

# What's **NU**?

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



## Pride 2016: Another Powerful Show of Support

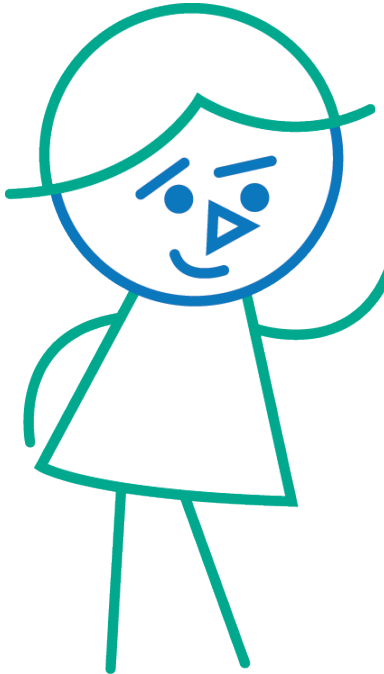
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# President's Notebook

By Janet Hazelton, BScN, RN, MPA



In September, the Nova Scotia Health Coalition (NSHC) launched a campaign warning against the pitfalls of private-public deals; a practice that many governments use to build infrastructure like schools and hospitals. Based on evidence that has been collected over decades by various organizations, academics and political parties the NSHC has developed messaging, a microsite ([privatedealsprovenfailures.ca](http://privatedealsprovenfailures.ca)) and even television commercials aptly named, Private deals - Proven Failures.

These arrangements are commonly named P3 deals (Public-Private-Partnerships), and there is legitimate concern that the current provincial Liberal government may enter into a private deal in order to reconstruct or renovate the rapidly deteriorating Victoria General

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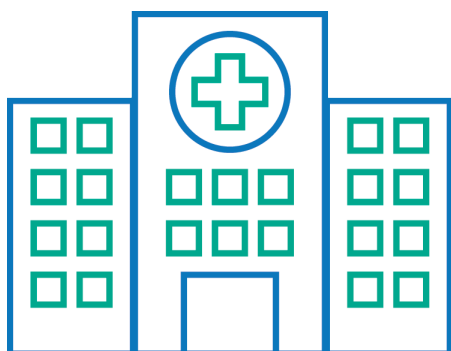
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On the cover: NSNU members, staff and friends are a sea of colour at the Halifax Pride Parade on July 23rd.

Hospital. Such an agreement would allow the province to finance the construction of a new facility or clinics without carrying the full cost of the project on the books, but rather disclose costs as leasing increments.

The Health Coalition cautions that when governments make private deals they answer to for-profit companies leaving tax payers in the dark. Essentially, what the Coalition and unions like the NSNU are saying is public money should fund public services not private profit. As well, proponents of Medicare worry that private interference will put our public healthcare system at risk as private companies are accountable only to their shareholders.



The provincial government is considering the P3 option for the Victoria General site

Government officials will cite that there are numerous P3 success stories across the country. That is a true statement. These shining new buildings are modern, functional and affordable - for the time being. Governments are simply deferring debt to the next generation, as is the case with P3 schools. Under public-private deals, at the end of the lease we do not own these structures but must decide whether to surrender the lease, keep renting, or negotiate with the developer to buy the building. Our current provincial government

recently spent \$13 million to buy back two schools: one in Porters Lake and another in Milford, Colchester County. There are three dozen more up for consideration.

Chris Parsons, co-ordinator of the Nova Scotia Health Coalition says that these P3 arrangements are a way of dressing up a funding model which has been a proven failure. In a recent media interview he stated that, *"Ontario's Auditor General was highly critical of private funding models for public infrastructure in his 2014 report. The claims made by proponents of the new private model are the exact same as the claims made in the 1990s when P3 models were sold to the public. Not only have they ended up costing more, but they have failed to either produce higher quality buildings or actually displace risk"*.

*"Having private companies front the money and then entering into a rent-to-own scheme with them is essentially an accounting trick, not a sustainable funding model. Provincial governments are able to borrow money at rates that are lower than private corporations and in private funding schemes, the company financing and building the hospital needs to make sure they get their cut. Anyone who has ever gone shopping for a couch knows that rent-to-buy schemes are great for seller and terrible for the renter —*

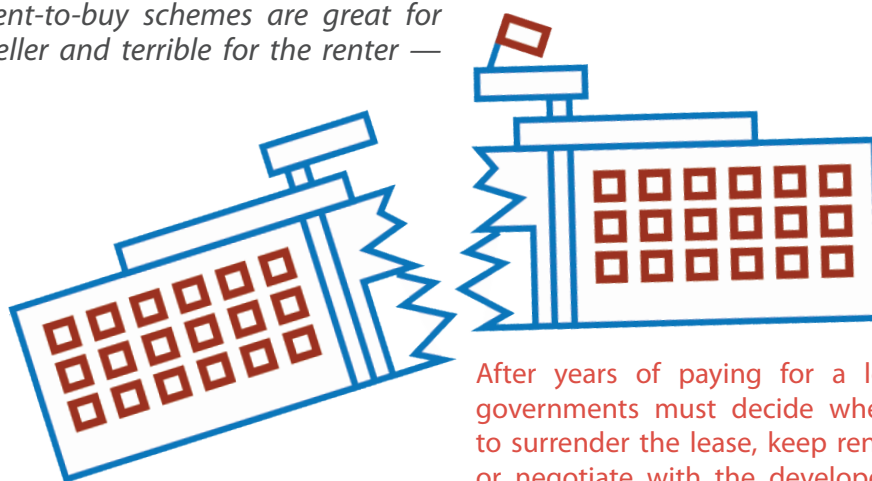


*they might make you feel like you're saving money up front but you pay more in the long term.*

*"In addition, they are highly secretive. When journalists or the public want to access information about a publicly funded and operated hospital, they are able to access that information through freedom of information requests. These private contracts are almost always considered to be proprietary information and the public is kept in the dark about them."*

The Health Coalition wants to remind Nova Scotians that governments can successfully and proudly build public structures and own them. In short, renter beware.

