

# What's **NU**?

COURAGE TO **LEAD** • CONFIDENCE TO **CHALLENGE** • COMMITMENT TO **CARE**

## Federal Election Canada's Nurses Standing Up for Health Care



### IN THIS ISSUE:

Nurses' Union Challenges PSCDA. Shaming Nurses' Overtime Uncalled For

Nova Scotia Unions Meet with Finance Minister

- Government setting tone for bargaining long before unions get to the table

Nurses Speak Up About Federal Election



# President's Notebook

By Janet Hazelton, BScN, RN, MPA

## Sunshine Law Unfairly Puts Nurses Making Overtime in the Spotlight

On July 30th government released the public accounts for the 2014-15 fiscal year. Since that time I have been busy with media requests and fending off unwarranted and sometimes vicious criticisms of nurses who earned over the six-figure mark.

In this province the practice of publicising the names of public sector employees who earn over \$100,000 began under the Dexter government as a means of keeping taxpayers informed. *The Public Sector Compensation Disclosure Act* supposedly enhances the accountability and transparency in the use of public funds by

requiring public sector bodies to report compensation of \$100,000 or more.

The *PSCDA* practice of publicising nurses' overtime wages has since passed along party lines from the NDP to the Liberals and, unfortunately, continues to cross the lines of common sense and common decency.

Freedom of Information laws (FOI laws) were intended to allow the general public access to government data. The "right-to-know" is a democratic freedom that I wholeheartedly support, as does our union. These open

records, or "sunshine laws" are meant to ensure governments are bound by law to publish and promote openness.

Both provincially and federally the disclosure of public sector salaries is an accepted practice that generates public and media interest. However, federally the names and precise salaries are protected as per the federal *Privacy Act* and *Access to Information Act*. That is not the case in our province.

Hundreds of Nova Scotia government entities are listed under the Act but few generate as much media coverage as the

### NSNU Board of Directors

- Janet Hazelton, President** janet.hazelton@nsnu.ca
- Christine Van Zoost, Vice President** christine.vanzoost@nsnu.ca
- Lillian Fynes, VP Finance** lillian.fynes@nsnu.ca
- Gerri Oakley, VP Eastern Region** gerri.oakley@nsnu.ca
- Cheryl Barker, VP Central Region** cheryl.barker@nsnu.ca
- Ann Marie Murdock, VP Northern Region** annmarie.murdock@nsnu.ca
- Michelle Lowe, VP Western Region** michelle.lowe@nsnu.ca
- Sheri Gallivan, VP Long Term Care** sheri.gallivan@nsnu.ca
- Maria Langille, VP LPN/Grad** maria.langille@nsnu.ca
- Jennifer Chapman, VP Community Care** jennifer.chapman@nsnu.ca
- Jayne Fryday, VP IWK** jane.fryday@nsnu.ca

### NSNU Contact

30 Frazee Avenue  
Dartmouth, Nova Scotia B3B 1X4  
1-800-469-1474 / 902-469-1474  
fax 1-902-466-6935  
www.nsnu.ca

Materials used to produce this document are Forest Stewardship Certified (FSC)



### NSNU Staff

- Jean Candy, RN (Retired)** Executive Director
- Cindy Herbert, CA** Director of Finance and Operations
- Cindy Wagner** Accounts Payable/Member Payroll Services
- Verna Harrie** Accounts Receivable/Union Dues Services
- Lilo Wessels, RN, CCNP** Labour Relations Representative, Mental Health and Addictions Consultant
- Chris Albrecht, RN** Labour Relations Representative, Chief Negotiator
- Patti Humphries, BScN, RN** Labour Relations Representative, Professional Practice Advisor
- Carol O'Neill** Labour Relations Representative
- Shannon Wark, RN** Labour Relations Representative, Occupational Health and Safety Advisor
- Dwayne MacKinnon** Labour Relations Representative, Equity and Diversity Consultant
- Carol Crane** Paralegal, Professional Practice Liaison
- Paul Curry, BA, MA, PhD** Researcher/Educator, Government Relations Advisor
- Justin Hiltz, BSc, MSCC** Research Associate
- Coleen Logan, BPR** Communications Officer
- Christie Blotnick, BPR** Communications Assistant
- Jennifer Graham** Executive Assistant
- Debbie Grady, BA** Labour Relations Assistant
- Nancy MacDonald** Receptionist

On the cover: NSNU members join CFNU health care rally on June 5th



nurses' salaries. That is perplexing. With the exception of a handful of nurse practitioners who earn salaries above \$100,000, generally any other nurse who has the unfortunate distinction of making this dubious list has accrued those additional earnings by way of overtime.

Every summer I am called upon to justify why some nurses are earning over \$100,000. It is an easy defense; we do not have enough nurses to fill the gaps therefore our current complement of nurses must pick up the slack and are therefore deserving of their earnings, and our respect.

The math is easy – demands on health care are high in Nova Scotia (we have the oldest and sickest population in Canada) – the number of nurses does not meet that demand. So until government is prepared to hire enough nurses we will be talking about this issue year after year.

If a nurse is called back to work while on vacation there is a cost associated with that. This is a

common occurrence. If a nurse is injured, becomes ill or is assaulted on the job a replacement is required for which there is a cost. So, until more nurses are hired our government should be grateful to those who are willing and able to accept the extra shifts – they should not be shaming nurses.

The NSNU has been advocating for change for well over a decade, warning anyone who would listen that a nursing shortage was imminent. Across this country nurses' unions have maintained that nurses are working too much overtime and that more must be done in order to ensure safe staffing. The NSNU has consistently pushed for contract language that limits the amount of overtime worked by an individual. Our messages have fallen on deaf ears or turned around to suggest the "Unions" simply want more members, more dues money.

Why is the blame being placed on nurses instead of those in charge of hiring and budgeting our health care system? Why is very personal information, including

where nurses live, being exposed because of the *PSCDA*?

The practice of publicizing earnings over and above \$100,000 does serve a purpose but there is little value in criticizing nurses who are offering a solution to a problem they did not create.

I have reached out to thank the media outlets that have presented the issue in perspective, dealing with the nursing shortage issue instead of categorizing nurses as greedy and irresponsible. Those media outlets recognize that the real problem is systemic.

It is unlikely that this problem will be resolved by next summer but my hope is that rather than attacking nurses for stepping up to care for our sick, our elderly and our dying, the public and our government should thank you for your service and dedication.

This commentary was published by the Chronicle Herald on September 3rd and posted to social media. The results were very positive with a resounding measure of support for nurses. I also sent a letter to Premier Stephen McNeil asking him and his government to rescind this practice of publishing nurses' salaries and names.

