

UNA staffing news: new managers & LROs

PAGE 14

Zeros 'unlikely' as bargaining process begins

PAGE 3

Brent Smith: Beloved LRO remembered

PAGE 9

Local 33 member Stephanie Rivera took part in a photo shoot at the Royal Alexandra Hospital Emergency Ward in Edmonton for use in the 2016 Nurses' Planner. See the story about the planner on Page 12

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Historic undertaking by UNA and CARNA works for betterment of our nursing profession



■ The days are already growing longer and warmer, and very soon spring will be with us in Alberta.

This spring at United Nurses of Alberta, we are experiencing a significant renewal of another sort. That is, the historic undertaking by UNA and CARNA – the College and Association of Registered Nurses of Alberta – to work together to enhance the image of our nursing profession.

In 1974, a Supreme Court of Canada ruled that the Saskatchewan Association of Registered Nurses could not represent RNs in bargaining because most of the officers of the professional association were traditionally employed in management positions in the province's health care system.

This Saskatchewan case had a profound impact on how nurses were represented in collective bargaining in other provinces, including here in Alberta, where staff nurses had been represented by the Provincial Staff Nursing Committee of the Alberta Association of Registered Nurses. It led to the establishment of independent labour unions for nurses all across Canada, and in Alberta that meant the creation of United Nurses of Alberta and Staff Nurses Associations of Alberta.

Naturally, dividing an organization that had once had both a collective bargaining role and a regulatory function was complicated and stressful.

UNA was founded at a general meeting of the AARN on May 6, 1977. With the vote by 1,300 RNs at the meeting, UNA took responsibility for collective bargaining for Alberta's nurses. Soon after UNA was founded, the majority of staff nurses' associations at Alberta hospitals made applications to the Alberta Labour Relations Board for successor rights to become chartered locals of UNA.

For many years after that, UNA and CARNA – both successor organizations of the AARN – worked separately for their vision of the betterment of the nursing profession.

Now, through the advertising program that will be rolled out during National Nursing Week 2016, which runs from May 6 to 12, we will be working in concert and in harmony toward a goal that we share despite our separate functions in the profession.

This is a significant development, and I hope it will grow and bear fruit in future years.

Heather Smith
President, United Nurses of Alberta

UNA members sharpen their skills at labour school

More than 50 United Nurses of Alberta members participated in the Alberta Federation of Labour/Canadian Labour Congress Winter School, from January 17 to 22, 2016, in Jasper. Members attending in the annual school were immersed in a wide-range of course topics, including women in leadership, occupational health and safety, labour history and law, communications and social media, and collective bargaining. 🍷



Talk of zeros misleading:

BARGAINING

UNA expects 2016 negotiations to proceed normally

Is Alberta's NDP Government heading for "an almighty dust up" with public sector unions that are its traditional supporters?

This suggestion was made in a February 10 column by Calgary Herald political columnist Don Braid, who claimed that when Health Minister Sarah Hoffman raised the idea of constraining physician pay through changes to their compensation model, that meant zero might be the new normal for public sector pay increases.

However, UNA Labour Relations Director David Harrigan told Braid zeros are unlikely when public sector agreements are negotiated.

"Ralph Klein said the nurses would have to take zero and zero," Harrigan reminded Braid. "Ed Stelmach said the nurses would have to take zero and zero. Alison

Redford said we'd have to take zero and zero. And we never did."

The collective bargaining process will proceed normally, Harrigan said, with unions and the employer stating their positions, and both sides then negotiating a saw off that everyone can live with.

Harrigan said he does not believe Hoffman's remarks about physician pay were intended to foreshadow the government's position on any other negotiations.

UNA's Provincial Collective Agreement, covering registered nurses employed by Alberta Health Services, Covenant Health, Lamont Health Care and Bethany Group (Camrose) expires on March 31, 2017. That means formal bargaining will likely start later this year. A demand-setting meeting is scheduled to take place November 21 to 24 in Edmonton. 🍷

Harrigan said he does not believe Hoffman's remarks about physician pay were intended to foreshadow the government's position on any other negotiations.

AHS formally launches search for new CEO

- Alberta Health Services has formally started its search for a new permanent president and CEO.

The job is now posted on the websites of both AHS and Boyden Global Executive Search, found at boyden.ca.

The recruitment process is anticipated to take until mid-2016, AHS said.

Vickie Kaminski announced her resignation as AHS President and CEO in November. Dr. Verna Yiu, formerly AHS vice-president, quality, and Chief Medical Officer, assumed the role of interim president and CEO last month. 🍷

Vickie Kaminski announced her resignation as AHS President and CEO in November.

AHS said in a February 4 news release that it had hired an executive search firm “to recruit an individual with significant experience leading large and complex organizations who can help AHS build on its successes, and focus efforts on health outcomes and quality.”

Influenza cases continue to rise across Alberta

- Influenza activity in Alberta continued at seasonal levels in early February, with localized activity in the Edmonton area and sporadic activity elsewhere, Alberta Health Services reported.

Alberta’s effort to encourage an increase in overall immunization rates among all health care employees.

As reported in a previous edition of UNA NewsBulletin, Health Minister Sarah Hoffman told reporters at that clinic that health care workers can now be immunized at their workplaces while they are on shift so they do not need to take time off work to get the flu vaccine.

UNA’s position has long been that vaccination programs are only a small part of the overall response that is required to prevent exposure to influenza and the spread of this serious disease in health care settings. Other components include routine hand hygiene, use of personal protective equipment, isolation policies, sufficient capacity in the system to meet a surge in patients, and adequate staffing at all times.

