

A News Bulletin WINTER 2017 VOLUME 41, NUMBER 4



YOUR SIDE

YOUR SIDE

40 YEARS

2017AGM

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Looking back on 2017, and ahead to the festive season and beyond



Already 2017 is waning. Abruptly we transitioned from the splendors of fall to snow and cold. Very soon holiday lights and celebrations will abound.

2017 was a special year for UNA. We celebrated our 40th anniversary – 40 Years At Your Side and On Your Side. This edition of the NewsBulletin includes lots of coverage of our Annual General Meeting.

In June over a thousand nurses, including 400 from Alberta, participated in the Canadian Federation of Nurses Unions (CFNU) Biennium, which was hosted by UNA and held in Calgary. A combination of our western hospitality and great weather had many proclaim it was the best CFNU Biennium ever!

We made important strides forward in the recognition and value of the Professional Responsibility as a joint process to improve patient, resident and client safety. Both Alberta Health Services and Covenant Health have committed to making Professional Responsibility a meaningful and respected process within a just culture work environment.

While our Provincial Collective Agreement expired April 1, 2017 (but continues in effect until a new agreement is achieved) all indications are that bargaining will continue into 2018. Just as the collective agreement continues, so too does the Letter of Understanding prohibiting

In Solidarity,

Heather Smith

President, United Nurses of Alberta

involuntary layoffs due to "Operational Best Practices." Layoff protection is front and centre in the "must achieve" category of our bargaining.

Throughout 2017, UNA and other unions with members participating in the Local Authorities Pension Plan (LAPP) have continued to push the government to fulfill the promise made 25 years ago to move LAPP out of statute and turn the plan over to its "stakeholders," meaning the employees and employers who contribute to the pension plan. Independence of public sector plans from government, referred to as "joint trusteeship," is the norm in every other province. We remain hopeful we will achieve our independence in 2018. On a positive note, due to the increased health of LAPP, the LAPP Board of Trustees has recommended a 2-per-cent reduction in contributions (1 per cent for employees and 1 per cent for employers) effective January 1, 2018.

As this will be the last NewsBulletin of 2017, I take this opportunity to thank you. Whether you have been part of a Local Executive, perhaps on a Professional Responsibility or Occupational Health and Safety Committee, or doing your job as an advocate for those in our care, you made a difference.

Wishing you and those important to you a safe and enjoyable festive season.

2017 AGM EMPHASIZED

Alberta's nurses have been 'at your side and on your side' for 40 years



■ The theme was "40 years, at your side and on your side" when United Nurses of Alberta welcomed more than 1,000 delegates and others to its 2017 Annual General Meeting in Edmonton on Tuesday, October 24.

The important yearly meeting – which includes approval of the union's finances for the coming year, policy votes, learning opportunities and a chance for nurses to network and socialize – took place at Edmonton's Expo Centre.

Business commenced at 9 a.m. Tuesday with reports from President Heather Smith and other senior union officials. Principal speakers at the AGM included Madam Justice Sheila Greckol of the Alberta Court of Appeal, who before her appointment as a judge of the Alberta Court of Queen's Bench in 2001 was a respected Alberta labour lawyer, and Canadian Nurses Association Chief Executive Officer Michael Villeneuve





Scenes from the 2017 AGM

Delegates also heard greetings from Linda Silas, president of the Canadian Federation of Nurses Unions, Gil McGowan, president of the Alberta Federation of Labour, and representatives of Alberta's Local Authorities Pension Plan and groups such as the Friends of Medicare, the Parkland Institute, Public Interest Alberta and the Workers Resource Centre of Calgary.

Elections for District Representatives and First and Second Vice-President also took place. Election results and other AGM activities are included in this edition of UNA NewsBulletin.

Our union – which in 2017 represents well over 30,000 Registered Nurses, Registered Psychiatric Nurses and allied health care workers in every corner of Alberta – was formally created on May 6, 1977.



President Heather Smith reminds 1,000 participants at UNA's 40th year AGM:

'NURSES GO FORWARD, THEY NEVER GO BACK'

■ United Nurses of Alberta President
Heather Smith looked back at the union's creation 40 years ago to find the qualities it will need in the future as she opened UNA's 2017 annual general meeting on October 23.

Remember what striking UNA members said in 1988, she advised the close to 1,000 delegates, observers, guests, staff and others at Edmonton's Expo Centre. "Nurses' work is never done – the fight goes on for what was won!"