Be sure to visit the campaign website at **[privatedealsprovenfailures.ca](http://privatedealsprovenfailures.ca)**.



*After years of paying for a lease, governments must decide whether to surrender the lease, keep renting, or negotiate with the developer to buy the building*



# Bargaining and Essential Services Update

**Y**ou will recall that early in June, the employers filed a complaint of failure to bargain with all four Unions. This complaint was filed despite the fact that the employer was aware of the work being done by the negotiators to prep for bargaining and the ongoing meetings to define essential services. This round of bargaining was not “business as usual” for any Union as we now have to work together as a Council and we are required by legislation to create an Essential Services plan.

On July 12th, the Labour Board set a case management conference with the Unions and the employer. This process was for the arbitrator, Lorraine Lafferty to hear both sides and determine the time required for a full hearing. It was also an opportunity to see if there was a possible resolution prior to a hearing. Subsequently, the Unions agreed they could be ready to set dates for the Healthcare table for early October and instructed David Roberts, legal counsel for the Unions to offer dates as a resolution. The employer accepted those dates and thus the need for a full hearing was averted.

The NSNU was concerned that the employer would also insist on the Unions negotiating two concurrent tables which would stretch the human resources of the Unions as negotiators would have to manage double the prep work and negotiate two tables at the same time. Fortunately, this did not become an issue. Dates for the Healthcare table are October 3, 4, 5, 13 and 14.

The Essential Services plan is a mammoth task with representatives from all four Unions working together in caucus and with the employer group to sort through a reasonable staffing level for a strike for every single unit and department in every acute care facility around the province. We continue to meet and validate numbers with our members but we still have more work to do to come up with agreements on big issues such as lead time for ramping down to a strike and on call during a strike.

As negotiations advance, we will continue to update you.



## Nova Scotia Nurses' Union Represented in Whitehorse with Premiers

Janet Hazelton, president of the Nova Scotia Nurses' Union, was in Whitehorse the third week of July to meet with Premier Stephen McNeil who joined other premiers at the 2016 Summer Meeting of Canada's Premiers to discuss, among other things, a national pharmacare program. She, like other health care advocates, asserts that a national program could save millions of dollars which could be earmarked for other areas of our health care system, including community care and countless other expenditures.

The NSNU president was in Whitehorse with a contingent of nurses, national and provincial nursing leaders from within the Canadian Federation of Nurses Unions (CFNU). She also joined Danny Cavanagh, president of the Nova Scotia Federation of Labour at the Council of the Federation as advocates for health care.

The Premiers met to discuss health-



NSNU President, Janet Hazelton in Whitehorse with Nova Scotia Federation of Labour President, Danny Cavanagh

care sustainability, infrastructure spending, international and internal trade, immigration and other issues.

Premier McNeil spoke to his colleagues about the importance of increased federal health-care funding. Nova Scotia has demographic challenges that put extra pressure on the health budget.

"We appreciate the federal government's interest in targeted

funding for services such as home care, but we also see the need to ensure the Canada Health Transfer is strengthened so we can deliver the level of health care that Nova Scotians require," said Premier McNeil.

The NSNU looks forward to continued talks at the national and provincial levels this fall that will focus on health care and a national pharmacare program.



The CFNU National Executive Board made the journey to the Yukon to meet face-to-face with premiers and discuss the state of Canadian health care



Nursing leaders participated in a rally calling for National Pharmacare



# Canada's Nurses Served up the Facts on Pharmacare to Premiers at CoF 2016

Provided by the Canadian Federation of Nurses Unions



Linda Silas, CFNU President, presents to an audience of premiers and health leaders about the need for establishing a universal pharmacare program

On Thursday July 21st, the Canadian Federation of Nurses Unions (CFNU) hosted Canada's premiers for a breakfast meeting entitled "Filling the Prescription – the Federal Role for Pharmacare," during the Council of the Federation meetings in Whitehorse, Yukon.

The breakfast meeting featured Dr. Steve Morgan, a professor of health policy in the School of Population and Public Health at UBC and an expert in pharmaceutical policy, who presented opportunities for federal investment in pharmacare, and Dr. Ruth Lopert, a former senior official in the Australian government, who offered an international perspective. The group also heard from the Honourable Darrell Pasloski, Premier of Yukon, and Honourable Kathleen Wynne, Premier of Ontario.

"We are the only country with a universal public health care system that does not provide universal coverage of medicines, and currently one in ten Canadians cannot afford to fill their prescriptions," said CFNU president, Linda Silas. "This means that each day people in this country are being forced to choose between feeding their families and filling their prescriptions. Every day nurses experience the dangers of the difficult decisions health employers and provincial/territorial governments have to make when the money runs out for health care services in our communities. People suffer while the price of prescription drugs continues to skyrocket."

Canada is currently the only OECD country with universal coverage that does not include coverage for prescription medicines. The

result is a system of fragmented and uneven coverage provided by multiple payers, with diluted purchasing power – with the result being arguably poor value for money. Canada spends 30% to 50% more on pharmaceuticals than 24 OECD countries, including many countries with comparable health systems. Credible estimates, based on conservative assumptions about policy outcomes, indicate that Canada could save approximately \$7 billion per year by implementing a universal, public pharmacare system with a single payer, and a national formulary that enables careful, evidence-based selection of medications by system managers, prescribers and patients. Savings to our government health care programs could be reinvested in our health care system to benefit seniors, Indigenous Peoples, and the one in five Canadians suffering from mental health issues.