I believe the Premier has an opportunity to right a wrong by amending the Act to exclude earnings garnered by nurses who break the \$100,000 threshold only by way of extra shifts worked. It is your commitment to the nursing profession and your patients that should be making headlines, not wages resulting from your unwavering service to this province.

# CFNU Report on Illness and Absenteeism Supports Continued Calls for More Nurses

A report by Jacobson Consulting conducted on behalf of the Canadian Federation of Nurses' Unions in May, and released in June 2015 provides a snapshot of how current trends in illness, absenteeism, and overtime compare with CFNU's previous report from 2012.

Between 2012 and 2014 there was a one per cent drop in the incidence of absenteeism in Nova Scotia to 7.2% from 8.2%. The amount of overtime required of nurses was relatively stable compared to 2012, with 27.3% of nurses working overtime on a weekly basis. Comparatively, 26.3% of Canadian nurses overall work overtime.

The amount of overtime worked by Canadian nurses on an annual basis works out to the equivalent of 10,700 full time positions, with an estimated value of \$871.8 million (\$679.4 million paid, \$192.5 million unpaid). Overtime is typically a result of illness or absenteeism, and comes with an associated cost; a monetary cost to the employer, and a physical and emotional cost to nurses. In 2014, illness and absenteeism cost Nova Scotia \$24 million dollars, with paid overtime totaling \$28.4 million, and unpaid overtime valued at another \$7 million.

Excessive workloads continue to be an issue for Nova Scotian nurses, highlighting the need for safe staffing plans and a strengthened nurse retention and recruitment strategy. Any health care plan that aims to support patients and workers needs to address the ever-increasing workload of nurses.



Janet Hazelton joins labour activists at the July 27th Rally

## Aberdeen Mental Health Unit Closes

On July 27th NSNU President Janet Hazelton joined 75 nurses, health care workers and New Glasgow residents at a rally to protest the closure of the mental health unit at the Aberdeen Hospital. The closure follows a long period of unsustainable levels of understaffing – a problem that is not unique to the Aberdeen.

Access to mental health services in Nova Scotia has been eroding steadily for years due to chronic understaffing. Prior to closing its doors completely, the mental health unit at the Aberdeen was closing several times per month, along with many other units in hospitals and emergency centres across the province.

On August 19th, New Glasgow News reported that individuals requiring mental health services should go to the Aberdeen's emergency department – another overcrowded and understaffed unit – for an initial assessment before being referred to community-based care in New Glasgow, or to another mental health unit in the province. The closest available unit is the Colchester-East Hants Health Centre in Truro, 40 minutes away.

The NSNU has been speaking out about issues relating to nurse overtime and chronic understaffing for years; this problem is not new, and it was not unforeseen. This unsustainable model shows its cracks every time an emergency department or specialized service closes down for a day, week, month or permanently.

Nova Scotians need access to mental health services, as they do all health services. These closures cannot continue, and the solution begins with appropriate staffing levels.

*At print time we received an update from Labour Relations Representative Shannon Wark to indicate that there have been no changes and the Aberdeen mental health unit remains closed. We will provide updates on this issue as they become available.*

## Labour Leaders Meet with Finance Minister

On August 18th NSNU president Janet Hazelton joined labour leaders from other public sector unions in a meeting with newly minted Minister of Finance Randy Delorey. The Minister called the meeting to propose a new approach to collective bargaining based on “collaboration, openness, and transparency”. This would include sharing the government’s position at the outset of negotiations.

“We went in with some optimism that we were going to have an open dialogue about the upcoming round of bargaining,” Janet said in an interview with CBC’s Information Morning. “Unfortunately, what happened in the end was Mr. Delorey set parameters around our bargaining.”

The Minister’s comments centred around Nova Scotia’s fiscal challenges with the implication that public sector workers should not expect significant wage increases. Indeed, the Minister claims that there will be no increases beyond what’s possible within the current fiscal plan unless union members can identify other tangible savings that can be converted into wage increases. What is foreseen in the fiscal plan, and how this would be divided among unionized workers, was not disclosed. This was a source of frustration for those present at the meeting. In addition, the government is asking for five-year deals from all unions. All of this forms what the government is calling its Public Service Sustainability Mandate.

This was not a true consultation, but a chance for government to lay

out its conditions for public sector bargaining. It remains unclear whether the government will legislate these conditions if unions reject the proposals.

Nova Scotia is projecting a shortage of nurses and, as you know, there is already too much work for the nurses we have. It is short-sighted for the government

to impose measures that will only make retention and recruitment a bigger problem.

The union leaders have committed to meet soon and meet often in order to develop common strategies to deal with this development. We will keep you informed if there are further developments.



Janet Hazelton speaks to media following the August 18th meeting

## Update on Clinical Capacity Reports

In the last round of bargaining the NSNU was successful in achieving new safe staffing language in our collective agreements. Clinical Capacity Reports give nurses an avenue to report staffing concerns to the employer in an effort to have workload issues remedied. Once a report is filed, it is reviewed and discussed at the labour-management committee (i.e. BUGLM or UMCC) to determine a resolution. If a resolution is not achieved, safe staffing language in acute care agreements allows us to take it to the CEO of the Health Authority, or beyond to an Independent Assessment Committee.

We currently have hundreds of reports in our database. Reports are tracked by staff at the NSNU to identify both trends and anomalies. There may be overcapacity problems at an ER in one hospital or there may be recruitment issues in ICUs across the province. These issues require responses at different levels, and the data allows us to make that determination. Statistics derived from CCR data will also be presented at labour-management meetings to ensure that members’ issues are met with concrete responses from employers.

# NSNU Acute Care Provincial Negotiating Committee

The NSNU vote for Acute Care PNC members-at-large concluded at noon on Friday, July 10th. Newly elected to the PNC are Geoff Bennett, Gerri Oakley and Jen Thiele. Our newest Alternates to the PNC are David Fox, Ann Marie Murdock and Cindy O'Halloran. The NSNU wishes to thank everyone who put their name forward to sit on the PNC as well as those who took the time to vote.

The Acute Care PNC met for the first time on September 9th for introductions and orientation.