As of February 1, according to AHS, 55 per cent of Alberta Health Services’ 95,466 employees had received the vaccination. 🍷

As of February 11, the number of confirmed Influenza A and B cases in the AHS Edmonton Zone had reached 593, an increase of 167 from the previous week. In Calgary, there had been 385 confirmed influenza cases, up 102 from the week before.

With three new flu-related deaths, total flu-related deaths this season had risen to 10 – seven in Edmonton and three in Calgary.

In all, there had been 1,392 known cases throughout the province.

By the same time period, almost 1.1 million Albertans had been vaccinated against the disease, AHS reported.

United Nurses of Alberta started the 2015-2016 influenza season with a statement of support for the government of

With three new deaths, total flu-related deaths this season had risen to 10 by mid February – seven in Edmonton and three in Calgary.

Election of new government in Ottawa creates opportunities to improve health care

By Anil Naidoo, CFNU

■ The election of a new federal government has created significant opportunities for positive change to Canada's health care system, after a decade of neglect. The Canadian Federation of Nurses Unions has welcomed some of the early signals from this government, but there is still much work to be done.

This is why CFNU acted quickly after the election, bringing together 50 national health care stakeholders to discuss what we want to see in a new national Health Accord. For years the Harper Government refused even to discuss health care with the provinces, meaning little progress could be achieved.

Immediately after the election of Justin Trudeau's Liberals in the October 19 federal election, CFNU began to organize stakeholders so that any negotiations for a new accord would have input from health care professionals, including front-line nurses. On December 15, we held a one-day face-to-face session in Ottawa to discuss strategy with a broad range of organizations.

Over the following weeks, CFNU gathered further inputs and comments from these stakeholder groups. The resulting CFNU document "Towards a Health and Social Accord" was presented to 13 of Canada's health ministers and their senior staff in Vancouver on January 20 at a breakfast briefing hosted by CFNU President Linda Silas. Below are the key recommendations:

First, set a strong course forward for Canada by implementing a Health and Social Accord that includes four priority policies:

- A National prescription drug plan (Pharmacare)
- A Canadian strategy for healthy aging

- Improved access to health services in home and community settings
- Improved access to mental health services

Second, establish a staged agreement that includes:

- Short-term targets achievable in time for Canada's 150th birthday in July 2017
- Medium-term goals to be achieved by 2019 so Canada enters the 2020s with predictable, long-term, stable funding to ensure development of robust services and public policy
- Long-term commitment to extend federal funding to 25 per cent of health care costs by 2025

Third, support implementation of these policies through stable funding and co-ordinated health human resources planning.

To improve the health of Canadians, governments must recognize health care systems do not exist in a vacuum. What is required now is better co-ordination of health and social services and a more integrated approach to health and social policies, while maintaining existing health and social transfers.

That is why CFNU has broadened the call to now include "Social" in the title of the Accord with the well-established impacts of social determinants of health in mind.

There is still a long way to go and CFNU will continue to engage with governments in the coming months to ensure a new accord reflects the inputs and expertise of nurses. CFNU is optimistic, though, that we have a historic opportunity to make progress on policies nurses have long been advocating, including a national prescription drug plan. 🍀



CANADIAN
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WHEN KNOWLEDGE MEETS KNOW-HOW

CFNU report calls for new approach to health human resources planning

■ The Canadian Federation of Nurses Unions published a report at the end of January calling for a new approach to health human resources planning to safeguard the quality of care for patients and families.

The report – entitled *Bridging the Generational Divide: Nurses United in Providing Quality Patient Care* – provided persuasive evidence of the effects of ‘boom to bust’ models of nursing, with health human resource planning changing with every shift in the political landscape.

It also painted a bleak picture of a troubled workplace where front-line nurses must struggle to meet their professional obligations to provide safe, quality care, in the face of excessive workloads and overtime, high nurse-patient ratios, and management that is too often removed from front-line realities.

“Despite decades of research highlighting the need for sustainable nursing human resources, nurses still report high rates of staff shortages, overtime, and excessive workloads,” said report author Dr. Sheri Price.

“Extensive research showing the link between overtime, workload and safe staffing on patient care has not resulted in solutions to address these issues,” said Price, who is a professor at Dalhousie University’s School of Nursing.

“Interviews with front-line nurses illustrate that workplace issues directly impact their ability to provide quality, safe patient care,” she said.

Based on a comprehensive literature review, along with 18 focus groups with early-, mid- and late-career nurses, plus nursing students, *Bridging the Generational Divide* calls for key stakeholders in health and nursing human resource planning, including federal, provincial and territorial governments, to address the challenge of nurse retention and recruitment.

The report’s recommendations focus on six themes:

1. Work-life balance/health
2. Evidence-based safe staffing
3. Workplace relationships/leadership capacity
4. Teamwork
5. Student/new nurse graduates’ transition programs
6. Continuing education/professional development training

“As nurses, we must act to protect our patients and reverse dangerous trends,” said CFNU President Linda Silas. “We must speak up for patients and make our voices heard so that everyone knows what is at stake.

“We must also work toward health care policies that focus on health care workers as individuals, and nurses as professionals with full lives, and not solely as angels of mercy,” she added.

A copy of the full report can be found on CFNU’s website – nursesunions.ca. 🍷

“We must also work toward health care policies that focus on health care workers as individuals, and nurses as professionals with full lives, and not solely as angels of mercy.”

–CFNU President Linda Silas



UNA welcomes new locals in Medicine Hat and Calgary

- United Nurses of Alberta is proud of welcome two new locals to our union.