"A reinvestment in health care and in our health care facilities is what we need to increase nurse-patient ratios so that we can guarantee safe patient care," said Silas.

Drs. Morgan and Lopert showed how a universal pharmacare plan can work in a federation like Canada. Evidence from Australia shows that a national approach to pharmacare can reduce burdens on provinces and territories, increase access to medicines in all regions, and save billions of dollars per year. Canadian research shows that citizens, businesses and health professionals strongly support a national pharmacare plan.

Canada and Australia have similar per capita health expenditures. However, a great contrast exists in terms of total pharmaceutical expenditure. While Australia, with universal drug coverage via a federal drug program, spent approximately \$18 billion (CAD) in 2013 to serve a population of 23.1 million, Canada spent about \$35 billion (CAD) for a population of 35.1 million. This works out to nearly \$1000.00 per person. Australia spent 19% less per capita on medicines (2014).

A key component of Australian Medicare is the Pharmaceutical Benefits Scheme (PBS) which subsidizes universal access to outpatient prescription medicines. More than 80% of the prescription medicines dispensed in Australia are subsidized by the PBS, with the bulk of the remainder dispensed in public hospitals. The private prescription market remains very small. Canada's federal government finances just 2% of annual prescription drug costs in Canada through its public drug programs.

"Implementing a universal pharmacare program is the next step in the evolution of our health care system," said Dr. Steve Morgan. "It is long overdue, and there are literally thousands of lives and billions of dollars at stake."

Ninety-one per cent of Canadians support a national pharmacare program, and 87% support adding prescription drugs to the universal health coverage of medicare. Similarly, about 90% of businesses in Canada felt generally positive towards the idea of a public pharmacare program. Universal public pharmacare is strongly supported by nurses, doctors and other health care professionals, including more than 300 professors

of health policy and practice across the nation have endorsed a national pharmacare system called Pharmacare 2020.

"Pharmacare is the kind of feasible, transformative change in Canadian health care the federal government says it is willing to invest in. But we need action from all levels of government to make this happen," concluded Dr. Morgan.

"With federal and provincial/territorial negotiations for the next Health and Social Accord around the corner, the time for a national pharmacare plan is now," said Silas.

"Canada's nurses are pleased to stand with our premiers in this call for action," concluded Silas.



Presidents of the Atlantic nurse unions stop for a photo with the four Atlantic premiers at the Council of the Federation in Whitehorse on July 21st

**From left:**

Janet Hazelton, NSNU President;  
 Stephen McNeil, Premier of Nova Scotia;  
 Debbie Forward, RNUNL President;  
 Dwight Ball, Premier of Newfoundland and Labrador;  
 Mona O'Shea, PEINU President;  
 Wade MacLauchlan, Premier of Prince Edward Island;  
 Marilyn Quinn, NBNU President;  
 Brian Gallant, Premier of New Brunswick





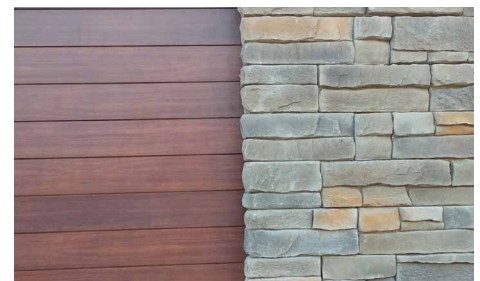
Janet Hazelton looks over building plans with JP, Site Foreman for Lindsay Construction



As we near moving day, members will be contacted with more detailed information about when those service interruptions could potentially occur. Please keep an eye on your email and on NSNU social media pages for updates as they become available.

If you wish to keep tabs on the progress being made by our builders, Lindsay Construction, check out the New Building page on the NSNU website at [www.nsnucanewbuilding](http://www.nsnucanewbuilding), where you can find photos and videos from the worksite.

We're looking forward to moving into our new office space. Our new address is 150 Garland Avenue in Burnside.



Classic building materials help set the NSNU office apart from its neighbours in Burnside



The interior of the NSNU office, almost ready for drywall and paint

The NSNU is preparing to move into a more functional office space, custom designed to better accommodate our staff and members' needs. The move is expected to take place in late October or early November.

On moving day there could be a brief service interruption as our communication systems are transferred over to the new office. If this does occur, phone calls will go to voicemail and it may take longer than usual for staff to respond to emails. Rest assured, this interruption will be short-lived, and staff will make every effort to contact members who require assistance in a timely fashion.



The exterior of the new NSNU building begins to take shape



# CELEBRATING LABOUR DAY

A sunny September 5th made for a beautiful Labour Day in Nova Scotia. This year there were community events in Amherst, Bridgewater, Halifax, Kentville, Port Hawkesbury, Sydney and Yarmouth. Marches, barbecues, live entertainment and activities for the kids filled out the festivities that brought out thousands of community members and activists, including many members and friends of the NSNU.

Labour Day is an opportunity to acknowledge the progress made by the labour movement through its storied history and to take stock of what changes will improve workers' lives. Unions are credited with many advancements that employees enjoy today, including health benefits, maternity leave and safer workplace practices, among others.

But even with so many gains made since the first Labour Day in 1872, there is still work to be done. The labour movement continues to call for workers rights to be respected, better and safer workplaces, and fair wages. The NSNU is a proud member of the Canadian Labour Movement, and a strong voice for Nova Scotia workers.