## Provincial Negotiating Committee Members

Janet Hazelton – RN (NSNU President, Chair)  
Chris Van Zoost – RN (NSNU VP)  
Janis Ritchie – LPN (Central Region)  
Karen MacDonald – RN (Western Region)  
Alaine Halliday – LPN (Northern Region)  
Laura Lee Sharpe – RN (Eastern Region)  
Edson Castilho – RN (IWK Representative)  
Vivian Starkey – LPN (LPN Representative)  
Geoff Bennett – RN (Member at Large - IWK)  
Gerri Oakley – RN (Member at Large - CBRH)  
Jen Thiele – RN (Member at Large – Dartmouth General)

## Alternates

Jessica Duncan – RN (Central)  
Helen Uhlman – RN (Western)  
Kerri Ann Coulson - RN (Northern)  
Kim MacKenzie – RN (Eastern)  
Lynn Ross-Colson – RN (Eastern)  
Laurie Hirtle – LPN (LPN Representative)  
David Fox – RN (Member at Large)  
Ann Marie Murdock – RN (Member at Large)  
Cindy O'Halloran – RN (Members at Large)

## Roseway Hospital to House New Collaborative Care Centre

Roseway Hospital in Shelburne is getting a few much-needed upgrades. The announcement was made in late August that the government would commit \$1.65 million to reconfigure the former medical centre on the Roseway grounds into a Collaborative Care Centre.

The Roseway, like many rural hospitals in Nova Scotia, has been suffering from chronic understaffing which has led to numerous closures of the emergency department over the past several years. This new lease on life couldn't come at a better time for the nurses and other hospital staff, and the residents of Shelburne. The new Centre will include a full team of doctors, registered nurses, nurse practitioners and other primary health care

providers.

The NSNU represents RNs and NPs at Roseway Hospital. We wish them and their colleagues the best as they prepare for a new building and upgraded services.



Roseway Hospital



Labour leaders from all sectors march in solidarity during the Labour Day event on September 7th

## Labour Day 2015

A sunny and sweltering September 7th brought out thousands of people for Labour Day celebrations across the province. NSNU president Janet Hazelton joined friends within the labour movement for the 16th annual Labour Day march and picnic in Halifax, hosted by the Halifax-Dartmouth & District Labour Council and sponsored in part by the NSNU.

Labour Day provides an opportunity to celebrate the accomplishments of the labour movement. The day reminds us of the hard work that has been done to achieve the benefits that

workers enjoy today, and also shines a light on labour issues that still need to be addressed.

During the 2015 festivities commentary from labour leaders centred around the Federal Election and the need to vote for leadership that will work with labour organizations to improve working conditions for all workers, regardless of their union status.

“It shouldn’t be a race to the bottom,” Janet Hazelton said in an interview with Global News. “As unions, we negotiated for and we would like to see everybody have the same benefits that unionized

people have...we should be bringing everybody up to where we are.”

The unions raised the issue of increasing minimum wage to \$15 per hour, and expressed concerns about austerity measures in this province intended to tackle the debt which disproportionately affect public sector and unionized workers.

Special thanks to the all the Labour Councils and their planning committees across the province for another great Labour Day.



Janet Hazelton with some of our littlest labour activists at the Labour Day event



Janet Hazelton with Barb Byers (Canadian Labour Congress) at the Labour Day march and rally

# National Health Leadership Conference, 2015

By Paul Curry, BA, MA, PhD | Educator/Researcher



In June, I had the opportunity to present on behalf of NSNU at the 20th Annual National Health Leadership Conference (NHLC) in Charlottetown, Prince Edward Island. The theme for the conference was “Driving a culture of engagement, innovation and improvement”.

The NHLC bills itself as the largest gathering of health system decision-makers in Canada. It includes chief executive officers, directors, managers, and other leaders from a variety of health professions, sectors and regions of the country.

The NSNU presentation centered on the introduction of our safe staffing language from our last contract. It highlighted the collaboration and transparency that has guided the Union’s efforts on this front, including joint

education with health authority leadership, ongoing training for nurses and first-level management, and a tracking system to monitor trends and increase accountability. The presentation spoke to both the successes we have had so far and the challenges we face, including the need for increased buy-in from managers and front-line nurses alike.

The presentation was well received. I do, however, want to mention the response of a nurse manager (from another province) that left me taken aback. She claimed that our efforts at addressing staffing issues are a waste of time and that the real problem is nurses who are busy playing ‘Candy Crush’ and not attending to patients’ needs.

There is no doubt that electronic devices can be a distraction in the workplace. But similarly,

there is no doubt that the vast majority of nurses, young and old, care passionately about their patients, residents and clients, and pay in sweat and tears in order to provide the best care possible. Further, there are reams of evidence, spanning over twenty years, detailing the multi-faceted problem of nurse workload. Suffice it to say that the problem runs much deeper than a game on a smartphone.

For years, nurse unions have been working diligently to address the issue of nurse workload. Unfortunately, there are still people out there who believe the answer is as simple as working harder. We need to keep telling our stories and keep spreading the evidence. In this way, we can continue to take concrete steps towards addressing this problem.



# Anti-Union Bill C-377 Becomes Law

Private member's bill C-377 was passed through the Senate of Canada and received Royal Assent on June 30, 2015. The bill, which is titled *An Act to Amend the Income Tax Act (Requirements for Labour Organizations)*, will compel unions to disclose any transactions of \$5,000 or more, and any salaries over \$100,000. It will require extra reporting for expenses around labour relations activities, political activities, administration, organizing activities, collective bargaining activities and many other categories.

The bill reached the Senate in 2012-2013 and was significantly amended, even by Conservative senators. Once amended, the bill was meant to be sent back to Parliament for further debate. However, Prime Minister Harper prorogued Parliament, resulting in the amendments being stripped away. In the following session, the bill was re-introduced in its original form and passed by the

Conservative majority. When it returned to the Senate, a motion was made to limit debate and the bill was then passed by the Conservative majority there.

Supporters of the bill claim that it will bring transparency to union spending. However, provincial laws already require unions to disclose financial information to their members. The NSNU, for example, presents its financial statements at its annual general meeting every year. Political and legal experts agree that the bill is merely another layer of red tape that will force unions and the groups they work with (suppliers, businesses, legal counsel, etc.) to spend millions of dollars, and hundreds of hours of human resources, generating financial reports. These reports will then require review and investigation, ultimately costing taxpayers millions of dollars. According to the Canada Revenue Agency, the cost of putting this law into practice

will be \$2.6 million in the first two years, and \$1.5 million every year after. The CRA is expected to fund this law from its existing budget.

In truth, the bill is a way for the government to further reduce the ability of unions to advocate for their members. Other tax-exempt employment expenses, like professional fees to an association, are not subject to these reporting requirements and corporations have not been asked to submit to these measures. The bill has not received a lot of attention during the election campaign, but both the Liberal and NDP leaders have said that they will repeal the law if they are to form the new government in the fall. National labour organizations have also vowed to fight the bill with Canadian Labour Congress president Hassan Yussuff saying that the CLC will challenge its legality and constitutionality in the courts.

## NBNU Ratifies New Collective Agreement



On August 13th the New Brunswick Nurses Union (NBNU) ratified a new collective agreement with the province. Union membership voted 73% in favour of the agreement, which allows members to continue accruing retirement allowances, and includes new language around professional practice concerns and prevention of violence in the workplace.