Recently organized employees represented by UNA Local 420 at Sunnyside in Medicine Hat and Local 421 at the Father Lacombe Care Centre in Calgary include Registered Nurses, Licensed Practical Nurses, Health Care Aides and other allied health workers.

These are the second and third worksites at which UNA represents employees other than RNs and Registered Psychiatric Nurses. UNA already represents RNs, LPNs and other health care workers at AgeCare Beverly Midnapore in Calgary.

Representatives of Local 420 started negotiations for a first collective agreement with their employer on January 4 and 5, 2016. Additional meetings are expected to be held in spring 2016.

UNA is in the process of starting collective bargaining with the employers represented by Local 421.

UNA provides a wide range of services to its members. A key role is negotiating the excellent collective agreements that regulate salaries, benefits, schedules and working conditions of members. UNA also administers its agreements to resolve disputes, improve working conditions and protect nurses' workplace rights. 🍷

Local 420 was formed shortly after Registered Nurses at Sunnyside voted to join UNA in late 2015.



www.southcountrylodge.ca

Wainwright UNA members improve obstetrics services through PRC action

- United Nurses of Alberta Local 38 at the Wainwright Health Centre reported improvements to workplace conditions following the conclusion of a successful Professional Responsibility Concern.

After filing numerous PRC forms related to a lack of consistent training, mentoring, involvement and management direction in the obstetrical program, a plan was developed to improve communication with staff, identifying charge nurse duties, outlining clear expectations for new hires and a revised schedule that ensured consistent staffing.

A working group consisting of experienced and new Registered Nurses developed a set of guidelines with roles for the orientating nurse and the mentor. The employer improved the orientation and charge nurse binder so that all nursing staff would have access to the same information.

At a follow up meeting, the local and Employer agreed that the issue was resolved based on the action plan and that it would be reviewed in early 2016 to ensure the changes were effective. The issue was reviewed and considered resolved in January 2016.



UNA NewsBulletin wants to publish stories of PRC successes by our union's members. If you have a PRC success story to tell, please contact the UNA Communications Department.

Registered nurses now able to prescribe Naloxone to reverse Fentanyl overdoses

- Registered nurses may now prescribe the drug Naloxone in response to a rising number of opioid- and Fentanyl-related overdose deaths in Alberta.

In order to prescribe Naloxone, Alberta RNs must meet five requirements as set by CARNA:

1. The RN must be on the registered nurse register and hold a current practice permit with CARNA
2. The RN must successfully complete the e-learning Take Home Naloxone Training Course with a minimum of 80 per cent
3. The RN must use the clinical support tools on the CARNA website

4. The RN must have access to the Take Home Naloxone kit supplied by the employer
5. The RN must document all nursing and prescribing Naloxone decisions in accordance with CARNA documentation standards and employer processes

To view these requirements in detail and for more information, visit nurses.ab.ca/naloxone.

According to Alberta Health, in 2015 there were 272 Fentanyl-related overdose deaths, more than double that in 2014 (120). There were 66 in 2013, 29 in 2012 and 6 in 2011. This extreme rise in Fentanyl-related overdoses is part of a pattern seen across Canada, but is most pronounced in Alberta.

In order to combat this rising number of overdoses, Health Minister Sarah Hoffman issued a ministerial order in December 2015 that authorizes registered nurses to prescribe Naloxone until July 2016.

The drug Naloxone, if administered in time, can temporarily reverse an opioid overdose. This gives more time for that person to seek medical treatment. Registered nurses prescribing Naloxone will save lives.

CARNA and Alberta Health recognize the skill and experience of registered nurses, and have been actively collaborating with stakeholders on behalf of Albertans to increase RN access to resources such as take-home Naloxone kits.

If you have questions, please contact practice@nurses.ab.ca.

Thanks to Community members who took part in survey

- UNA members in Community locals who work in nursing roles associated with home care delivery in Alberta may have been contacted recently by email to participate in UNA's online home care survey.

The survey was developed at the urging of members in response to concerns identified by home care providers.

The survey – which closed at midnight Monday, January 18

– has received an excellent rate of response.

Analysis of the data will be conducted over the next few months and the results will be shared with the Community locals whose members were invited to participate.

UNA sincerely thanks all members who completed this important survey. Your participation will help UNA 🍷

UNA mourns Labour Relations Officer Brent Smith

■ UNA members and staff were shocked to learn on February 10 that Labour Relations Officer Brent Smith had died suddenly after suffering a heart attack while on vacation in Cuba with his family.

Smith was a Registered Psychiatric Nurse who had been a UNA Labour Relations Officer for more than 15 years, and before that was a member of the Executive Board and of his Local Executive in Camrose.

“Brent was universally well loved and appreciated,” said President Heather Smith, who informed members and staff of the loss.

“On a personal level, I worked with Brent on many occasions, especially in negotiations with Extencicare, where his skill, patience, determination, caring and decency was largely what kept us together,” said Heather Smith. “Brent always had a smile on his face and a good word for all. He was truly one of the good guys.”

“Brent will be missed by UNA,” the president added. “Our thoughts and prayers are with his family.”

Other UNA members expressed their shock, sadness and memories, remarking on his kindness and gentle manner, combined with toughness and tempered by humour.

“I cannot remember UNA without Brent in some role,” wrote Local 38 member Mary Abbott in the FirstClass News Conference. “A mentor, a colleague, a great LRO for our local, a friend, a good man with a kind and gentle heart.”