UNA helped lead Alberta nurses to where they are today, Smith said, through the foresight and courage of our nurses in the past, and that responsibility for leadership belongs to every generation of nurses.

The theme of her remarks was "at your side, on your side – a 40-year history of growth and advocacy."

'At your side and on your side' is in part about UNA as an organization – providing services and representation to members," she said. "But it is also about our leaders. Local Executives supporting and advocating for members in the workplace."

Most of all, Smith declared, "it's about 40 years of nurses who have been at the bedside – and I use bedside in the broadest sense ... at the side of and on the side of patients, residents, clients and their families, whether that is in a facility, the home or a community setting."

Nurses are advocates for safe care "at the very interface of care and services," Smith said. Alberta nurses have been collectively advocating for social justice through UNA in Alberta, across Canada and internationally since the 1970s. "It has not always been an easy road to travel. At every stage, it was achieved in the

Scenes from the 2017 AGM











face of employers and governments that resisted change for nurses, even while society was changing."

As a result, she said, "the birth of nurses' unions in Canada in the 1970s was inevitable. Just as the Women's Movement of the late 1960s and 70s gave rise to reforms on reproductive rights, domestic violence, equal pay and many other changes in society, nurses across Canada increasingly demanded recognition of our work, changes to our workplaces and meaningful terms and conditions of employment." That could only happen because nurses were represented by a union "of and for staff nurses, not by nursing management," with contracts negotiated "by a union, not a professional association."

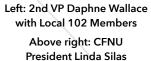
When UNA was formed, Smith recalled, "those were the days when a grocery store bag packer earned more than a

Registered Nurse. I remember the words of President Margaret Ethier: We are not sisters of charity!" In UNA's first collective agreement, from 1978 to 1979, the starting wage was \$6.66 per hour. The top RN hourly wage after six years was \$7.96.

"We are very fortunate to have had strong leadership and courageous leaders in those difficult years," Smith said. "We had to take action to achieve the Rand Formula – just to be assured dues to be able to do the work of representing nurses!"

That is why, as UNA and its members move forward, she said, they can proudly tell Albertans they are not just at their side and on their side, but "we intend to stay there."

"Nurses go forward, they never go back," Smith concluded.









Canadian unions have been 'at the forefront' protecting middle-class jobs, rights: Judge

■ In the AGM's keynote address, Madam Justice Sheila Greckol of the Alberta Court of Appeal reminded participants of the important role played by unions like UNA "in the protection of middle class jobs, and the evolution of rights and workplace dignity and equality in Canada."

Unions "have been at the forefront of legal change in the last four decades," said Justice Greckol, who practiced as a human-rights and labour lawyer in Alberta for many years before her appointment to the Alberta Court of Queen's Bench in 2001. She was appointed to the Court of Appeal by the Trudeau Government last year.



Michael Villeneuve, Canadian Nurses Association CEO



Madam Justice Sheila Greckol



The legal work done by unions to ensure Canadian working people have the right to bargain collectively is an essential factor in the advancement of women's rights, all other forms of human rights, and workplace dignity in Canada, she argued.

"This is one of the single biggest factors that distinguish Canadians from Americans, and from the truly feudal system of class hierarchy that some say is in existence in the United States," said Justice Greckol.

"The gains made by trade unions are legion," she continued, pointing to the

advancement of "workplace justice in all aspects" in Canada.

By contrast, she said, "there has been a similar decline for your American counterparts as a result of the destruction of the trade union movement in the United States."

Justice Greckol expressed the hope that Canadian young people understand their wellbeing is "tied to collective action in the workplace." And she reminded her audience that court challenges to defend the rights of working people are never wasted, even when they fail in their immediate goals, because at each step they

□ CONTINUED ON PAGE 7

CHANGES RECORDED AMONG UNA LEADERSHIP

■ UNA's 2017 Annual General Meeting saw the return of many familiar faces, and the addition of some new ones, as a result of the yearly votes for Executive Officer and District Representative positions.

Jane Sustrik returned as First Vice-President. Second Vice-President Daphne

Local 1 Members at AGM

Wallace returned in a contested race. They rejoin President Heather Smith and Secretary-Treasurer Karen Craik, whose current two-year terms will expire next year.