Members also agreed to a wage increase of 1 per cent per year for the extent of the four year contract, 4.45 per cent in total.

"There remains work to be done to address member concerns. Our 6500 registered nurses are clear that improvements in working conditions are needed in New Brunswick," NBNU president

Marilyn Quinn said in a media release. She added, "Now that the agreement is ratified the real work can begin to improve the working conditions of registered nurses."

## IWK Nurse Takes Her Skills from the NICU to the Nursery

Natasha Taraschi is a Registered Nurse working in the Neonatal Intensive Care Unit (NICU) at the IWK Health Centre. The career is a perfect fit for the woman who realized her passion for taking care of children at a young age through babysitting for friends and family. Later in life, while completing her nursing degree at Dalhousie University, Natasha had the chance to do a cooperative education term in the NICU, which strengthened her commitment to neonatal care.

"After my first day there I knew it was where I was meant to be," she says. "On the one hand, it has fast and intense situations that utilize many physical and mental skills. On the flip side it focuses on future outcomes which involve nurturing and empathetic care. It is an amazing area that is ever evolving."

Maternity and NICU nurses have the rewarding and challenging job of caring for newborns and giving them the support they need to thrive in their first days, weeks and months after birth. It is truly

a joy for nurses when any child, especially one who has overcome tremendous obstacles, is able to go home with their parents.

In most cases this joyful moment marks the end of the relationship between parent and caregiver; but for Natasha this moment marks the beginning of a new kind of relationship – one that enables her to continue providing much-needed assistance as parents acclimate to life with a new baby in the home.

Natasha volunteers with Extra Support for Parents, a program through the IWK that provides assistance to parents who need a little extra help once they have taken their newborns home from the hospital. Volunteers can help with a number of different things, like looking after the kids so parents can take a break or catch up on chores, researching activities and support groups, accompanying parents to appointments, or just being there to provide emotional support.

"I love this type of volunteer work," says Natasha. "In the short term, I'm giving the parents some time each week that they can devote to something they otherwise couldn't. In the long term, I'm connecting them with resources and support that will hopefully continue to be utilized well into the future."

Being able to spend her free time helping parents of newborns has given Natasha a new perspective

on working in the NICU. "Seeing the flip side of the coin helps me acknowledge that there is life beyond the NICU. I have developed a more holistic approach to my nursing, considering what else is going on in this family's life that I'm not seeing in the hospital."

Now that she has had a chance to experience this program for herself, Natasha would like to see more nurses get involved in this way. She feels the flexibility of the program and its inherent relation to nursing makes it an optimal choice for nurses who want to volunteer.

"It would be great to see more nurses involved with this program. You certainly don't need to be a nurse to belong to it, but I feel we have that advantage of interacting with others in times of stress. It's really important to support families in times of change and to create solid foundations for coping strategies as well as connections with their local programs."

She adds, "It is a privilege to be invited into a family's life and learn about them. I have taken something from every match that I've had. Every single one has a story and a background that has led them to this program, and sometimes those stories are amazing."

Even for those who don't get involved in this particular program, Natasha encourages everyone who is able to spend some time volunteering in their communities.



Natasha Taraschi

*"No amount of volunteer work is too small. Getting out there and devoting some of your time to a cause has a **butterfly effect** that benefits many people and communities."*

## A Nurse and A Friend Remembered for Her Heroism



Michelle Curtis

children, including her own, from a rip tide at Broad Cove Beach in Cape Breton. She is being remembered as a hero, both in life and in death.

Each and every day we believe that nurses perform acts of heroism – it is the nature of the profession. Acting on instinct, and without hesitation, Michelle entered unsafe waters risking her life in order to save others.

Each year at our Annual General Meeting we take time to mourn and remember our fellow nurses lost during the year. It is a somber time as we reflect on these special and selfless people who are often more like family members than co-workers. Sadly, Michelle Curtis stands out as one NSNU member who will not soon be forgotten.

Michelle tragically lost her life on August 3rd saving several

Michelle worked as a palliative care nurse at the Cape Breton Regional Hospital. She was well regarded by her patients and their families, and greatly respected by her coworkers who proudly formed an honour guard at her funeral on August 8th.

Our hearts and condolences are with Michelle's family, friends and co-workers at this very difficult time.



An honour guard stands for Michelle Curtis



## IWK Celebrates Izaak Walton Killam

July 23rd marked the 130th birthday of Izaak Walton Killam, the man for whom the IWK Health Centre was named. Izaak and his wife Dorothy were philanthropists who supported children's health and advanced education in Nova Scotia. Shortly after his passing, Dorothy donated \$8 million in Izaak's name to the local children's hospital, which was renamed the IWK in his honour. Their donation, valued today at \$30 million, helped launch what has become a groundbreaking and beloved institution in eastern Canada.

The IWK is a staple in the Maritimes, specializing in Children's Health; Mental Health and Addictions; and Women's and Newborn Health. Most people who live in Halifax and surrounding areas have a personal connection to the IWK as the place that cares for our children from birth and through the formative years.

The NSNU is proud to represent close to 1000 RNs who work at the IWK. The role of nurses in the lives of sick children cannot be understated, providing comfort and consistency through often difficult times. Nurses who work with children have an especially difficult job, and the capability and compassion of IWK nurses cannot be understated.

Congratulations to the IWK on this wonderful milestone.

# This election, Canada's Nurses are standing up for health care.

## We need a federal government that takes action on a national prescription drug program

Canada needs a national pharmacare plan to provide access to prescription drugs for all Canadians. All developed countries with public health care systems provide universal coverage for prescription drugs-except Canada.

Our current system for prescribed drug coverage is inefficient, inequitable, wasteful and unsustainable for both individuals and governments. A national pharmacare plan could save Canada up to \$11.4 billion annually.

---

**We demand the federal government implements a national universal prescription drug plan.**

## We need a federal government that takes action on a safe seniors strategy

Canada's seniors represent our fastest growing demographic. Seniors are more likely to be reliant on a robust public health care system. However, care for seniors in this country is facing increasing Challenges, such as: access to services, the cost of prescription drugs, receiving equal, quality, appropriate treatments and the critical under staffing of long-term care and home care.

Canada needs adequate and appropriate publicly funded short-term and long-term home care services. Polls consistently show that Canadians want seniors' care to be an election priority.

---

**We demand a plan for Canada's seniors.**



**Vote for the  
health care  
we deserve.**

**We need a federal  
government that commits to  
funding a public health care  
system**

The Conservative government's decision to fund health care based on the rate of growth of Canada's GDP will result in a substantial reduction in federal funding.