“Brent was a friend, he was a colleague, he was an LRO,” said UNA Labour Relations Director David Harrigan at an informal gathering by UNA colleagues in Calgary and Edmonton to honour his memory.

“Brent was a negotiator; he was a problem solver. He was a nurse. He was a musician. But most of all, Brent was a pirate, Harrigan said, a reference to Smith’s piratical beard and his beloved PR8BRNT vanity plate. “So I am going to quote Walt Whitman:

*“O Captain! My Captain! Our fearful trip is done,
The ship has weathered every rack, the prize we sought is won,
The port is near, the bells I hear, the people all exulting,
While follow eyes the steady keel, the vessel grim and daring.”*

“Rest well, my pirate friend.” 🇺🇸



“Brent was a friend, he was a colleague, he was an LRO. Brent was a negotiator; he was a problem solver. He was a nurse. He was a musician. But most of all, Brent was a pirate.”

– UNA Labour Relations Director
David Harrigan

Condolences may be sent to
condolences@una.ab.ca



On the Day of Mourning, April 28, remember that nurses face real dangers on the job

By Dewey Funk
UNA Occupational Health
& Safety Advisor

■ April 28 is the International Day of Mourning for workers killed and injured on the job.

The occasion provides an important opportunity for Registered Nurses to reflect on their own workplace health and safety.

Just because RNs don't work in traditional industrial unions doesn't mean they don't face real dangers on the job.

Sometimes nurses face a far higher risk of injury than members of traditional industrial unions! Yet for many years, OH&S legislation in Canada has focused on the concerns of industrial unions. It wasn't until 2009 – only seven years ago! – that Part 14, *Lifting and Handling Loads*, and Part 35, *Health Care and Industries with Biological Hazards*, was written into the Alberta Occupational Health and Safety Code.

We can only guess why it took so long. Most health care workers are women. Health care wasn't seen as an industry – *it's health care!* – so society doesn't think of health care workers as being at risk of injuries or workplace abuse. And nurses themselves are patient focused, which can mean not focused enough on their own wellbeing.

Actual Workers Compensation rates show a very different picture:

WCB Sector Level Injury Volumes 2013-2014	Mining & Petroleum	Manufacturing, Processing & Packaging	Construction & Trades	Health Care
Est. WCB Covered FTE workers	190,368	201,306	450,998	135,411
% of Total Est. FTE Workers	9%	10%	21%	6%
Totals for no-time-off and time-off claims, 2013 & 2014				
Exposures	747	1,356	2,013	2,437
Musculoskeletal	3,767	11,850	18,918	12,663
Slips, trips, falls	1,577	3,552	8,263	3,994
Workplace violence	N/A	76	114	2,226

Source: Alberta Workers Compensation Board



For example, despite an estimate of more than three times the number of Full-Time-Equivalent (FTE) jobs worked in 2014 the WCB's construction and trades category, compared with its health care category, there were 18 times more workplace violence claims accepted in health care than construction.

In other words, for every 10,000 FTEs worked in construction, the WCB accepted 13 workplace violence claims. For every 10,000 FTEs worked in health care, the WCB accepted 802 workplace violence claims!

Given this, we need to remind employers they have a legal responsibility to provide safe workplaces.

Nurses often hear from their employers OH&S is a joint responsibility. But that's not what the Occupational Health and Safety Act says. The Act includes specific duties for employers and specific duties for workers. Likewise, it sets out general duties for employers and general duties for workers. But there are no "joint duties" in the law. So we are within our rights to remind employers they have a legal responsibility to educate employees about the Act, which states in Section 2 (1):

Every employer shall ensure, as far as reasonably practicable for the employer to do so, the health and safety of ... workers engaged in the work of that employer ... that the workers engaged in the work of the employer are aware of their responsibilities and duties under this Act, the regulations and code.

Since most nurses don't live solitary lives, if you are injured or killed on the job, if you require an accommodation to continue working, others will suffer too. That's why in every workshop I facilitate, I ask the nurses to tell me one important thing they do outside their work. My point is that while your occupation is very important, it's also important for you to remember there's more to you than just your job!

A canary in a birdcage is the traditional symbol for workplace OH&S. That's because, back in the day, canaries were taken into coalmines to test for deadly gases. If the canary fell, the miners knew to leave at once.

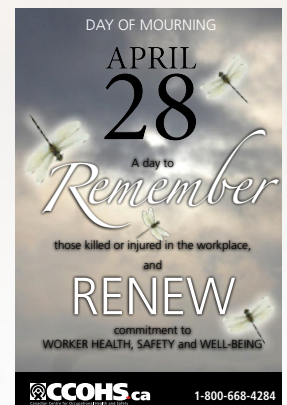
But this year UNA is using the dragonfly symbol of the Canadian Centre for Occupational Health & Safety for the Day of Mourning instead. The dragonfly symbolizes transformation, renewal and adaptability. Health care is always changing and the nursing profession adapts to change every day – and always will.

So on April 28 – and every day – remember the dragonfly and transform your thinking about your own health and safety. Remember that you are an important person and must go to work in a safe and healthy manner.

Your patients will still be patients, but if you don't feel safe or you are not healthy, you can't give them the care they deserve.

Work Healthy, Play Safe!

On April 28 – and every day – remember the dragonfly and transform your thinking about your own health and safety.



Nurse Planners are now in the hands of UNA members

■ UNA 2016 Nurses' Planners should be in the hands of members now.



This was the first year the Nurse Planners have been produced as a completely in-house project. As a result, we urge members who have suggestions for future editions to let the UNA Communications Department know so that we can improve the planners in future years.

