim limited licensure for IENs who have specific gaps in experience or education. As it stand now, however, international nurses coming to Alberta might have to wait months and spend thousands of

dollars before CARNA allows them to begin working

Under previous legislation, eligibility was determined by assessing education, using transcripts and credentials. However, the information provided by credentials and transcripts is severely limited, CARNA says.

The College also notes it "is under increasing pressure to license more IENs more quickly while upholding our mandate to ensure all RNs issued licensure are competent to provide safe and ethical nursing care in Alberta's health care system."

There has been a major jump in international nurses applying for certification in the province. In 2006-2007, applications rose 230 percent from the previous year and CARNA expects this year to be higher yet. CARNA says they are committed to "facilitating licensure of IENs and continue to work extensively with employers, government and educational institutions to explore ways to expedite the registration process for IENs."



### **OCCUPATIONAL HEALTH & SAFETY**

### O H & S

### **SCENT FREE**

Scented products can be a health threat to many co-workers and patients

ncreasingly, workers are becoming sensitized to chemicals in the environment. For many people, being exposed to perfumes and other scented products can pose a serious health risk. In addition, scented products can aggravate existing health problems for workers who suffer from asthma, allergies and other health conditions.

### What are the health effects of scented products?

Symptoms can include shortness of breath/ wheezing, dizziness, headaches (including migraine), nausea, fatigue, difficulty concentrating, confusion, loss of appetite and cold-like symptoms.

Fragrances have long been recognized as skin allergens and irritants. Scented soaps and cleaners can cause skin problems such as dermatitis.

Scented products are known to be respiratory irritants. These products can cause or worsen respiratory problems such as asthma, emphysema, bronchitis and allergies. In one survey of asthmatic patients, researchers found perfumes and/or colognes triggered an attack in 72% of the subjects.

Some of the synthetic compounds used in fragrances are known to be toxic and in some cases cause cancer. Scents can also affect the brain. Some research indicates scent materials can affect frame of mind in a manner similar to alcohol and tobacco.

#### What can you do?

- Avoid wearing scented products recognize these scents can have a serious effect on your co-workers and patients.
- Ask your employer to develop and implement a scent-free workplace policy.
- Notify your employer if you are an individual who's health is affected by scents in the workplace.
- Contact your union representative to assist you in ensuring you are provided with a scent-free work environment.

#### **UNA SCENT FREE**

UNA strives to provide a scent free environment.

We ask that staff and visitors refrain from using scented products.



# UNA negotiations nets several new contracts

NA Locals have recently concluded negotiations with new collective agreements with the Agapé Hospice in Calgary and with Canadian Blood Services. The Agapé agreement covers all the Employees at the facility, not just nurses. The Canadian Blood Services agreement launches a new first for UNA. That agreement sees nurses get their full professional fees, CARNA or CRPNA, reimbursed. The agreement gets parity in most terms for the CBS nurses but also sets the highest salary rates, with 4% above provincial rates going to nurses in their first two years, until they become eligible to enter the pension plan.

Negotiations with Extendicare for the many long-term care centres across the province went for four days of mediation in March without a resolution. Although salaries had been settled at provincial rates, shift differentials, education allowances and other matters were still not resolved and further mediation dates were set for April.

Talks have also begun for new contracts with the Central Park Lodges and Forest Grove LTC in Calgary.

### Contract booklets out for Provincial Agreement

he slightly larger format new Collective Agreements have been printed and distributed throughout the province. Still in the distinctive UNA red the booklets are a bit larger, with slightly larger type, than the previous one. They were distributed through Employers' Human Resource departments. Nurses under the provincial agreement who did not receive their copy should check first with their HR department.

### UNA's Rachel Notley moves to the Legislature

NA's Labour Relations Officer Rachel Notley was in the office to clean off her desk, recently. She's moving to her new job as the newly elected Member of the Legislative Assembly for Edmonton Strathcona. Rachel—who is the daughter of late NDP leader Grant Notley—has been a UNA LRO for the past several years.

"We want to congratulate Rachel on her win," said UNA President Heather Smith. "She will be a great MLA and a great advocate for regular Albertans." Heather also went on to note that UNA would not miss Rachel too badly, because "she's just moving across the street." The NDP caucus office on the grounds of the Legislature is immediately across the street from the building that houses UNA's provincial office.

### UNA hiring Labour Relations staff

raham Paul is the first of three new Labour Relations Officers UNA is hiring. Graham began with UNA in mid-March. Two other new LRO positions were being advertised and should be filled shortly. Graham comes to UNA from a Human Resources position with the Calgary Health Region.



Getting the hang of the union

UNA Education Workshops

Big photo middle: (l to r) Deborah Keller, Tim Gough and Kevin Iwaasa

Bottom: (l to r) Susanne Henrikse. Moira McColl, Melissa Austin.