Beginning in 2017, all provinces and territories will begin to experience a substantial gap between health care costs and the value of the transfer. It was previously estimated that this would reduce health transfers to the provinces and territories by \$36 billion from 2014-2015 to 2023-2024. New research by CFNU puts the negative impact of the cuts at closer to \$43.5 billion.

**We demand the federal  
government commits to  
funding 25% of provincial  
health care budgets by 2025.**

**We need a federal  
government that creates a  
health human resources plan  
for the country**

Canada needs a safe and sustainable health human resources plan to provide appropriate staffing levels to address working conditions and ensure quality, safe patient care. Inadequate staffing leads to an increase in nurse turnover, patients' length of stay, the likelihood of medical errors – all of which are costly for Canada's health care system.

**Now is the time for a safe,  
sustainable health human  
resources plan. We demand  
the federal government takes  
action.**

**Stay involved.**

[voteforcare.ca](http://voteforcare.ca)

[nursesunions.ca](http://nursesunions.ca)

[facebook.com/nursesunions](https://facebook.com/nursesunions)

[twitter.com/CFNU](https://twitter.com/CFNU)

# Canada's Nurses Warn of Impacts of Reduced Health Care Funding



Kevin Page, Linda Silas and Hugh MacKenzie report on health care studies during the Council of the Federation

Members of the National Executive Board of the Canadian Federation of Nurses Unions (CFNU) met in St. John's, Newfoundland during the Council of the Federation (CoF). Planned to coincide with the CoF, the CFNU hosted a Premier's Breakfast Meeting on July 16 where the organization outlined their national healthcare plan. The CFNU also released findings from recent research on our aging population, rising health care costs and the shrinking federal role in funding.

CFNU president Linda Silas delivered a new report alongside Hugh Mackenzie, economic consultant and researcher specializing in fiscal policy issues, and Kevin Page, former Parliamentary Budget Officer, in St. John's. The report advised that reductions in federal health care transfers will be closer to \$43.5 billion over the next 8 years, over \$7 billion more than what was previously thought.

Following the presentation of the CFNU report, Canada's Premiers adopted Canada's Nurses recommendation and released a statement calling for the federal government to increase the Canada Health Transfer to a minimum of 25 per cent of all health care spending by provinces and territories.

Annually, cuts in federal support are expected to reach \$10.7 billion by 2024-2025. That sum represents the annual equivalent of 59 million home care visits, 24,000 nursing jobs and 7,500 long-term care beds.

This reduction flies in the face of widespread concerns among Canadians regarding the country's aging population, increasing prescription drug costs and increases in health care costs not covered by medicare. These concerns, Mackenzie writes, suggest there should be an increase in federal funding, far from a decrease.

"From its inception, health care was intended to be a partnership and a shared responsibility between the federal and provincial and territorial governments," Silas said. "The figures in this report show that the federal government is not upholding their end of the partnership and putting our Canadian public health care system in jeopardy."

The results find that the funding allocated in this new federal approach will cover only twelve per cent of the anticipated increases in provincial and territorial health care spending over the next eight years, leaving an enormous gap between what's required and will be available.

Canada's Nurses delivered the report to a room full of provincial leaders and senior health officials, and demanded that the next federal government commits to funding twenty-five per cent of provincial and territorial health spending by 2025.

As frontline nurses, you see the impact that reduced spending has on patients every day. These proposed reductions will put more patients at risk of not receiving the quality care they need.

Over the next four months, stand up and vote for the health care we deserve. Join the campaign on social media at #vote4care and visit our website: [www.vote4care.ca](http://www.vote4care.ca).



Janet Hazelton joins the CFNU National Executive Board at the CoF in St. John's, NL

# Canadians Identify Health Care Priorities

A survey conducted in May 2015 by Abacus Data on behalf of the Canadian Federation of Nurses Unions, revealed health care to be the most important issue among Canadians in the upcoming federal election. Health care outranked other prominent issues such as economic management, taxes, retirement security and pensions.

The poll, which was released in June by the CFNU during the Biennial Convention in Halifax, shows that as Canada's population ages, the future of health care is increasing in importance with voters; 58% of voting-age respondents now placing health care among their top three issues.

When asked who they trusted most with health care delivery, respondents chose nurses second only to physicians. Not only do

Canadians trust nurses with their own health, but they also trust nurses' overall knowledge of the health care system and its many functions. Canadians value nurses' opinions on how to improve the quality of continuing and long term care, and how to make it more affordable by knowing where to focus spending.

Health care was rated as a top priority among all Canadians, regardless of the political party supported by the respondents. Among the Atlantic Canadians surveyed, the cost of medicines was identified as an issue of great importance. In fact, 67% of those surveyed said they would support a political party that would commit to implementing a national prescription drug program. Seventy-five per cent of Atlantic Canadians would also support