Roxann Dreger, Terri Barr, Jennifer Castro, Jenna Knight, Eyituoyo Abati, Ken Ewanchuk, Amanda Moe and Sharon Gurr were re-elected to two-year terms. Teresa Caldwell was re-elected to a one-year term to replace Karen Kuprys, who contested the Second Vice-President position. Eva Brown from Local 11, Misericordia Hospital, YooRee Keller, from Local 121, Rockyview Hospital, and Donica Geddes from Local 15, St. Mary's Hospital Camrose, were elected as District Reps for the first time.

UNA bade farewell to Kuprys, North Central District, and Dianna McInroy, Central District, and thanks them for their years of service.

☐ CONTINUED FROM PAGE 6

refine the arguments that will eventually succeed before the courts and in society.

AGM participants also heard from Michael Villeneuve, Chief Executive Officer of the Canadian Nurses Association, a national professional association representing about 140,000 Registered Nurses across the country.

Villeneuve connected the dots on the well-understood link between patient safety in the health care system and adequate staffing.

He cited a U.S. study of almost 800 hospitals that indicated increasing the proportion of RNs on front-line staff without increasing total nursing hours could save \$1.8 billion a year in long-term savings from reduced adverse medical events and shorter patient hospital stays.

He pointed to another U.S. study of 18 million hospital discharges that showed that if hospitals increased the proportion of RNs by 4.2 per cent there would be a 3.1-per cent- decrease in costs.

He asked: "How come we have to keep proving that over and over?"

The District Representative members on the board are now:

NORTH

Roxann Dreger Emily Lozeron

NORTH CENTRAL

Terri Barr
Eva Brown
Teresa Caldwell
Jennifer Castro
Susan Coleman
Christina Doktor
Jenna Knight
Nicole Van Dijk

CENTRAL

Donica Geddes Sandra Zak Wanda Zimmerman

SOUTH CENTRAL

Eyituoyo Abati Marie Aitken Barbara Campbell Marie Corns Ken Ewanchuk YooRee Keller Amanda Moe JoAnne Rhodes

SOUTH

Sharon Gurr John Terry

Children's Services Minister to AGM: Political activism supports health care

■ Alberta Children's Services Minister
Danielle Larivee, a former United Nurses
of Alberta activist, called on the union's
members to stand up for their patients in
the political realm as well as at the bedside during the final day of UNA's annual
general meeting on October 26.

"Every one of the people you take care of is affected by the policies of government," said Larivee, former president of Local 315, Community Health in Slave Lake. "You realize how important it is, as nurses, to take on that role of political advocacy as well."

Children's Services
Minister Danielle Larivee

"And 2019 is coming," Larivee, who was elected as MLA for Lesser Slave Lake in the NDP sweep of May 2015, reminded her listeners. "It's only 18 months away. It's going to be a pretty stark choice. ... So think about what you want for your patients, and your colleagues, after 2019."

Asking nurses to remember the impact on the health care system and the nurses who worked in it of the devastating cuts by Ralph Klein's Conservative government in the mid-1990s, Larivee told the AGM, "I don't want you to look around (after 2019) and see many of your colleagues are missing because they were laid off because the price of oil went down."

Governments can make choices, she said, and the NDP government of Premier Rachel Notley has chosen to respond to the recession by not cutting front-line health care and other important public services.

The government has reduced the impact of the recession and worked to build a better future for Alberta because "we can do things like finally build the cancer centre in Calgary that's been needed for so long," Larivee said.

"I think nurses are pretty darned good at raising a little hell," Larivee said as she concluded her remarks. "I will call on you to continue to raise a little hell!"

Later the same day, Linda Haslam-Stroud, president of the Ontario Nurses Association, reinforced Larivee's message: "I am sick and tired of hearing that we are balancing the budget on the backs of Registered Nurses in Canada," she said. "It's time to get loud about it!"

UNA First VP Jane Sustrik and President Heather Smith with inspirational speaker Kay Frances.



LAPP VP warns right-wing governments can destroy members' pensions at the 'stroke of a pen'

■ Local Authorities Pension Plan Vice-President Sheri Wright reminded AGM attendees of the value of their defined benefits pension and the threats it faces because no Alberta government has kept the promise made many years ago to transfer control of the plan from the finance minister to the employees and employers who contribute to it.

"The greatest risk our plan faces is government risk, it's political risk," said Wright, who is Stakeholder Relations and Communications VP of the Alberta Local Authorities Pension Plan Corp., the Crown corporation that operates the nation's seventh-largest pension plan to manage the retirement benefits of 250,000 Alberta public employees.