This year's planner includes important information about UNA, as well as tools to assist you as you advocate for yourself, your co-workers and those in your care. Like last year, this planner also contains important information on the benefits package from the current Provincial Collective Agreement.

Send comments and concerns to Communications Advisors David Climenhaga at climenhaga@una.ab.ca or Dave Cournoyer at dcournoyer@una.ab.ca. 🍷

United Nurses of Alberta executive officers Daphne Wallace, left, Heather Smith, and Jane Sustrik, right, met with Health and Seniors Minister Sarah Hoffman on January 28, 2016, to discuss issues related to health care and the nursing profession in Alberta.



NCLEX-RN results highlight major issues with nurse licensing exam: CNA

■ The full-year NCLEX-RN summary results for 2015, the first year for this new exam in Canada, show that pass rates for first-time writers are less than 70 per cent, raising concern among many in the nursing profession, the Canadian Nurses Association said in a news release on March 7.

Only 69.7 per cent of Canadian nursing students passed on their first attempt, according to the 2015 summary data released last week from the Canadian Council of Registered Nurse Regulators. This means that nearly one in three students (approximately 3,300) were not successful in the exam despite successfully completing a four-year nursing baccalaureate program.

"We have to think about the real-life impacts that students experience when they do not pass initially," said CNA President Karima Velji.

"Canada is well recognized worldwide for its high-quality nursing education, which is why these 2015 full-year results for first-time writers raise questions about the licensing exam itself, not the students' knowledge or the quality of nursing education available in Canada," Velji said.

As a result of the concerns heard throughout 2015, CNA hosted a roundtable in November to focus on addressing students' concerns over the lack of French preparatory resources, the number of exam writings and associated costs required to pass the exam, and the lack of student supports.

Since the release of the initial results in fall 2015, many concerned groups in the nursing profession have clearly articulated and identified the challenges with the exam to the Canadian Council of Registered Nurses Regulators.

Activities by various national organizations include:

- The Canadian Nursing Students' Association (CNSA) passed a motion at their annual general meeting requesting a pause in the exam until identified issues have been resolved
- The Association des collèges et universités de la francophonie canadienne requested an immediate stop to the administration of the NCLEX-RN for all francophones in Canada
- The Canadian Association of Schools of Nursing (CASN) passed motions at their annual general meeting requesting an external evaluation of the validity of the NCLEX-RN exam within the Canadian context, and a campaign for the return to a Canadian entry-to-practice exam
- The Canadian Federation of Nurses Unions (CFNU) requested from provincial/territorial ministers of health a systemic, comprehensive and transparent review of the process and the exam

Much more attention is required on this matter. CNA continues to collaborate with our nursing colleagues and partners to find ways to resolve these significant issues facing nursing students and our profession.

"Canada is well recognized worldwide for its high-quality nursing education, which is why these 2015 full-year results for first-time writers raise questions about the licensing exam itself..."

—CNA President Karima Velji



CNA is the national professional voice representing nearly 139,000 registered nurses in Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded health system.



Kris Farkas retires after 22 years at UNA; other staffing changes take place

■ Kris Farkas, United Nurses of Alberta's Manager of Labour Relations, bade farewell to the union and took her retirement after 22 years in January.

"Kris's wisdom will be missed, as will her common sense," said UNA Labour Relations Director David Harrigan. "But in addition to her thoughtfulness, she had the vision needed to keep the Labour Relations department functioning at a high level."

Farkas joined UNA in 1993, originally as a Labour Relations Officer. A member of the legal profession, she has acted as union counsel at arbitrations, labour board hearings, and professional conduct hearings before College and Association of Registered Nurses of Alberta.

Farkas was also active in negotiating collective agreements, both at the provincial table and at small nursing homes and many other union functions.

□ CONTINUED ON PAGE 15

Farkas was replaced by Labour Relations Officers Jeannine Arbour and Lee Coughlan, who will both have the title manager of labour relations, working out of the Southern Alberta Regional Office in Calgary and the Provincial Office in Edmonton respectively.

Arbour joined UNA in 2007 as a Labour Relations Officer in Calgary. She has participated in the last two rounds of provincial bargaining and successfully led negotiations for many of UNA's other collective agreements.

Arbour is a Certified Human Resources Professional who before joining UNA worked for major education and health care employers in Alberta in HR and labour relations roles. She is a graduate of the University of Calgary. Earlier this year, she was appointed to the Alberta Labour Relations Board.

Coughlan, who graduated from Toronto's prestigious Osgoode Hall law school in 2003, worked as an investigator and conciliator with the Alberta Human Rights Commission from 2003 until joining UNA in May 2008 as a Labour Relations Officer.

Coughlan, who is also a yoga enthusiast, is currently working on a major research paper to complete the Masters of Law degree in Dispute Resolution he began in 2013.

In addition to the changes at the management level, UNA has recently hired five Labour Relations Officers.

Lawyers Andrew Buchanan and Kelly Kwok have started work as LROs in the Provincial Office in Edmonton, and former Nova Scotian Nurses Union LRO Dwayne MacKinnon has commenced a term as a temporary LRO in Calgary.

Registered Nurse Debbie Bjarnson, well known within UNA as Local 79 president and an experienced Professional Responsibility Committee member, will start work on March 30 as an LRO in the Provincial Office. Joe Ahrens, a senior LRO with the City of Winnipeg and a former employee of the Professional Institute of the Public Service of Canada and other unions, will commence LRO duties in the Provincial Office on April 11.