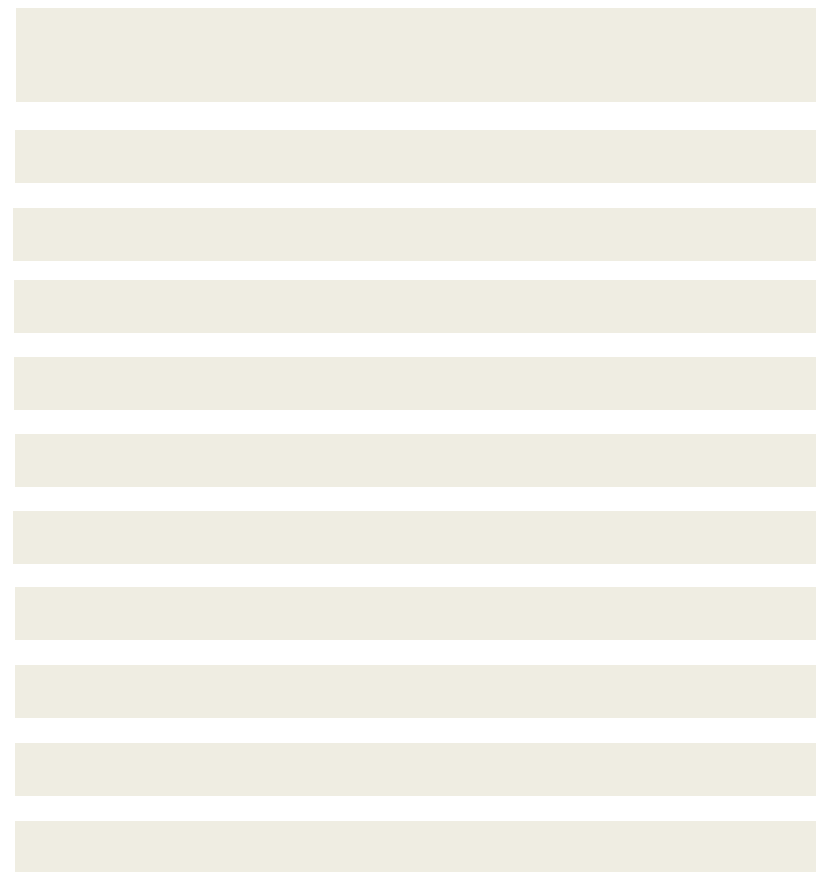
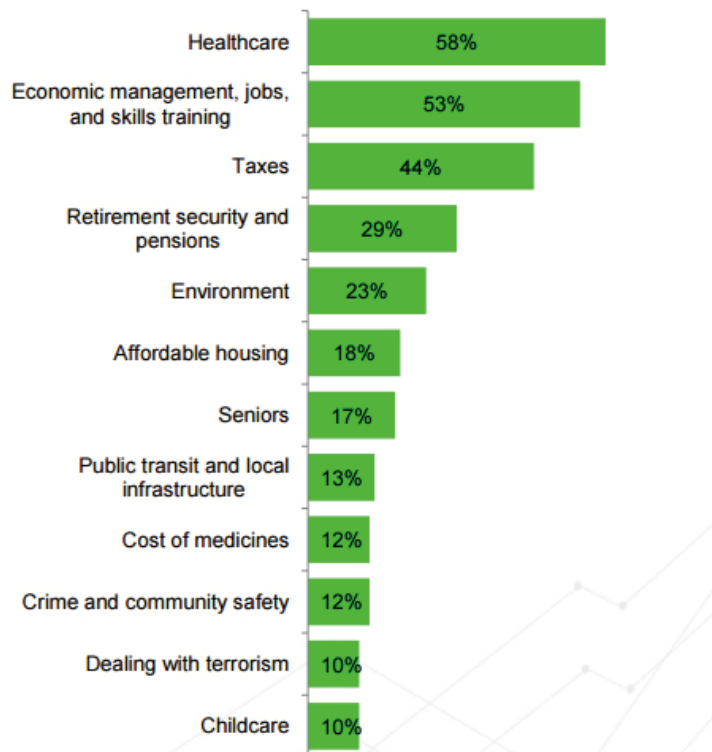
a party that would introduce national standards for continuing care. Additionally, 79% of Atlantic Canadians support negotiating a new federal health funding transfer agreement that would see annual increases in funding to the provinces.

Ultimately, the survey revealed that health care is of vital importance to Canadians, that Canadians want our federal leadership to support national prescription drug program, national continuing care standards, and revitalized health funding transfer agreement.

The data from this survey was collected from interviewing 1,500 Canadians between May 4-6, 2015. The margin of error is plus or minus 2.6%.



Thinking about the upcoming federal election, and the political parties positions on the issues, what three issues are the most important in determining your vote?





## NSNU and Other Nurses Unions Across Canada Sounded Alarm About American Exam Years Before NCLEX Testing was Formally Introduced

The decision to move from the pen and paper-based Canadian Registered Nurse Examination (CRNE) as their entry to practice exam for RNs, to the National Council Licensure Examination for Registered Nurses (NCLEX-RN) several years ago was met with reservation from the CFNU and nurse union counterparts long before the exam itself was put to the test.

The US based method of testing was introduced this year in Canada and the results have been less than stellar.

Initially heralded as state-of-the-art computer adaptive technology, which would be available year-round, the new process was meant to ensure the highest standard for validity and security according to national regulators.

The CFNU and its member organization sounded alarms pointing to the variations in language, measurement and vast differences in our health care systems as potential drawbacks. Canadian nursing experts helped

tailor the new test for use here, without consultation from nursing stakeholders, but essentially Canada and the U.S. use the same test.

“In 2011 we publically criticized the decision to adapt the US exam for use in our country. And, although we supported the move to computer-based applications and the convenience that offers, we had grave concerns about the content. They had four years to ensure this would work. What happened?” says Janet Hazelton, NSNU president.

Those concerns seem to have come to fruition. Of the 265 new grads in New Brunswick who took the test this year, only 144 passed. Compared to last year's 92 per cent success rate, 81 per cent of the 254 new grads in Nova Scotia who took the NCLEX-RN exam passed.

Some see this 11 per cent decline in this province as insignificant, but it is has had devastating consequences for the new grads (many of whom graduated with higher than average grades) who

failed the exam and now face much uncertainty.

There is an additional financial burden imposed by the company that administers the exam. The company offers a three-day exam prep course at a cost of over 300 dollars. New grads must also pay over 500 dollars each time they write the exam. These fees add to the financial and emotional burden the new grads.

“We are not talking about a problem with our nursing schools – over 90 per cent of our grads passed the exam last year. The cross-country exam results seem to indicate that the problems exist with the examination and not necessarily with the nurses.”

There are 150 new grads remaining in the province that must complete the exam this year. Hazelton hopes that the problems with the exam will be addressed immediately before others are subjected to what some are calling “unnecessary humiliation.”



# ICN 2015 International Conference of International Council of Nurses

In the latter part of June the International Council of Nurses (ICN) held its international conference in Seoul, South Korea, welcoming thousands of nurses and renowned leaders in nursing policy and practice.

The International Conference of the International Council of Nurses is one of the most respected and well attended events (thousands participated) on Health Care, Health, Nursing, Health Services, Clinical Care and Patient Safety on the nursing scene. It is an opportunity for nurses from all sectors and corners of the world to debate issues and discover how similar our concerns are around the globe.

“We re-learned just how nurses are facing the same issues the world over, but we look forward to bringing what we’ve learned from others to enlighten to our campaigns here in Canada,” says Linda Silas, CFNU president.

Members of the National Executive Board of the CFNU presented on topics such as nurses with disabilities, basic human rights, leadership in action, addiction and harassment, safe staffing and patient safety, the role of nurses, the challenges of an aging population and the resulting demands on health care.

The NSNU’s own Janet Hazelton was invited to moderate sessions

at the conference, a task she has performed at previous events when not presenting.

“Once again it was a tremendous learning opportunity. Not surprisingly, Korea’s RNs are focusing on their identity. At previous Congress meetings I have presented on the topic of nursing identity and visibility. It really is a universal theme,” says Janet Hazelton, NSNU president.



Janet Hazelton joins members of the CFNU National Executive Board and nursing leaders from around the world at the ICN Conference in June



Janet Hazelton with fellow conference attendees in South Korea



Janet Hazelton with fellow CFNU NEB members Marilyn Quinn (NB), Mona O’Shea (PEI) and Debbie Forward (NL)



The NSNU crew joins with others from the labour movement, all marching together with the NS Federation of Labour



NSNU Members, staff, family and friends join together to participate in the Halifax Pride Parade

# #HFXPride2015

**There wasn't much sunshine, but the spirit couldn't be dampened at the 2015 Halifax Pride Parade on July 25th.**

The NSNU was there in full force with members, staff, friends and family carrying rainbow flags, "Diversity" signs and sporting pride t-shirts. This year marks a decade of marriage equality in Canada, a milestone that was celebrated during the parade by an estimated 100,000 people.