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



Chris Van Zoost, 1st Vice President of the NSNU proudly shows off the NSNU flag with her grandchildren Zoe and Pace in Kentville on September 5th



Former NSNU Board member, Cheryl Barker, enjoys the Labour Day event in Kentville with her granddaughter Alexis and her new friends, Pace and Zoe



## Hospital Security a Priority for Local Co-President

Education Day at the NSNU AGM is a great opportunity for members to hear from people working in health care and supporting industries from across the country. During the 2016 Education Day, participants heard from Clint Hodges of Toronto East General Hospital as he presented on best practices in hospital security. Clint's presentation prompted Stephanie Roberts, co-president of the Colchester Regional Hospital local, to take the lessons back to her workplace.

Violence against nurses and other health care workers is one of the most serious issues plaguing health care in Nova Scotia and across Canada. Security measures

differ from facility to facility, and are often dependent on size, budget and availability.

Although security is available at larger facilities, like Colchester, Stephanie says, in her experience, when a code white situation occurs in the ER – an irrational, aggressive or dangerous patient – nurses are among the first to react, even when security guards who are trained and have proper protective equipment to deal with a potentially violent patient are on site. Although there haven't been many incidents of violence causing serious injury in her facility, she says bites, kicks, slaps and other forms of abuse are very common.

When Stephanie returned to work after the AGM she brought Clint's presentation back with her and showed it to her nurse manager. They both agreed that implementing a few of the suggestions could drastically improve security at Colchester and other facilities around the province. Some of the methods that stood out to Stephanie included providing annual training for security staff, and enabling health care staff to lock down units so violent patients can't move beyond their point of entry.

"Working in the ER, aggressive patients can be very unsettling. Without the ability to lock down units, the hospital and other



patients and staff are unprotected. Anything can happen.”

But improving security isn't simply about protecting nurses, staff and other patients from an aggressor. Stephanie is gravely concerned for the safety of patients with a propensity for self harm. The presentation included suggestions for least-restraint options when a patient is at risk or showing signs of becoming violent towards themselves or others. In Stephanie's experience, security staff may not always be able to restrain patients while nurses are working on collecting the right medication to help calm them down. With patients who are in danger of harming themselves, those few critical moments could be the difference between life and death.

It's not just Stephanie's facility that causes her concern. Working in the Northern Region, she understands that there are many smaller and more remote facilities, including Collaborative Emergency Centres that have a small staff and virtually no on-site security beyond video cameras. When a violent patient comes to their door, they have few options.

“The nearest police officer could be 30 minutes away. By the time they get there, someone could be seriously hurt,” Stephanie says.

For now, this information sits with Stephanie's nurse manager and with the Nova Scotia Health Authority, but Stephanie is confident that at least some of the techniques from the presentation will go into effect in her facility. She plans to be active in following up and following through on the security changes that need to be made to protect nurses, staff and patients, using the evidence of

success from Clint's presentation to bolster her argument.

“If this can work elsewhere, it can work here. If they can protect their patients there, we can here.”

Nurses should never be the first line of defence in a health care

facility, regardless of its size or the services offered there. The NSNU is encouraged to see members like Stephanie taking the initiative to promote safety and security in their own workplaces. We look forward to following up in a few months to see what changes have gone into effect.



**“Without the ability to lock down units, the hospital and other patients and staff are unprotected. Anything can happen.”**

Stephanie Roberts,  
Co-President,  
Colchester Regional  
Hospital Local



Marsha with seven-year-old Faharoa, a Mercy Ships patient

## NSNU Member Takes Health Care to the Seas

**M**arsha Tanner recently returned home from the trip of a lifetime. The RN, who works in the PACU and Day Surgery Unit at South Shore Regional Hospital, spent nine weeks volunteering with Mercy Ships, a faith-based organization that provides much-needed health care services to people in impoverished nations.

Mercy Ships is a hospital ship that travels from port to port providing surgeries, dental care and other important treatments for people without regular access to health care. All of the nurses, doctors and health staff on board are volunteers. Marsha was moved to volunteer with Mercy Ships after researching the organization and learning that their values closely aligned with her own.

"Mercy Ships is a Christian charity whose core values are taking hope and healing to the poorest parts of the world," she explains.

"Compassion and acceptance is the focus of care to those who are suffering with long term medical conditions who are often rejected by society. Forming relationships and providing an accepting and caring environment is Mercy Ships' goal. These are qualities that I have always practiced at work and in my daily life."

Marsha did not take the decision to join Mercy Ships lightly. Volunteering for the non-profit organization requires a large commitment from its volunteers, who are personally responsible for their travel, room and board, in addition to the lengthy time commitment. In order to meet up with Mercy Ships, Marsha had to travel to Madagascar, a remote island off the east coast of Africa.

Once on board, Marsha eagerly dove into the work she had travelled so far to do. During her time with Mercy Ships, she helped treat fistulas, disfiguring facial



tumours, cleft palates, lipomas, hernias and burns. It wasn't long before Marsha realized that volunteering abroad posed unique challenges, even for a veteran nurse of 30 years.

"When you volunteer in a third world country you have to put aside how things should be as you do them in the western culture. One has limited resources and all the modern technologies we have are not at our disposal. You really realize that when you reach for something and it isn't there because you are not home," she says. "One learns to be creative – a MacGyver of sorts. You very much learn the art of nursing."

Despite the challenges, Marsha couldn't have been happier with her experience.