Lawyer Shawn Emes, who joined UNA as an LRO in 2014, is transferring to the Southern Alberta Regional Office in Calgary. 🍷

"Kris's wisdom will be missed, as will her common sense."

– UNA Labour Relations Director
David Harrigan

Kim Cook of UNA's administrative support staff set to retire

■ Kim Cook, a respected member of United Nurses of Alberta's administrative support staff, is set to retire after 31 years of service to the organization.

"We're very grateful to Kim for her many years of valuable work with our union," said UNA Director of Finance and Administrative Services Darlene Rathgeber. "From the start, Kim was quietly supportive of her co-workers, and

an excellent mentor to new employees. Throughout her years here she was a calm and helpful presence for everyone in the department."

Cook began her career at UNA as a Membership Secretary on March 13, 1985. Most recently, she worked as an Administrative Assistant in Labour Relations. Her last day at UNA will be April 4. 🍷



National Nursing Week, May 6 to 12, will see joint UNA-CARNA advertising campaign

The advertising campaign - which is in development now - will this year involve the use of outdoor advertising.

■ May brings springtime in Alberta ... and also National Nursing Week, celebrating the work nurses do in their role as the backbone of the Canadian health care system

Traditionally, National Nursing Week in Canada falls on the week of Florence Nightingale's birthday, May 12. So in 2016 it will run from May 6 to 12.

It has become a tradition with United Nurses of Alberta to use National Nursing Week as an opportunity to remind Albertans about our province's more than 30,000 Registered Nurses, the important work they do and the issues that are important to them through the medium of advertising.

This year, instead of running our own campaign, UNA will be taking part in an advertising campaign with the College and Association of Registered Nurses of Alberta (CARNA) to enhance the image of the nursing profession.

The advertising campaign – which is in development now – will this year involve the use of outdoor advertising.

As President Heather Smith said in her President's Message, found on page 2 of this edition of UNA NewsBulletin, UNA and CARNA “will be working in concert and in harmony toward a goal that we share despite our separate functions in the profession.”

Florence Nightingale, born in 1820, was a celebrated English writer, social reformer and statistician, credited with being the founder of the modern nursing profession. She came to prominence for her work training nurses during the Crimean War, 1853-1856, during which she organized the tending of wounded soldiers.

Her birthday is celebrated as International Nursing Day throughout the world. She died at the age of 90 in 1910. 🍷

UNA's Jeannine Arbour appointed to Alberta Labour Relations Board

■ United Nurses of Alberta Manager of Labour Relations Jeannine Arbour has been appointed to the Alberta Labour Relations Board.

The appointment was made official by the provincial cabinet on January 27, 2016. The appointment is for a term to expire on July 26, 2017.

The Alberta Labour Relations Board is the independent and impartial tribunal

responsible for the day-to-day application and interpretation of Alberta's labour laws and collective agreements.

Arbour has extensive experience in labour relations and contract negotiations on behalf of UNA members. In December 2015, she stepped into a new role as Manager of Labour Relations for UNA's Southern Alberta Regional Office in Calgary. 🍷



Social media remains a danger zone for nurses



- Evidence continues to accumulate that nurses need to be careful when they use social media – possibly even when what they say has only a peripheral relationship to their work.

In mid-February, the National Post was still covering the latest developments in the case of a Saskatchewan Registered Nurse who complained on Facebook about the “subpar care” her grandfather received in a rural hospital in that province.

Carolyn Strom’s grandfather died in January. She complained about his treatment the same month. She wrote on the social media site: “As an RN and an avid healthcare advocate myself, I just HAVE to speak up! Whatever reasons/ excuses people give for not giving quality care, I Do Not Care. It. Just. Needs. To Be. Fixed.”

The result: Her comments were reported to the Saskatchewan Registered Nurses’ Association and the professional regulatory body charged Strom with professional misconduct.

The SRNA hearing was continuing in mid-February, with testimony from nurses who worked at the grandfather’s long-term care facility that the post tarnished their professional reputations.

We all know that after a long shift at work, it’s easy to let your guard down on social networks like Facebook and Twitter. But as Strom’s situation illustrates, it’s important to remember that

Here are some helpful tips to help nurses online:

- Know your legal and ethical responsibilities to maintain privacy and confidentiality as a nurse

- Respect the privacy of your patients, residents and clients and protect your own privacy

- Avoid publishing remarks that could be seen as disparaging or embarrassing about your employer, your co-workers or your patients, residents and clients

- Remember that words written on social networking sites have the potential to live on forever

- Educate yourself about the privacy settings and policies of the social networks you are interested in joining

- Respect professional boundaries – becoming a patient’s online “friend” or having communication with a patient through social media sites may exceed the scope of professional responsibility

- Create strong passwords and change them frequently. Do not share passwords with others. Log off or turn off your computer or laptop when not in use.

anything you post or Tweet could be seen by your employer, a co-worker, a patient or their family.

So when you log in to your social media accounts, remember that you are representing both yourself and the entire nursing profession, even if you are not commenting directly on your own work or workplace.

“It’s important to remember that anything you post or Tweet could be seen by your employer, a co-worker, a patient or their family.”

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

TIMELINE: 'Physician-assisted dying' bound to impact health care in Canada

By Dave Cournoyer
UNA Communications Advisor

- Physician-assisted death is now an offence under Section 241 of Canada's Criminal Code, but the country is rapidly moving toward legalization of the practice, defined by the Health Law Institute at Dalhousie University as the act of intentionally killing oneself with the assistance of another who provides the knowledge, means, or both.