Top right: (l to r) Phyllis Hill, Linette
Bristol, Cheryle Bina



Workshop learn about how UNA works, and a Local Executive's tasks and responsibilities. All newly elected Local Executive members get to attend workshops like these to learn more about what they can do to assist their Local members. UNA's Education Officer, Tim Gough teaches the workshops.



Employers matching RRSP contributions up to 2% of annual earnings

Nurses can contribute to a supplementary RRSP and the Employer matches the contribution. The supplementary RRSP benefit which first came in with the 2001 contract is an easy way to double your money.

Nurses can begin contributing to the RRSP in any month. You are not allowed to contribute for previous months, however. Most Health Regions are running a special RRSP plan and contributions must be made to their plan. But, you can always withdraw the money from the plan, cash out all or part of your RRSP.

If you want you could subsequently put it in your own RRSP, (and get the taxes back) or spend the money.

The supplementary RRSP is completely separate from the regular benefit pension plan.

Anyone not taking advantage of this... is losing out on 2% extra pay."



### Alberta going after international nurses

Alberta's two major health regions have extended nearly 1,400 job offers to international nurses as part of their biggest overseas recruitment drive.

The Calgary Health Region says it needs 600 nurses now and will need hundreds more in the coming years as workers retire and a new hospital is built.

In Edmonton, Capital Health estimates it will have a shortfall of hundreds of nurses every year for the next several years.

Not all the job offers will turn into new nurses working in the province, however. Many of these nurses will not make it to the province.

### BCNU wins court decision on government enforcing medicare

The BC Nurses' Union (BCNU) has won a key victory and some substantial legal breakthroughs at BC Supreme Court in an on-going action against the provincial government for failing to enforce the laws of medicare.

BCNU contends that by turning

a blind eye to so-called facility fees charged by private clinics, the government is neglecting its legal responsibility to protect patients from user fees and extra billing for medicare-insured services.

In a ruling that dismissed most of the government's technical objections to the union's case, Mr. Justice Kelleher found that the union has raised a serious legal issue about the Medical Service Commission's failure to enforce the BC Medicare Protection Act. He also ruled that the union has the capacity to raise issues of health care policy that go beyond those narrowly defined as labour relations, and that the union has a genuine interest on behalf of its members' own interests to pursue the case.

#### Manitoba nurses reach settlement just days before strike vote

The Manitoba Nurses Union reached a tentative agreement just two days before a planned strike vote March 10. The settlement calls for a 10% salary increase over two years, plus a special provision for an arbitrator to further increase salaries. On October 1, 2008 the arbitrator must set an additional salary increase if it is necessary to keep Manitoba Nurses up at fourth place in Canada in wages.

The agreement also included long service recognition with extra vacation for nurses in their 20th year. It improves maternity wage top up, employer paid disability and rehab premiums, mentorship premiums and an improved northern isolation allowance.

The Union had earlier broken off talks and called the strike vote after health employers backed down on an earlier offer. Many nurses in the province had already begun refusing to pick up extra shifts.

### Ontario Nurses settle main contract

The Ontario Nurses' Association (ONA) members recently voted 96 per cent to accept a new agreement for that province's 50,000 hospital registered nurses and allied health professionals.

The tentative settlement includes salary increases for hospital nurses of 9.55 per cent over the three-year term running to 2011. In addition, nurses will receive a lump sum payment that varies with length of service and is equivalent to an additional 3.70 per cent for the majority of ONA members.

The new ONA salaries effective April 1, 2008 go from a start rate of \$27.67 to a top rate of \$40.00. In comparison, UNA rates, on April 1, 2008 have a start rate of \$30.80 to a top rate of \$40.43.

It is a three-year agreement for ONA running until 2011. Shift premiums rise each year to 2011 when they reach:

- Night shift \$2.25
- Evening shift \$1.85
- Weekend shift \$2.40

### Nova Scotia nurses reach new contract

Nova Scotia Nurses' Union recently announced a contract settlement for more than 5,700 Registered Nurses, Licensed Practical Nurses and Nurse Practitioners in that province. The deal includes a 2.9% salary increase for three years, and a 2.1% increase in 2009, the final year of the agreement.

The agreement also included a 2% per year bonus for all nurses who are eligible to retire who agree to work for another year.

The Nova Scotia agreement also provides a Canadian first: full portability of seniority from any Nurses' Union across the country that belongs to the Canadian Federation of Nurses' Unions.

#### New Health Minister looking at privatization changes

Barely hours after being sworn in as Alberta's new Health and Wellness Minister, Ron Liepert promised immediate action on health care. Unfor-





Michelle Shewchuk President of Local 31 in Ponoka (left) with another nurse at the UNA Central District meeting.

tunately, he took most of his message from Ralph Klein's book, talking about health care's costs, sustainability and Mazankowski-type changes.