The Pride Parade is one of our favourite events to participate in each year. We joined the Nova Scotia Federation of Labour float and travelled through Downtown Halifax, enjoying the roar of the excited crowd of onlookers including a strong NSNU showing.

The NSNU and our partners in the labour movement actively advocate for LGBTQ+ workers, providing resources and support, and speaking out their behalf. It has been a pleasure and a privilege for the NSNU to be able to represent our LGBTQ+ nurses at the Pride Parade. We can't wait to do it again next year.



Friends for the NSNU, Marley Stevens, Alicia Stevens, Elly Arthurs, and Christopher Maloney go all out for the Pride Parade



NSNU Member Helena Webb with Labour Relations Representative and Equity and Diversity Consultant Dwayne MacKinnon and his niece

## NSNU Continues to Support Transition House Association of Nova Scotia

The Nova Scotia Nurses' Union President, Janet Hazelton presented Pamela Harrison, Provincial Coordinator of Transition House Association of Nova Scotia (THANS) with a cheque on July 21 for nearly seven-thousand dollars. Monies received via partnerships with various service providers enables the NSNU to support worthy organizations like THANS in our province.

THANS exists to eliminate violence against women in Nova Scotia by:

- Working collaboratively with other equality seeking organizations, and the three levels of government, to address barriers that prevent women, and their children from living free of Violence and Abuse;
- Advocating for sufficient programs, services and funding for Transition Houses in Nova Scotia;
- Increasing public awareness of Violence and Abuse in our society;
- Conducting and/or participating in Feminist Participatory Research; and

- Providing training and networking opportunities for Boards and Staff of THANS Member Organizations.

Transition Houses grew out of an identified need of women for safety and support in spousal abuse situations. The first transition house in Nova Scotia opened in Halifax in 1978, and the provincial association was incorporated in 1989. THANS member organizations provide transitional services to women (and their children) who are experiencing violence and abuse, including culturally relevant services to Mi'kmaw people. THANS eleven member organizations work with women and their children in thirteen locations across Nova Scotia; Sydney, Waycobah, Port Hawkesbury, Antigonish, New Glasgow, Amherst, Truro, Millbrook, Halifax, Bridgewater, Yarmouth, Digby and Kentville.

Poverty, lack of safe supportive affordable housing, lack of childcare, literacy, education, transportation, and court support are frequent barriers that prevent THANS service users from moving forward in their lives. THANS works from a feminist-based perspective that seeks to work collaboratively with other community organizations and the three levels of government, as allies, in addressing these barriers and eliminating violence against women.

Transition House focuses on men's violence against women in relationships. This is not intended to ignore the problems of violence against people in male same-sex relationships, or of vulnerable males in heterosexual relationships. THANS uses the language of men as the perpetrators and women as victims because those are the facts in the overwhelming number of cases of interpersonal violence between intimates, and is the reality of the member organizations of the Transition House Association of Nova Scotia.



Janet Hazelton presents a cheque to THANS' Pamela Harrison



## My Conversations with Nurses who Experience Disabilities

By Edie Lloyd, RN (non-practicing), BScN, MEd-Counselling

As nurses some of us have been cared for and treated by a nurse. The transition from care provider to patient can be traumatic and leave us feeling vulnerable. Nurses are there to help us all with everyday health concerns, specific illnesses and while we're in crisis.

So, what happens when the nurse become the patient? As a nurse who experiences disability I have often wondered what this experience is like for other nurses. I am writing this article to share the experiences of other nurses and myself. My wish is to help reduce the isolation other nurses with disability may be experiencing.

I have many feelings about disability in general. Disability may appear in a nurse's life on a temporary or permanent basis. You may feel exhausted. The tiredness will come and go, and perhaps come and go again. Your sleep may be interrupted with pain and anxiety. If, for example, disability does occur resulting from professional burnout, surrounding oneself with competent health professionals can be very beneficial. As well, some of the most significant support we receive can come from other

nurses experiencing disability.

How we define disability varies and the range of disabilities is wide. Whether the onset is sudden, as is the case with an accident, or creeps up slowly as in some types of mental health concerns - anxiety or depression just to name a couple - the reaction can be the same. Shock and disbelief seem to be a common response to disability. In my experience and that of other nurses, depending on care from other health care providers opens up a wide sense of vulnerability. Our well being and recovery is in the hands of someone else. Finding the proper mix of health expertise and support can be an exercise in trial and error. The whole process can be perplexing amidst the exhaustion. But don't despair.

Disability has the great ability to change us. For some of us we realize we are human and have weaknesses. We learn to be more patient with ourselves and with others - not always, but generally. Some of us have lost friends as a result of our disability. More importantly, some of us have gained new friends because of our disability.

Disability can be a friend to you—sounds weird, I know. Besides teaching us patience, disability can allow time to reflect on our lives. If we are not working as a nurse, what is our purpose? The “not working time” can provide space for other things such as connecting with people or writing down our thoughts. Depending on our energy levels, which can greatly fluctuate, we have time to create a new identity while still holding onto our “nurse” self. We can fight disability and shift to incorporate new things all at the same time. It's a process that does not happen overnight. Remember patience.

There are some official and practical processes you may have to deal with when experiencing disability. If you have used up your sick bank you may now be eligible for Employment Insurance which may last fifteen weeks or so. Check with your employers Occupational Health provider for assistance and details. If you are still disabled and the EI is coming to an end you may be eligible to apply for Long Term Disability. An LTD case worker will be assigned to assist you down this path.

Be sure to keep a calendar with appointments. Keep medical information in a separate binder and a diary of daily symptoms. The Nurses' Union can be of assistance in cases such as appealing LTD decisions and offering advice. The Employee Assistance Program can be helpful and is confidential. Don't be afraid to talk about the experience of disability with others. Healing can come from a variety of sources – conversation is one such source.

What else would I like to say to other nurses experiencing disability? Disability may affect your sleep, mood, coping abilities and appetite, just to name a few to name a few. Address your sleep concerns as quickly as possible because sleep deprivation can have long-lasting and debilitating ramifications. Quality sleep is the foundation to recovery and coping mechanisms.

You may feel your disability is your new identity but it does not define you. Be patient with yourself and others. It's a process. You are not alone.