To assist United Nurses of Alberta members understanding of this issue, we have produced the following timeline and commentary:

On February 6, 2015, the Supreme Court of Canada ruled in *Carter v. Canada* that Section 241 violated sections 7 and 15 of the Canadian Charter of Rights and Freedoms and that the "sanctity of life" also includes the "passage into death." The court gave Parliament 12 months to draft a law that recognizes the right of clearly consenting adults who are enduring intolerable physical or mental suffering to seek medical help to end their lives. The ruling was stayed by the court in December 2015 and will not take effect until June 6th, 2016, giving the federal government an additional four months to draft a law.

As a result of the court decision, by June 6, 2016, physician-assisted death will be legal at the very least for a competent adult person who clearly consents to the termination of life and has a grievous and irremediable medical condition that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

On February 24, 2015, Canadian Press reported that Liberal leader Justin Trudeau personally believed the Supreme Court of Canada was right to strike down the ban on physician-assisted death.

On June 17, 2015, the federal ministers of Justice and Health appointed the External Panel on Options for a Legislative Response to *Carter v. Canada* to hold discussions with the interveners in *Carter* and with relevant medical authorities and to conduct an online consultation open to all Canadians and other stakeholders. The panel submitted its report on December 15, 2015.

Also in December 2015, a Special Joint Committee on Physician-Assisted Dying composed of 11 Member of Parliament and five Senators was appointed by Parliament. The committee will review the panel report, hold consultations and make recommendations on the framework of a federal response on physician-assisted death.

Federal, provincial and territorial governments have until June 2016 to design and implement the regulatory framework for physician-assisted death in Canada.

In January 2016, the CBC reported that the first physician-assisted death in Canada occurred in Quebec, which has had its own doctor assisted suicide law since December 10, 2015. The court decision did not impact Quebec's law.

The CMA report recommends that doctors who choose not to participate in assisted dying should not be required to refer patients to a physician who is willing to do so.

□ CONTINUED ON PAGE 19



□ CONTINUED FROM PAGE 18


Representatives of Canadian Nurses' Association and Canadian Medical Association appeared as witnesses at the special committee on January 27, 2016.

The CNA raised issues around legal and psychological risks, safeguards to address risks and procedures when assessing requests, and ensuring nurses and patients have the proper skills and access to information, resources and support. They also advocated for the creation of a "pan-Canadian approach" for end-of-life care.

The CMA report recommends that doctors who choose not to participate

in assisted dying should not be required to refer patients to a physician who is willing to do so. It also says hospitals that oppose physician-assisted death should not be able to stop their doctors from providing the service in other locations.

Postmedia reported on January 29, 2016, that Alberta Health Minister Sarah Hoffman plans to consult with physicians on creating provincial guidelines for physician-assisted death.

CARNA, CRPNA and CLPNA announced on February 5, 2016, that they would work together to establish collaborative guidelines for their members. 

A version of this story with links to court judgments, panel rulings and other source materials will be made available on UNA's website, www.una.ab.ca.

United Nurses of Alberta
Local 33 member
Lorraine Channon,
scholarship recipient
Natalie Channon, and
First Vice-President
Jane Sustrik.

Eleven nursing students awarded education scholarships



United Nurses of Alberta Local 15 member Lucie Broen, scholarship recipient Celine Broen and UNA First Vice-President Jane Sustrik.



- United Nurses of Alberta is proud to present scholarships to 11 nursing students in February 2016.

UNA's Nursing Education Scholarships and the Canadian Federation of Nurses Unions Scholarship are awarded annually to assist nursing students in approved nursing programs at Alberta's post-secondary institutions.

United Nurses of Alberta
Second Vice-President
Daphne Wallace, Local
11 member Sherry
Hodge, scholarship
recipient Jordan Hodge,
First Vice-President Jane
Sustrik and Secretary/
Treasurer Karen Craik.

Applicants must be related to and sponsored by a UNA member in good standing complete an application form and submit a short essay responding to the question *"How does United Nurses of Alberta advocate for members?"*

Grant MacEwan University student Jordon Hodge received the CFNU scholarship. Jordon's application was sponsored by her mother, Sherry, who is a member of Local 11 at the Misericordia Hospital in Edmonton.



UNA Second Vice-President Daphne Wallace with scholarship recipient Daniel Staples and his sister Alicia Wickstrom, a member of UNA Local 211 (Calgary Community).

Apply for a 2017 Nursing Education Scholarship

Application forms can be found on the UNA website and must be received at the UNA Provincial Office delivered by postal mail or by hand no later than 4:30 p.m., October 15, 2016. Digital or faxed applications will not be accepted. The awards will be announced in late January or early February of 2017.



United Nurses of Alberta Local 302N member Beverly Larson, scholarship recipient Katelyn Olsen and UNA First Vice-President Jane Sustrik.



United Nurses of Alberta Second Vice-President Daphne Wallace, UNA Local 207 member Ellen Hoy, UNA Scholarship recipient Jamie Hoy, First Vice-President Jane Sustrik and Secretary/Treasurer Karen Craik.

The following 10 nursing students were awarded UNA Nursing Education scholarships in 2016.