Alberta is the only province where public sector pension plans are not controlled by the people who pay for them, employees and employers, but where instead the finance minister is the sole legal trustee.

As long as that situation continues, and especially if a right-wing government is elected, "they can take your money away with the stroke of a pen," warned Wright.

"Right-wing pundits out there talk about how the public sector gets gold-plated pension plans," she said. "These are not gold-plated pension plans, and the public doesn't pay for them! You paid for them."

She went on: "We had hoped that with the new government, we would 'get out of statute" – that is, cease to be governed solely by the finance minister. That hasn't happened.

"It needs to be the members who get us there," she told the AGM. "It needs to be you guys speaking out."

To help LAPP members make this happen, Alberta Federation of Labour President Gil McGowan said in his remarks to the AGM, the federation has created an "Alberta Pension Promise" web page through which plan members can send a message to Premier Rachel Notley and Finance Minister Joe Ceci telling them it's time for employee-employer joint governance of the province's public-sector pension plans.

The page can be accessed through the federation's website, afl.org.

Scenes from the 2017 AGM









CANADIAN FEDERATION OF NURSES UNIONS



By Lauren Snowball Canadian Federation of Nurses Unions

Home care safety highlighted at provincial health ministers' meeting in Edmonton

■ More than 13 of Canada's provincial and territorial health ministers and deputy ministers met with the leaders of provincial nurses' unions, including leaders of United Nurses of Alberta, at a policy event in Edmonton on October 19.

Entitled A Safe Model for Home Care: Building a Hospital Without Walls, the session focused on providing the ministers with a clear picture of the current challenges facing the home care sector.

The Canadian Federation of Nurses Unions (CFNU) organized the breakfast session, which took place in conjunction with the provincial and territorial Health Ministers' Summit. Linda Silas, President of CFNU, co-hosted the event alongside Alberta's Deputy Premier and Health Minister, Sarah Hoffman.

Silas outlined the findings of a landmark poll of nurses' perspectives on home care. "Nurses are witnessing first-hand how Canada's aging population is leading to increased demand and an overloaded system," she said. The survey of home care nurses from across the country revealed that nine out of 10 say their clients' acuity has risen compared to three years ago, while more than half said their clients sometimes or frequently did not have services monitored or reassessed during the prior month. A staggering three quarters of the nurses surveyed said the regular core health care staff – the number and mix of nurses, health care aides/PSWs – was simply not enough to meet their clients' needs.

Those in attendance also heard from home care expert and Dalhousie University School of Nursing Professor Dr. Marilyn Macdonald.

"Research shows that health care delivery in the home creates unique challenges," Macdonald said. "It's vital that we recognize the elements needed to make home care safer for clients, caregivers and health care providers."

☐ CONTINUED ON PAGE 18



provincial health ministers at Edmonton's Federal Building on October 19, 2017.

In this photo: Alberta Health Minister Sarah Hoffman, CFNU Secretary-Treasurer Pauline Worsfold, Canadian Nursing Students' Association President Caitlin Wiltshire, UNA First

Vice-President Jane Sustrik and Alberta's Associate Health Minister Brandy Payne.

"When health care workers are present, the home is a hospital without walls."

Bargaining for Provincial Collective Agreement is continuing

■ Bargaining between United Nurses of Alberta and the employer group that includes Alberta Health Services, Covenant Health and other employers for the important Provincial Collective Agreement continues.

Since UNA tabled a comprehensive settlement proposal on September 7 and 8, bargaining committees for the employer and union sides met on September 20 and 21 and October 21 and 22. As this edition of UNA NewsBulletin went to press, more meetings were scheduled to take place with a mediator present on November 20-22.

The tone of negotiations continues to be respectful, said UNA Labour Relations Director David Harrigan.

Work is also expected to continue for many months on separate negotiations for essential services agreements in the worksites covered by the Provincial Collective Agreement. Essential services agreements are required by the *Act to Implement a Supreme Court Ruling Governing Essential Services* passed by the Alberta Legislature in May 2017.

UNA BARGAINING PRIORITIES

UNA has indicated our key priorities in bargaining are:

- 3-year agreement
- No layoffs
- Assuring an RN/RPN is in charge
- No dilution of staffing mix
- Meaningful & binding PRC resolution

PRC process helps bring another RN 12 hours each day to St. Mary's Camrose ER

■ UNA's Professional Responsibility Concern process is getting credit helping get funding approved for a Triage Registered Nurse to be added to the Emergency Room staff at St. Mary's Hospital in Camrose.