"What warmed my heart the most was seeing the progress and the happiness on the patients' and families' faces as they had their lives changed. They often came to the ship feeling broken and neglected because of how they looked. We brought them into a loving and accepting environment and saw their lives transformed, and we were able to experience that joy with them. It was the most fulfilling two months of my 30 year career."

Marsha's time in Madagascar was a profound experience for her. She was moved by her patients, by the local translators who made their work possible, and by the caring and determination of her fellow volunteers and the Mercy Ships crew. She was so inspired by her work on board that she is already

planning to volunteer abroad again, with hopes of heading to the Republic of Cameroon for the 2017 field service.

Marsha believes everyone should find time to volunteer, and hopes her experiences will inspire other nurses to do something similar. After her time with Mercy Ships, Marsha's feelings about the experience can be summed up quite simply: "There is nothing quite like it."



Marsha and Rene

## Quick Facts about Mercy Ships

- Each year Mercy Ships serves between 10,000 and 15,000 patients, and performs between 1,500 and 2,500 surgeries.
- Volunteers from 35 different countries help make the work of Mercy Ships possible.
- Mercy Ships has specific programs: Maxillofacial, Plastic Reconstructive, Women's Health (OBF), Ophthalmology, Dental, Orthopedic and General Surgeries. The most commonly treated ailments are massive tumours, cleft lips and palates, cataracts, bowed legs, burn wounds and fistulas.
- Mercy Ships is currently building a new state-of-the-art, custom built hospital ship which will be deployed in 2018. The need for volunteers will double, especially the need for nurses.
- A nurse can visit [www.mercyships.org/volunteer](http://www.mercyships.org/volunteer) where available nursing positions are listed and an online application can be accessed. A nurse can apply for future placements even if there is not an opening in their field. Nursing applicants must have at least two years post-grad experience.
- Those who wish to support Mercy Ships can do so through online donations, which pay for materials and procedures commonly provided on board. To donate, visit [www.mercyships.ca](http://www.mercyships.ca).



# Evaluating the NCLEX-RN Experience



The NCLEX-RN was introduced as the new entry-to-practice licensing exam for Canadian nursing students in 2015. Performance on this exam has come under increased scrutiny as graduate nurses struggled to pass. According to the Canadian Council of Registered Nurse Regulators (2016) the national first time pass rate for 2015 is 69.7%. The previously used licensing exam, the Canadian Registered Nurse Examination, had an average first time pass rate of 85% nation-wide. In an effort to understand the vast difference in pass rates and the experience of those writing the new exam, three researchers, McGillis Hall, Lalonde and Kashin (2016), conducted a qualitative research study of Canadian graduate student nurses.

The study consisted of interviews with 202 graduate student nurses from across Canada. Of the participants interviewed in the study, only 54% passed the exam on their first attempt. The analysis uncovered seven sub-themes including temporary testing centre concerns, perceptions of American context and content, lack of French language resources and translation issues, limited number of opportunities to write the exam, communication and engagement with regulators, financial costs, and reputational costs for the nursing profession in Canada.

The first of these concerns surrounds the use of temporary testing centres. The purpose of these centres was to increase access to the test for those outside of urban areas, and to make the test available year-round. However, the majority of these testing centres were problematic with

limited space and were located in local hotels or inns. There were problems involving technological support for writers, exam security, and the quietness of the testing environment.

Secondly, exam writers had an over-arching perception of American context and content on the exam. Despite multiple claims by provincial nurse regulators, student nurses writing the exam still described encountering questions on the exam that were incongruent with the Canadian health care system. After conducting an analysis of the test questions, the National Council of State Boards of Nursing (the organization responsible for the design of the exam) determined that the exam version Canadian students wrote did not have American content. They suggested that students may have been confusing questions from practice materials, and questions from the actual exam.

The third source of concern was specific to those educated and examined in French. There was a lack of resources available to prepare in French, and students reported struggling to understand exam questions. This left francophone students at a serious disadvantage, and incited action organizations such as the Canadian Federation of Nurses Unions. Eventually it was determined that the translation was provided by

an American company with an employee who had previously lived in Canada. The exam did not meet Federal regulations for translations.

The fourth and fifth sub-themes stem from the relationship of students with provincial nurse regulators. Provincial regulators set the number of times a student is permitted to write the exam, with some regulators allowing unlimited writes, and others limiting the number of attempts to three. Students found communication from regulators to be unclear, lacking, and contradictory.

Graduate nurse students raised concerns about the financial costs, spending more than they expected on preparatory materials specific to the licensing exam. Certain schools provided additional preparation for the exam, while others required that students do this independently at personal expense. There were also schools that did not provide preparatory courses, leading some students to pay for travel and accommodation in a city where such a course was being offered. Some of these costs were incurred in American dollars thus amplifying expenses.

Finally, graduates voiced apprehension with the potential reputational cost that the Canadian nursing profession may suffer. The unexpectedly high failure rates for



the exam received a lot of national media attention, leaving graduates concerned that they may be seen as less competent nurses. The failure rate also led to fewer nurses entering the field immediately

following graduation, possibly impacting workforce planning at the provincial level.

The researchers found that graduate student nurses had an

overall negative experience with the NCLEX-RN. In future, the exam needs to be administered fairly and consistently with all graduate nursing students receiving the same opportunity to succeed.



Members and friends show their NSNU pride at the Truro Pride Parade



Team NSNU gathers for the 2016 Halifax Pride Parade

**Solidarity.  
Diversity.  
Love.  
Celebrating  
Pride in Nova  
Scotia**



NSNU members joined the Nova Scotia Federation of Labour float for the Pride Parade in Sydney, Cape Breton

It was another fabulous summer for members of the NSNU who showed up for Pride events in Halifax, Sydney and for the first-ever Pride Parade in Truro.