- Grant MacEwan University student Natalie Channon was sponsored by her mother Lorraine, who is a member of Local 33 at the Royal Alexandra Hospital
- Medicine Hat College student Caitlyn DeMars was sponsored by her mother Debra, who is a member of Local 115 at the Foothills Medical Centre in Calgary
- University of Alberta student Katelyn Olsen was sponsored by her aunt, Beverly Larson, a member of Local 302N at the Cross Cancer Institute in Edmonton
- Grant MacEwan University student Celine Broen was sponsored by her mother, Lucie, a member of Local 15 at St. Mary's Hospital in Camrose
- University of Calgary student Kristi VanGunst was sponsored by her Mom, Sheri VanGunst from Local 95
- University of Lethbridge student Madison Stork was sponsored by her cousin, Megan Holmes from Local 302S at the Tom Baker Cancer Centre in Calgary
- Grande Prairie Regional College student Nicole O'Flaherty was sponsored by her mother, Cindy from Local 37 at the Queen Elizabeth II Hospital in Grande Prairie
- University of Alberta student Jamie Hoy was sponsored by her mother, Ellen Hoy from Local 197 at Peace River Community
- Mount Royal University student Dona Job was sponsored by her mom, Mary, who is a member of Local 121 at the Rockyview Hospital in Calgary
- Mount Royal University student Daniel Staples was sponsored by his sister, Alicia Wickstrom from Local 211 in Calgary Community

More presentation photos, taken after NewsBulletin went to press, will be included in the next edition.

Canadian Health Coalition's Ottawa lobby days called big success

Report by Pauline Worsfold
Chair, Canadian Health Coalition

■ On January 25, 2016, 123 health care advocates from coast to coast to coast converged on Ottawa for the Canadian Health Coalition lobby.



In preparation, participants heard that afternoon from author and political commentator Linda McQuaig, followed by a panel on lobbying moderated by Adam Lynes-Ford. The panel also included Natalie Mehra of the Ontario Health Coalition; Edith MacHattie, co-chair of the BC Health Coalition; Shellie Bird of Child Care Advocacy Association Canada; and Gail Gallagher, senior manager of violence prevention and safety for the Native Women's Association of Canada.

That evening, CHC National Co-ordinator Adrienne Silnicki reviewed the information we would be sharing with MPs the next day. Then we split into teams and discussed strategy and "asks." Messages included: the need for a new Health Accord with proper funding, a National Prescription Drug Plan for all, and a National Strategy for Seniors Care.

January 26 was Lobby Day and the results were amazing. We had 140 meetings with Liberals, Conservatives, New Democrats, and the Green Party. We met

two cabinet ministers, the Parliamentary Secretary to the Minister of Health, the Opposition's health critics and the health minister's chief of staff. MPs and staffers we hadn't met were soon calling the CHC office requesting meetings!

We presented each MP with a policy brief called "A National Public Drug Plan for All," by Julie White of the Congress of Union Retirees of Canada and a CHC Board member. MPs were receptive and eager to learn, asking great questions too.

Twelve nurses from Alberta, Saskatchewan, Ontario, New Brunswick and Prince Edward Island took part, including CFNU President Linda Silas, PEINU President Mona O'Shea, and SUN Vice-President Denise Dick. The day was ended with a group photo by the eternal flame, a fitting scene for health care advocates standing on guard for Medicare.

The evening Parliamentary reception was another opportunity for the lobby to continue with over 40 MPs, plus Senators and Parliamentary staff, in the historic Bank of Montreal Building.

Advocates left with homework. The CHC encouraged all participants to lobby the MPs they met in Ottawa during Parliament's May break.

Many thanks to our staff at the CHC office, Amelie Baillargeon, Melissa Newitt and Adrienne Silnicki, for their hard work, and to the organizations that supported advocates' trips to Ottawa. We couldn't have done it without them.

Pauline Worsfold
Pauline Worsfold

Pauline Worsfold, RN, was president of the Staff Nurses Association of Alberta when it merged with UNA in 1997, later serving in several leadership positions with UNA and the Canadian Federation of Nurses Unions. In addition to her role as chair of the Canadian Health Coalition, she is Secretary Treasurer of CFNU.

Overtime should be paid for time spent correcting employer payroll errors

- When employers make payroll errors, employees are entitled to expect the employer will correct them in a timely manner.

Unfortunately, it is not unusual for employees to be required to devote significant time and effort to fixing payroll errors.

Since a fundamental obligation of any employer is to provide accurate and timely pay to their employees, UNA does not believe any employee should have to spend their free time trying to correct an employer's error.

So if you experience a payroll error, UNA encourages you to immediately advise your manager if you require time during a scheduled shift to address it. If management is unwilling or unable to provide appropriate scheduled time, UNA encourages you to request overtime for the time you must spend to correct the error.

UNA may be able to take the position the employer has unreasonably denied a request for overtime, allowing us to pursue appropriate payment through the grievance process. For a grievance to succeed, you will need to record details of dates, times and the efforts you spent trying dealing with the problem and provide them to UNA.

Eligibility for long service pay

- According to Letter of Understanding No. 7, included with the United Nurses of Alberta Provincial Collective Agreement, employees with 20 or more calendar years of nursing service shall receive a 2 per-cent Long Service Pay Adjustment.

In order to receive this additional pay, an employee must provide the employer with reasonable proof that they have been registered with a nursing licensing body for at least 20 years.

Employees should provide this information within 90 days of being hired or achieving 20 calendar years. It is not sufficient that a resume includes your employment history.

The employee must provide specific proof of registration with a nursing licensing body.



Know your Rights

Report from
Director of Labour Relations
David Harrigan

Unfortunately, it is not unusual for Employees to be required to devote significant time and effort to fixing payroll errors.

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

DAY OF MOURNING

APRIL
28

A day to

Remember

those killed or injured in the workplace,
and

RENEW

commitment to
WORKER HEALTH, SAFETY and WELL-BEING

 **CCOHS**.ca
Canadian Centre for Occupational Health and Safety

1-800-668-4284