It was in September 2014 when the Executive of Local 15 at St. Mary's presented Covenant Health, the facility's operator, with several PRC forms illustrating the need for an additional RN in the ER.

"At the time, Covenant Health recognized the need for another RN," said Local 15 member and Central District Rep Donica Geddes. As a result of the concern, the employer and the Local created an Ambulatory Clinic to relieve ER beds.

The PRC process provided another forum for advocacy that resulted in the decision in October this year for another RN to be added in the department for 12 hours each day, seven days a week, to cover the ER's busiest hours, Geddes said.

"It took a long time but in that time, the RNs continued to fill out PRCs and just kept Covenant Health on their toes with the occasional 'knock at their door' to make sure they didn't forget. I also met with our MLAs from the past and present governments regarding the issue."

"All the time and perseverance spent advocating has sure paid off!" Three 0.7 FTEs were posted in October.



By Dewey Funk UNA Occupational Health & Safety Advisor

Changes coming to rural security, mental health units



☐ It's been an exciting year in Occupational Health and Safety. UNA has raised concerns through the escalation process in Article 34 of the Provincial Collective Agreement.

One of the major concerns is how AHS provides security at rural sites across Alberta.

AHS has listened to UNA members' concerns. This has resulted in a new contract being negotiated between AHS and a security service provider that includes provisions on accessing security at rural sites. Details of the contract between AHS and service provider are expected soon.

Discussions are also under way about mental health units, care provided to

patients at them, their equipment and over-capacity beds, and the condition of the units themselves.

UNA has participated in the OH&S review process introduced by the Alberta Government. It is time this review has taken place, as changes were proposed by the previous government.

What needs to occur is for health care to be recognized as an industry addressed in the Occupational Health and Safety Act, Regulations and Code.

UNA has advocated for sections to be developed on cytotoxic medications, mandatory Occupational Health and Safety Committees, progressive wording on the right to refuse, and more stringent wording on reporting of serious injuries. The list goes on.

UNA and AHS are also working on a system of violence alerts for dealing with patients who exhibit aggressive behavior. A violence-alert pilot is currently under way.

UNA is now focusing on Form 10 patients. UNA is concerned not only for the health and safety of our members, but of patients as well. UNA wants these patients to be assessed at facilities under the Mental Health Act and Regulations. We are pushing this to the forefront as patients and nurses are currently being placed at risk.

This is a brief look at the work taking place now to ensure safer workplaces. I look forward to the coming year and the opportunity to advance the rights of UNA members in Occupational Health and Safety ... because you matter.

Get your flu shots, nurses told



■ Influenza immunizations are not mandatory for health care workers, but UNA encourages members to receive their annual flu shot as recommended by Alberta Health Services.

Workers in health care settings have a special role in the fight against influenza, as they are capable of transmitting influenza to those at high risk for severe influenza illness. Immunization is the best defense against the flu.

AHS provides an online tool on its website that allows employees and members of the public to find its influenza immunization clinic. The tool is found at www.ahs.ca/influ/

Friends of Medicare

welcomes bill to create continuing-care facility resident and family councils

Friends of Medicare has welcomed introduction by the Alberta Government of a bill to allow residents and their family members to create councils in continuing-care facilities to offer peer support and advocate for improvements.

Bill 22, the Resident and Family Councils Act, will give continuing-care facility residents and their loved ones a new tool to improve the quality of their lives, said Executive Director Sandra Azocar on November 1.

Azocar argued such councils would allow people to collectively recognize, highlight, and advocate for improvements.

She compared the new Alberta legislation to Ontario's *Long-Term Care Homes*

Act and said innovations in the Ontario law could improve the bill. "Ontario's legislation safeguards the independence of the councils by restricting management and staff from becoming members, and ensuring that facility management and staff only attend council meetings by invitation of the council."

"We also see sections of the Ontario Act that allow council members to review the detailed funding of the facility and amounts paid by residents," she added, arguing similar provisions in Alberta could improve the legislation.

"Financial transparency for publicly funded continuing care facilities is an important tool for public accountability," Azocar noted.

"Financial transparency for publicly funded continuing care facilities is an important tool for public accountability."

Sandra Azocar,
 Friends of Medicare

Reversal of AHS decision to close public fertility clinic sought

■ Friends of Medicare demanded a decision by Alberta Health Services to terminate services at the Edmonton Regional Fertility and Women's Endocrine Clinic be reversed after news broke the clinic will no longer offer services such as intrauterine insemination, in vitro fertilization and donor egg and sperm programs.