This is the fourth year that the NSNU has participated in Pride, and the enthusiasm from our members for this event grows every year. This year's parade was a blast, with dozens of floats that celebrate diversity in our province, and pay homage to LGBTQ+ trailblazers.

During this year's parades in Nova Scotia and across the country, participants and onlookers joined together for a moment of silence to remember the victims of the shooting at Pulse nightclub in Orlando, in which 49 LGBTQ+ individuals were killed and many

more injured in a horrific hate crime. Tragedies like the Pulse attack remind us why we need to continue to stand with our LGBTQ+ brothers and sisters and present a united front against bigotry and hate.

The NSNU celebrates diversity within our own ranks, embracing nurses of all genders, races, creeds and sexual orientations. It was, once again, a great privilege to represent our LGBTQ+ members in the parade.

Thank you to parade organizers, fellow participants and all NSNU members who showed up to help make this year's events some of the best. We look forward to doing it all again next year.

## Alberta

United Nurses of Alberta (UNA) is fighting for quality patient care in long-term care (LTC).

In July the Alberta provincial government sought public input on LTC and home care services as they prepared to update related legislation. At the time, UNA strongly encouraged their members to complete the surveys and lend their professional expertise to the conversation. Among their most serious concerns was the potential for new legislation to reduce the number of mandatory RN hours in nursing homes in efforts to cut back on spending.

Later in the summer, UNA met with Alberta Health Minister Sarah Hoffman to remind her of the proven value RNs bring to the health care team in LTC. Following that meeting, they provided the government with a document that detailed the state of long-term care in the province, and made a strong case for increasing RN hours to achieve better outcomes.

## Saskatchewan

In a story that is echoed across the country, health care budgets in Saskatchewan are being slashed, leading to inevitable staffing cuts, including layoffs of several nurses who are members of the Saskatchewan Union of Nurses (SUN).

Tracy Zambory, SUN president, spoke out against the cuts, explaining that nurses were already feeling the pinch of short staffing on their units. She is concerned that these cuts will have a negative impact on patient care.

“When we see that and we hear about cuts to registered nurse positions, it causes us to think, are we making staffing decisions based on research and evidence and patient needs, or are we just looking at budget?”

In the latest round of cuts, 70 workers were laid off in the Saskatoon Health Region alone, including 12 SUN members. More layoffs are expected in coming months.

# Cross-Canada



# Check-Up

## Newfoundland and Labrador

In May nurses from across Atlantic Canada joined together to protest austerity measures in Newfoundland that would dramatically affect work life for health care workers and quality of care for patients.

Following that rally, it was expected that the Registered Nurses Union of Newfoundland and Labrador (RNUNL) would be called to the bargaining table to establish a new collective agreement for their members, one that would certainly consist of major concessions on the part of the union.

However, despite the seeming inevitability of tough negotiations, bargaining did not occur. With a requirement of 30 days notice to be given prior to the contract running out, the deadline came and went without a call to the table from the Government or the Union.

For RNUNL, this was good news.

“Our board considered the current fiscal environment and the priorities of our members and decided that extending our contract was our best option at this time,” said Debbie Forward, President of RNUNL.

Although this issue is far from resolved, the extra time to develop a strategy is a relief for the Union, which now has more time to fight government austerity measures on behalf of their members. The current contract has been extended for another year.



## Manitoba

Recently members of the Manitoba Nurses Union were successful in using diligent reporting to spark change in their understaffed unit.

In March 2016, nurses who work on the Geriatric Rehabilitation Unit at Seven Oaks General Hospital in Winnipeg joined their employer for an Independent Assessment Committee (IAC) review of the issue. The process was an amicable one, with the mutual goal of finding a solution for the problem.

Following the review, the committee put forth six recommendations to tackle the issue of understaffing on the unit, including an appeal for the employer to fund an additional healthcare aid on the night shift, and to continue to fill the unfunded evening position until funding could be secured. The employer embraced the recommendations and has already started implementing some of them. The parties plan to meet again in the fall to check in on the progress that has been made on the recommendations.

This story is a great example of what can happen when workers and employers come together for a common goal, and what can happen when nurses are consistent in their clinical capacity reporting. Congratulations to the nurses at Seven Oaks for their success.

## New Brunswick

The New Brunswick Nurses Union (NBNU) elected a new president, Paula Doucet. Doucet works at Chaleur Regional Hospital in Bathurst and formerly held the position of 1st Vice-President.

For many years NBNU has been helmed by Marilyn Quinn, a respected and hard working nurse who has been an outspoken advocate for her members and their patients. Marilyn will be retiring from the position at the Union's upcoming AGM, but she remains a good friend of the Nova Scotia Nurses' Union, and an important voice in the national health care conversation.

We wish Paula the best of luck as she takes on the role of president, and we look forward to working with her and NBNU in joint ventures with the Canadian Federation of Nurses Unions.

## Prince Edward Island

Prince Edward Island is seeing a tangible benefit from adding more nursing hours in the Hemodialysis Unit at Queen Elizabeth Hospital in Charlottetown. A new shift was recently added in the evening including two RNs and one LPN, allowing for nine more patients to receive the important treatment. Health PEI is also planning to hire two community-based renal nurses to help manage patients who receive peritoneal dialysis treatments.

One of the great benefits of this new shift is the ability for patients to come in for dialysis in the evening. This makes treatments more accessible for working Islanders, who no longer have to sacrifice potential earnings to make trips to the hospital during the day.

This is just one example of the impact that can be made by putting more resources into the health care system to improve patient care.