"We do not think for a minute that this is the right prescription for health care in this province," said UNA President Heather Smith. "Mazankowski was the foundation of the 'third way' which was soundly rejected by Albertans," she said.

### Saskatchewan nurses get deal on recruitment, but not in bargaining

In February, the Saskatchewan Union of Nurses signed a deal directly with the province's newly-elected government to work together to solve Saskatchewan's shortage of Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs).

But, in current provincial contract bargaining, SUN has been unable to get the province's Health Regions to implement the unique provincial deal in the collective agreement.

This month SUN President Rosalee Longmoore wrote to the province's Health Minister suggesting he direct the Health Regions to implement the recruitment and retention program in the collective agreement and stop "open defiance" of the government's policy.

The deal with the government includes dedicated funding to hire 800 registered nurses with annual targets set out for achieving this goal over the next four years. They are working with

current CNA President Dr. Marlene Smadu, who is also Associate Dean of Nursing at the University of Saskatchewan to facilitate development of a more detailed action plan.

### Saskatchewan making it illegal for nurses to strike

At the same time as Saskatchewan nurses are embroiled in complex contract talks, the new provincial government is bringing in a new law that the nurses say would deny them the right to strike. The new "essential services" legislation allows health employers to determine how many nurses must be on staff for essential services during a labour dispute. There is no way for the union to challenge what the employer decides is essential.

In a letter to provincial newspapers, SUN President Rosalee Longmoore says the government is well-aware that the union has a policy to provide, and has always provided, necessary care in any strike situation. She says the proposed law has nothing to do with public safety but instead "is intended to strip union members of the right to strike."

#### Premier's mandates call for increase in health professionals and "efficiency"

Premier Ed Stelmach released new "mandate" letters for cabinet and government departments on March 27.

The goal of more doctors, and boosting the number of registered nurse graduates to 2,000 by 2012 is in line with the Premier's first campaign promise. Most four-year nursing programs should see a big boost in new students in September if they are going to graduate 2,000 RNs four years from now.

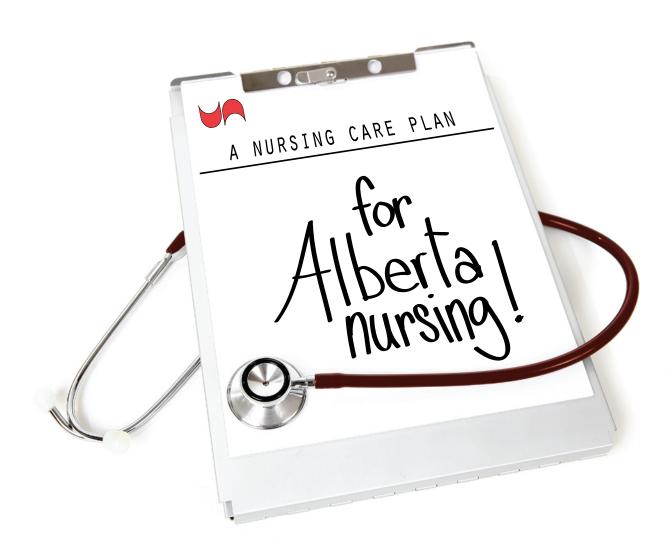
In health care generally, the goals were much less specific: "access" and "efficiency" are both rather vague terms. Both goals could be implemented with management improvements or with dramatic changes like introducing more private for-profit delivery. New Health Minister Ron Liepert has already coyly promised something along the lines of the Mazankowski-style reforms. Liepert could be suggesting the government is ramping up for the "fourth try" at for-profit health care in the province.

# Get connected on the UNA • Net and keep up with the latest UNA information including negotiations.

UNA's electronic email system is the best way to keep up with the latest contract bargaining news, union news, professional nursing issues and province-wide discussions...get the latest on UNA Net. Packaged with your account comes your very own email address @una.ab.ca

The service is available to all UNA members with a Macintosh or Windows computer and a connection to the internet. Getting online with the UNA Net is easy: to find out more go to www.una.ab.ca and click on the link for member's only. There you can send a message to the information systems department requesting your account. Once your membership has been verified, a user ID and Password will be emailed to you giving you immediate access to the system.

### Action on the nursing shortage now!



#### **Nursing Week Rally** Florence Nightengale's Birthday

Noon - Monday, May 12, 2008 Legislative Assembly - Edmonton

> UNA will be presenting The Nursing Care Plan for Alberta Nursing to the Alberta government.

### **Tell the Alberta government!**

Bring in a real plan to alleviate the nursing shortage!