AHS plans to refer patients from the clinic at the Lois Hole Hospital to higher-cost private clinics.

Covering in vitro fertilization as a publicly insured service up to \$100 million per year, said Friends of Medicare Executive Director Sandra Azocar, money that could be reinvested in improved services."

More IVF specialists have been trained at the University of Alberta through the clinic in the last 10 years than any other university in Canada, she noted.



Sandra Azocar

Your letter, your rights:

By Katie McGreer UNA Labour Relations Officer

Why you shouldn't throw your letter of hire in the bin



■ Nurses, I suspect, pay little attention to their offer letters. When they get an offer, they may quickly check their FTE, or their rate of pay, but little more. At best, they'll file it away. At worst, they'll throw it out and forget about it.

But that letter is important because it sets out and protects essential elements of your job.

When you apply for a job, you already have an idea about the nature of the job, where you will work, what your hours will be, and when the position will begin. To offer you a job, however, your employer needs to give you a letter with specific information, including:

- Whether you will be a regular, temporary or casual employee
- What your classification will be
- The number of hours you will work on your shifts
- How many shifts you will work every shift cycle
- Your pay and increment level
- The site you will work at (or out of)

Those conditions are not guidelines. They are protected under UNA's collective agreement. Like a watertight compartment, they are almost unassailable.

In a way, your offer letter is a promise by your employer – a guarantee – that when you accept a job offer, the terms and conditions of your job will not change.

What does this mean in practical terms? It means your employer cannot change the hours you work during a shift. Nor can it split your shifts or average the number of shifts that you work over multiple shift cycles. Your employer also cannot change your employment status

or classification or move you to another site. If your employer does one of these things, they trigger position elimination.

As such, Article 14.10 of the Provincial Collective Agreement provides you with a measure of ownership over aspects of your job and schedule. It limits managerial rights. And although employers are empowered to meet operational needs, the collective agreement exists to constrain and regulate circumstances in which your employer can require you to work. Your collective agreement, and your letter of hire, protect your interests and your rights.

What if I can't find my letter of hire?

Don't worry. If you can't find your offer letter, you can still retrieve it.

If you are a Covenant Health employee, you will need to log into your e-People account. Then click on employee home → job opportunities → my offers → view letter.

If you are an Alberta Health Services Employee, you will have a tougher time.

Unless you were hired after October 2017, you cannot retrieve your letter online. Instead, you have to contact the Human Resources Contact Centre by calling 1-877-511-4455. Press Option 2 and log a ticket, asking for a copy of your letter of hire. The HR Contact Centre will reach out to an HR Analyst, who will bring you in to review your file or provide you with a copy of your letter.

If you work for another employer, contact your HR department or your UNA LRO for further assistance.

If you encounter any difficulties, contact your UNA LRO at 1-800-252-9394



IMPROVE YOUR PRACTICE with new online learning modules

■ The College and Association of Registered Nurses of Alberta has developed a series of new online learning modules for members to help them improve their Registered Nursing practice. Here are brief outlines:

THE ESSENTIALS OF NURSING DOCUMENTATION

Effective documentation can protect you in your practice and is pivotal to privacy, patient safety and continuity of care. This module will increase your awareness of the criticality of effective documentation and improve nursing documentation practice.

UNLOCK THE LEADER IN YOU

Leadership is the key to our changing nursing practice. But how do you identify yourself as a leader? Unlock your leadership potential by identifying leadership attributes, reflecting on personal strengths and demonstrating competencies with CARNA practice standards.

PRIVACY

Increase your knowledge of privacy and confidentiality as required by the Health Information Act and the CARNA standards Privacy and Management of Health Information: Standards for CARNA's Regulated Members.

Now that you have chosen your learning indicators for the upcoming year, you may be able to apply one of these modules to your 2018 CCP learning plan. How to access: Log in to MyCARNA and click Resources > Learning Modules. You can begin a module and finish it at a later time.

APPLE, ANDROID APPS IMPROVED

■UNA's iPhone and Android app for members has been improved. The app now allows Local executives and committee members to manage Expense Claims, LOA Requests, and submitted PRC and OHS forms.

A new Report a Concern section makes it easy for members and dues payers alike to identify professional responsibility and occupational health and safety concerns, and to raise questions about their collective agreements.