## Ontario

The Ontario Nurses' Association (ONA) is continuing the battle against workplace violence in their province in light of several brutal attacks against nurses and daily violence faced by all health care workers.

In July the union and its membership celebrated a small victory after Toronto's Centre for Addiction and Mental Health (CAMH) was fined \$80,000 for failing to sufficiently protect a nurse who was beaten by a patient in 2014.

ONA Vice President Vicki McKenna said of the ruling, "We simply will not tolerate workplace violence in health care, and will continue to hold all health-care employers and the Ministry of Labour accountable until workplace violence is treated with the seriousness it should be and no other nurse is subjected to assault."

ONA is continuing their campaign against workplace violence with initiatives like, "Recognize Violence. Report it.", which calls on nurses to submit their stories of violence in the workplace to be used as an example of the dangers nurses face on the job.

## Deadline for Practice and Leadership Premium Submissions Fast Approaching

We would like to remind all NSNU nurses that the submission deadline for practice and leadership premiums is October 31st. Points can be collected up until that date. The premiums are open to all nurses in all units and sectors – NPs, RNs, LPNs, in acute care, long-term care and home care. Each premium is worth \$850 (pro-rated) and is paid out as a lump sum in late November or early December.

Nurses require 70 practice premium points to receive the Practice Premium. Activities include certification in a specialty (e.g. palliative care), courses in a specialty area, workshops/conferences (e.g. labour school, conflict resolution course), hospital in-services (e.g. lunch and learn sessions), university education and e-learning. Note that shorter e-learning courses can usually be combined to count towards points.

Nurses require 60 leadership activity points to receive the Leadership Premium. Activities include being involved on a committee or task force, being involved in the professional association, publication in a journal or presentation at a conference, being involved in a research study, acting as a resource person (e.g. breast feeding champion), accepting special responsibilities (e.g. preceptorship), or being involved in special projects.

Please consult your collective agreement (Appendix B of most contracts) for further information and restrictions. If you are unsure about the point value of an activity you may wish to consult your manager.

Submission forms are available under the Education tab on the NSNU website. Follow the link on the left to 'Education Premiums' and you will find links to the forms at the bottom of the page.

Practice and leadership premiums are a means of recognizing the value of professional development which benefits nurses, employers and patients alike. We encourage all nurses to take advantage of these premiums whenever possible.

**Leadership** is not about titles, positions or flowcharts. It is about one life influencing another.  
- **John C. Maxwell**



# CFNU Biennial Convention

## Calgary 2017

It's that time again! The Canadian Federation of Nurses Union's Biennial Convention is coming up in June. Taking place in Calgary, the event will be hosted by our provincial counterpart, the United Nurses of Alberta.

Many NSNU locals are planning to send members to attend the convention. Unlike the 2015 Biennium in Halifax, this will require a greater time and financial commitment, so it's a good idea to prepare early.

As soon as you are able, book your time off for the convention, as well as travel time to and from Calgary. Some locals have already started fundraising to help their members make the trip, which is a great solution to cover some of the costs.

Registration for the Biennium will open on December 7th, closing on May 5th. Before you register, please confirm your time off and that you will have funding for your trip. If you require assistance or have questions about Biennium costs, registration or other details, please email [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca).



Heather Smith, president of the United Nurses of Alberta, invites nurses from across Canada to the 2017 Biennial Convention in Calgary. Remember to bring your stetson!

# SAVE! the DATE!

## Board of Directors Meetings

*NSNU Office*

September 7, 2016

October 11, 2016

November 21, 2016

*Please note: dates for 2017 Board of Directors meetings will be included on the NSNU web calendar as they are set ([www.nsnu.ca/eventscalendar](http://www.nsnu.ca/eventscalendar)).*

## CFNU National Executive Board Meetings

*Ottawa, Ontario*

October 3-6, 2016

February 6-9, 2017

## CFNU Biennium Registration

*Online*

December 7, 2016 - May 5, 2017

## NSNU AGM and Education Day

*Best Western Glengarry, Truro*

April 24 - 27, 2017

## National Nursing Week

*Canada-Wide*

May 6-12, 2017

## 2017 CFNU Biennial Convention

*Calgary, Alberta*

June 5-9, 2017

## Eastern Labour School

*Antigonish, Nova Scotia*

May 2018

## NSNU / VON Multi Site Labour - Management Meeting



Representatives from VON/NSNU Locals and the VON employer group met at the NSNU head office in Burnside on June 22nd

On June 22, representatives from all VON/NSNU locals across the province, the VON employer group and NSNU staff participated in a VON/NSNU Multi Site Labour/Management Meeting at the NSNU in Dartmouth.

Chris Albrecht and Patti Humphries, Labour Relations Representatives, co-hosted the meeting to address a variety of topics. Jennifer Chapman, NSNU VP Community Care was on hand to lend her voice and vast experience to the dialogue.

The groups discussed VON Closures, Redesign, Service Delivery, Remote Location Guidelines, Provincial Bargaining, the latest on the RFP, Retention, OHS Policies, WCB PACE Training and WCB Stats Overview, to name a few agenda items.

The NSNU would like to thank the VON for their collaborative approach to resolving issues and continued show of support for nurses.

## Dragon Boat Festival Raises Funds and Awareness

Drum beats were heard on the river as over thirty-five teams of twenty-one participants from corporations, area industries, small businesses, financial institutions, service clubs, community organizations and some very enthusiastic NSNU members gathered on the water, paddles in hand!