*“Disability has the great ability to change us... We learn to be more patient with ourselves and with others - not always, but generally. Some of us have lost friends as a result of our disability. More importantly, some of us have gained new friends because of our disability.”*

## Staffers Come and Go!

Many of you have had the distinct pleasure of working with Labour Relations Representative / Equity and Diversity Consultant, **Dwayne MacKinnon**, in the two and a half years he has been with the NSNU.

It is with disappointment, but encouragement that we bid Dwayne farewell as he relocates to Alberta this fall.

We wish him much success and look forward to reconnecting with him in 2017 when the CFNU Biennial Convention takes place in Calgary.



The NSNU welcomes back, albeit on a temporary basis, former Labour Relations Representative, **Carol O'Neill**. Carol has come out of retirement after a long and distinguished career with the NSNU to provide back-fill, and immeasurable labour expertise, until we are able to find a suitable replacement for Dwayne. We are very grateful for her assistance. Welcome back Carol.

The NSNU is also pleased to introduce our Research Associate, **Justin Hiltz**. This position was created out of a need to expand our capacity for research at a time of increasingly complex health care issues, and the growing demand for membership educational opportunities.

Justin comes to us by way of the long term care system where he spent the past few years working for the Gem Health Care Group. He holds a master's degree in kinesiology from Dalhousie University and is well versed in research methodology. We are very pleased to have Justin join our team.



# NSNU Privacy Policy

At the Nova Scotia Nurses' Union (NSNU), protecting your personal information is of vital importance to our organization. We are strongly committed to providing the necessary safeguards to ensure its accuracy and security.

Maintaining confidentiality in collecting, using and disclosing member and employee personal information is extremely important to us. As such, NSNU has developed a privacy policy to inform members and employees of our continuing commitment to securing your personal information.

Our policy complies with the guidelines set out in the federal *Personal Information Protection and Electronic Documents Act (PIPEDA)*. *PIPEDA* applies to provincially regulated organizations that collect, use and disclose personal information in the course of commercial activity. As a union, the NSNU does not participate in commercial activity and is therefore not bound by *PIPEDA*. The principles in *PIPEDA* nevertheless provide a helpful guideline for privacy protection.

The full Privacy Policy can be viewed on the NSNU website under About Your Union > NSNU Privacy Policy, or via this link: <http://www.nsnu.ca/en/home/aboutyourunion/privacypolicy>.

## Union Dues Rebates

If you are working at more than one facility and paying union dues more than once in a pay period, you are eligible to receive a rebate of the additional dues you have paid over and above the regular bi-weekly rates.

If you are a casual member who has been paid "less than" 7.5 hours (applicable to acute care members) or 8 hours (applicable to long term care members) in a bi-weekly pay period you are eligible for a union dues rebate.

If either of the above applies to you, please contact Verna Harrie at 1-800-469-1474/469-1474 (ext. 304) or [verna.harrie@nsnu.ca](mailto:verna.harrie@nsnu.ca).



## Social Media & Email Etiquette

Email and Social Media can be powerful tools for communication, and have become integral parts of our personal and professional lives. It is important to use these tools carefully to ensure our messages are received as intended, and that we don't inadvertently post or send something harmful, to ourselves or others.

For people working in health care the line between inappropriate and acceptable social media and email use is even narrower.

The NSNU has pulled together tips on how to use social media and email safely and effectively as a nurse. You can view these tips online at [www.nsnu.ca](http://www.nsnu.ca), under Member Services > Forms and Resources.



# HERE'S SOMETHING JUST FOR *You*

For over 50 years Johnson has been helping members of preferred groups and associations get more from their home and auto insurance coverage. As a **Nova Scotia Nurses' Union** member, you'll get access to additional savings and discounts, extensive coverage, AIR MILES® reward miles, 24/7 claims services, and so much more. And if you like getting out there and seeing the world, our MEDOC® travel insurance covers you for an unlimited number of insured trips for about the same cost as purchasing travel insurance for two separate trips. It's just our way of showing you how much you mean to us.

Imagine what *You* could do with

**\$ 25,000\***

Get a quote for your **CHANCE TO WIN**

[Johnson.ca/deserve](http://Johnson.ca/deserve)

Call today to get your quote.

**HOME + AUTO INSURANCE**  

**1-877-742-7490**

(Group ID Code: NN)

**MEDOC® TRAVEL INSURANCE**  

**1-855-733-6817**

Johnson Inc. ("Johnson") is a licensed insurance intermediary. Home and auto policies are primarily underwritten by Unifund Assurance Company ("Unifund"). Unifund and Johnson share common ownership. Auto insurance not available in BC, SK or MB. An alternate plan is available in QC. Home and auto insurance discounts only available on policies underwritten by Unifund. Eligibility requirements, limitations, exclusions or additional costs may apply, and/or may vary by province or territory. AIR MILES® reward miles awarded only on regular home and auto insurance policies underwritten by Unifund. At the time the premium is paid, one AIR MILES reward mile is awarded for each \$20 premium paid (including taxes). AIR MILES reward miles are not available in SK, MB or QC. ®/™ Trademarks of AIR MILES International Trading B.V. used under license by LoyaltyOne, Co. and Johnson (for Unifund). MEDOC® is a Registered Trademark of Johnson. MEDOC is underwritten by Royal & Sun Alliance Insurance Company of Canada ("RSA") and administered by Johnson. Johnson and RSA share common ownership. A 90-day Health Stability Clause applies to pre-existing medical conditions and other restrictions may apply. The terms, conditions, limitations and exclusions which apply to the described coverage are as set out in the policy. Policy wordings prevail. \*\*You Deserve MORE® Contest (the "Contest") runs from Aug 1/15 to July 31/16. Contest open to persons who, at the time of entry are: (i) members of a recognized group as defined in the Contest rules, (ii) resident of Canada (excluding QC, NU) and (iii) of the age of majority in their province of residence. Other eligibility criteria apply. No purchase necessary. One prize of \$25,000 CAD available to be won. Chances of winning depend on number of eligible entries received. Skill-testing question required. Full contest details at [www.johnson.ca/deserve](http://www.johnson.ca/deserve).

# In the Next Issue of What's **NU**?

Annual General Meeting 2016  
40th Anniversary Preparations Underway

Federal Election Wrap Up  
Where Does Health Care Stand?

Nova Scotia Federation of Labour  
48th Convention  
Topics, Speakers and Important Messages



Return undeliverable Canadian copies to:  
Nova Scotia Nurses' Union  
30 Frazee Avenue, Dartmouth, NS B3B 1X4  
Tel: 902-469-1474 | TF: 1-800-469-1474 | Fax: 902-466-6935  
Email: [coleen.logan@nsnu.ca](mailto:coleen.logan@nsnu.ca) Website: [www.nsnu.ca](http://www.nsnu.ca)