The app continues to provide instant access to all UNA collective agreements; Spotlights, which outline contract areas where members experience particular problems; policies, procedures and guides; union news; and secure entry for local executives to UNA's membership database.

The UNA app can be found in the Apple App store and on Google Play for Android devices.



By Kathy Bouwmeester, RN UNA Member, UNA Local 1

NEW PERSPECTIVES:

■ Early in September, I had the great opportunity to spend a buddy shift with my friend and UNA colleague Amanda Moe.



had numerous jobs in acute and critical care with a bit of pediatrics mixed in. When the opportunity to shadow Amanda in her Neonatal Intensive Care Unit at South Health Campus came up, I jumped at the chance.

A little background about me.... I have been a Registered Nurse for 37 years and have

As the day grew closer, however, I have to admit I was getting nervous. It was going to be a different world. There would be small humans, pushed into the world sooner than they should have been.

I met Amanda in the grand hall of South Health Campus and she led me to this new adventure. We scrubbed in, got our assignment and "the pager." No matter where you work when you are handed "the pager," it means additional stress, with little flips in your chest every time it beeps. Funny the things you think of and bring to work for comfort. My Nursing Adult Stethoscope hung around my neck, even though it was not likely to be used that day.

So, let me say this now:
"A nurse is a Nurse" ...
Not!!!! Although our
jobs are similar.

Our assignment ... The little gal who stole my heart was only 14 hours old and born eight weeks early. She was ventilated Good, something I know, as small as the ETT (uncuffed endotracheal tube) was.

OK, quick thinking uncuffed, more chance of extubation. Metavision charting, something else I know, slightly different from the adult charting but close enough maybe. Our little gal was irritable, hooked up to a monitor with a rhythm of Sinus tach, IV pumps going through lines I was not familiar with, a feeding tube and, of course, the ETT ... things you might find in an adult critical care patient that were similar but yet so very different.

So, let me say this now: "A nurse is a Nurse" ... *Not!!!!* Although our jobs *are* similar.

AN EXPERIENCED RN SPENDS A DAY IN THE NICU

We assessed our little gal every four hours, did patient care rounds with the attending physicians, residents and team. With the information shared and plans made, we met our little gal's little brother and dad. Both were tired and happy. The little brother thought the wheelie chair was great fun, but had no understanding of how his world was about the change.

BEEP BEEP BEEP ... Off to Labour and Delivery to resuscitate a newborn. Last time I was in a delivery room was 1988 ... enough said? I watched in awe as an RN coached and encouraged a labouring mom to deliver her baby.

With the baby seconds old, Amanda and the team assessed, cleaned and wrapped this precious being tightly and presented her to her parents. Back to the unit and our little gal was ready for extubation to CPAP (continuous positive airway pressure).

Again, terms that are familiar, yet so very different – equipment, pressures and settings.

Admissions, transfers, pagers going off, charting, report, pager going off, changing linens ... all tasks that must be done on a daily basis. Then the most wonderful thing of the day (not coffee): watching a new mom see her daughter for the first time, post-delivery. Watching as Amanda and the respiratory therapist gather our little gal up so Mom could hold her new daughter for the first time among all the wires and tubes. It brought tears to my eyes and sent a shiver up my spine.

Our little gal with her CPAP apparatus on, resting on her mom's chest "skin to skin," watching the monitor showing the heart rate slow down just a little bit, respirations with the CPAP just a bit easier, and baby sleeping while Mom held our little gal tightly against her, always under the watchful eye of Amanda.

So, what did I learn that day? Nursing is a science, but there is also something of an art with this thing that we do every day. I am so happy to have been a part of this "little gal's" first hours of life. I continue to be so very proud of the work that I do as a Registered Nurse and that of all my colleagues in nursing.

Nursing is a science, but there is also something of an art with this thing that we do every day.



Amanda Moe

Silas presented four recommendations to the ministers. These were the creation of a safe-at-home policy; appropriate and timely nursing assessments and interventions; managerial continuity of care provided by a primary nurse; and education and support for all members of the team, including unpaid caregivers, and standard competencies for personal support workers/care aides.

"We need a safe-at-home policy and more nurses providing care to address the risks both patients and nurses are facing every day," said Silas. "When health care workers are present, the home is a hospital without walls, and we need policy that recognizes this reality."

Several ministers expressed positive feedback on the utility and timeliness of the information shared. It comes as provinces are set to receive an increase in federal dollars allocated for home care as part of the recently signed bilateral health accords.