The races were held on the New Glasgow Riverfront on July 22nd & 23rd, 2016. Each team paddled their Dragon Boat in heats while more than 1000 participants and spectators viewed from the vantage point of the two shores and the George Street Bridge.

The Nurses' Union was very happy to help support the NSNU Dragon Boat entry. Our small contribution assisted the team as their raised funds for the following charities: Women Alike Breast Cancer Survivors Society, Nova Scotia Special Olympics, and the Pictou County Prostate Cancer Support Association.



The Dragon Boat team shows off their NSNU t-shirts



## Do You Have Your NSNU Membership Card?

A membership card is your gateway to savings from numerous local businesses that are thankful for the hard work and dedication of nurses.

Membership cards are included in new member kits and are sent to locals as needed to ensure every member has one. If you do not have a membership card, or if you are a local president and you require more cards to hand out to new employees, let the NSNU office know and we will send them to you.

Remember to show your membership card when you are out and about. Even if discounts aren't included on the online list, some retailers may have offers available for nurses.



The full discount list can be found on the NSNU website at [www.nsnu.ca/memberdiscounts](http://www.nsnu.ca/memberdiscounts).

## Share Your Stories

The NSNU has many platforms for sharing information about upcoming events, important dates and opportunities for members. Including this newsletter, we are also active on Facebook and Twitter, and maintain an up-to-date event calendar on our website.

We are always looking to share stories from our members. Stories can be related to an event you are participating in, an upcoming educational opportunity, or other news and information relevant to nurses. If you have an event or initiative that you would like to promote using our platforms, please contact [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca)

### Find us online:

 @NS\_Nurses

 Nova Scotia Nurses Union

[www.nsnu.ca](http://www.nsnu.ca)

## Regional Bursaries

Each year the NSNU provides \$1,500 to each region for Education. Members are able to submit applications for funding to help them pay for workshops, seminars or certificate programs relevant to their work.

In each region a committee is established to determine whether financial assistance can be granted for a particular request. Regional bursary committees meet monthly to review applications.

Members who wish to apply should contact their regional bursary committee member at the number provided on MyNSNU. More information about regional bursaries can be found on the NSNU website at [www.nsnu.ca/regionalbursaries](http://www.nsnu.ca/regionalbursaries).

## 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 / 902-469-1474 (ext. 304) or [verna.harrie@nsnu.ca](mailto:verna.harrie@nsnu.ca).

# Johnson Insurance Pays it Forward



NSNU president, Janet Hazelton, accepts the Johnson Insurance donation from Christie Cahill (left) and Trish Harkin (right)

Johnson Insurance is grateful for the opportunity to offer preferred services to members of the Nova Scotia Nurses' Union. Each year, Johnson makes a financial contribution to our organization based on revenue generated from mail-outs and uptake on policies. The Nurses' Union donates those funds to charities like Transition House Association and The Marguerite Centre. This partnership has been long standing and supportive.

On July 26th Janet Hazelton accepted a cheque from Johnson Insurance, which will be donated to those in need. We thank Johnson for their continued service, generosity and partnership with the NSNU and our members.



## NSNU Member Recipient of NSFL Bursary

Congratulations are in order to one of our members - Santina Weatherby. Santina, a registered nurse at Colchester Regional Hospital, is a recent recipient of a 2016-2017 Nova Scotia Federation of Labour bursary.

For well over 25 years, the NSFL has awarded a number of bursaries for post-secondary studies. Many of these are in honour of retired or deceased trade union activists who have contributed to the labour movement in our province. This year, the NSFL received a record number of applications.

Santina's name was put forward for consideration by way of the NSNU. She will receive the Joe Gannon Memorial Bursary.

The Joe Gannon Memorial Bursary has been awarded since 1966 in honour of labour activist Joe Gannon. Joe was a dockyard worker in Halifax and was President of the Halifax- Dartmouth and District Labour Council and a Regional Vice-President of the CLC. He died in 1965 and this Bursary honours his dedication to working people.

Santina is studying to become a nurse practitioner and is greatly appreciative for the financial assistance.

The Executive and Staff of the NSFL wish to congratulate all of the winners and applicants. Best of luck with your studies!



## NSNU Holiday Challenge

Each year NSNU Staff hold a Secret Santa luncheon, in which each individual secretly buys a toy for a co-worker that represents their "inner child". After exchanging gifts, and a few laughs, those toys are donated to the C100 Cineplex Toy Drive, where the gifts are then passed on to children in need during the holiday season.

Last year we heard from several members who appreciated the tradition and wanted to get involved, and so this year the NSNU is issuing a challenge to our Locals.

Please consider starting your own Secret Santa luncheon or toy drive, and then donate the gifts to a toy drive in your area, or to the C-100 Cineplex Toy Drive. Remember to take a photo of all of the amazing gifts contributed by NSNU members for us to share in an upcoming newsletter. The C-100 Cineplex Toy Drive will take place on December 8th in Dartmouth and December 9th in Bayers Lake. Stay tuned - we hope to select one drop-off date so we can simultaneously broadcast the event on our social media platforms and channels!

Working together, we can spread even more joy this holiday season!



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Alexis Sinclair,  
Nurse and Johnson customer



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

Bargaining Update

New NSNU App and Education  
Modules to be Introduced

NSNU VP Chairs and Committee  
Composition Announced

## International Solidarity Fund



**YOU CAN MAKE A DIFFERENCE**

Are you going abroad to provide humanitarian assistance? You could be eligible for a travel subsidy from CFNU. Apply online at: [www.nursesunions.ca](http://www.nursesunions.ca)

  
CANADIAN  
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OF NURSES  
UNIONS

Application deadline is  
December 31, for travel the  
following year.



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)