Take Action on Home Care! Visit speakup.cfnu.ca to call on Alberta Premier Rachel Notley and Health Minister Sarah Hoffman to commit to a safe model for home care.

new health deputy minister

■ The Alberta government has appointed a former senior health official from Manitoba as the senior civil servant in the province's Health Department.

The appointment of Milton Sussman by an order of the provincial cabinet was noted in an Order-in-Council notice published on the government's website on Oct. 11.

As is normal with the appointment of senior civil servants, no formal statement has been published by the government, although a short biography of Sussman appeared soon after his arrival on the Government of Alberta website at www. health.alberta.ca/about/deputy-minister-bio.html

Sussman most recently served as president and chief executive officer of the Winnipeg Regional Health Authority for much of the past two years, and before that was Manitoba's deputy minister of health and healthy living. Before that, he was vice-president of long-term

care and Chief Allied Health Officer of the WRHA.

In addition, he was Manitoba's Clerk of the Executive Council and Cabinet Secretary. Early in his career, Mr. Sussman was the Chief Executive Officer of a Winnipeg-based not-for-profit organization delivering a transitional housing program for people with physical disabilities.

Sussman's predecessor as Alberta's deputy minister of health, Carl Amrhein, resigned in early September amid extensive coverage by CBC Edmonton about his and the department's relationship with Pure North S'Energy Foundation, a private Calgary-based organization that championed a controversial alternative health treatment involving high doses of vitamins.

Amrhein resigned as health DM to become provost and vice-president of the Aga Khan University in Karachi, Pakistan.



Milton Sussman

In cases of position eliminations, the Employer's consultation with the union must be meaningful

■ UNA unit representatives dealing with situations involving position elimination in the workplace need to keep a recent decision in the Alberta Court of Queen's Bench on their radar.

UNA had sought judicial review of two arbitration board decisions that dealt with staff reorganizations at the union's worksites that resulted in the elimination of members' positions.

UNA argued that in both cases the position eliminations were not necessary as required by the Collective Agreement. While UNA did not succeed with that argument, the decision by Mr. Justice Stephen Hillier in January 2017 recognized an important principal that UNA Union Representatives can use to protect their co-workers.

The judge wrote that Article 15.01(b) of the Provincial Collective Agreement – which deals with the employer's obligation to meet with the union before the positions are eliminated – means the union must have *meaningful* input before the decision is finalized.

In other words, just calling a meeting and telling the union what the Employer intends to do is not good enough.

Article 15.01(b) states: "The Employer and the Union shall meet prior to a possible reduction in the workforce or a notification of position elimination. The purpose of this meeting is to discuss the extent of the planned reduction position eliminations, how the reduction or position elimination will take place, review the current seniority list, the manner in which information will be provided to

affected Employees and discuss other relevant factors, including the administrative and operational complexities arising out of the application of this Article in a province-wee bargaining unit. Unless otherwise agreed between the Employer and the Union, these discussions shall not deal the issuance of notice of position elimination or workforce reduction."

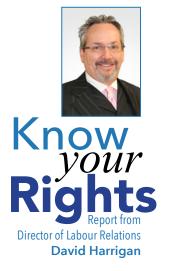
In Paragraph 62 of his decision, Justice Hillier stated that "the wording in Article 15 is not confined to management's opinion or conclusion." Not only is the union entitled to provide timely input under Article 15.01(b), he wrote, "the consultation as to a possible layoff ... must be meaningful, in that the Employer cannot yet have made an immutable decision." (Emphasis added.)

Otherwise, the judge explained, the layoff "would not just be 'possible' but a *de facto* reality."

Furthermore, in Paragraph 74, the judge wrote that in assessing the reasonableness of the arbitrators in the two cases being considered, it must be shown that a legitimate attempt was made by the Employer in its consultations with the union to address the problem.

Again, just asserting the employer's management rights is not enough.

If you encounter a situation involving workplace position eliminations where there is a failure to allow the union to have meaningful input, contact your Labour Relations Officer as soon as possible.



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

DON'T FORGET YOUR MONEY!

Most UNA collective agreements include an option for members in regular positions to pay 2% into an RRSP.

If you sign up, your employer has also agreed to pay you an extra 2% into your RRSP.

For a newly graduated nurse working full time, the employer's contribution alone equals an additional \$1,400 a year, that otherwise will not be paid.

There's no barrier to joining immediately if you are in a regular position. So why wait? Don't forget to take your money!

