

**Courage to lead,
Confidence
to challenge,
Commitment to care**



Fall Component Meetings

Bargaining Bulletin #7

Collaborative Emergency Centres



Board of Directors

- Janet Hazelton, President
janet.hazelton@nsnu.ns.ca
- Christine VanZoost, Vice President
christine.vanzoost@nsnu.ns.ca
- Lillian Fynes, VP Finance
lillian.fynes@nsnu.ns.ca
- Gerri Oakley, VP Eastern Region
gerri.oakley@nsnu.ns.ca
- Cheryl Barker, VP Central Region
cheryl.barker@nsnu.ns.ca
- Ann Marie Murdock,
VP Northern Region
annmarie.murdock@nsnu.ns.ca
- Teresa Ogilvie, VP Western Region
teresa.ogilvie@nsnu.ns.ca
- Doreen Charman, VP Long Term Care
doreen.charman@nsnu.ns.ca
- Maria Langille, VP LPN/Grad
maria.langille@nsnu.ns.ca
- Jennifer Chapman, VP Community Care
jennifer.chapman@nsnu.ns.ca

Contact info

NSNU

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

NSNU Staff

- Jean Candy, Executive Director
- Debbie Grady, Executive Assistant
- Cindy Herbert, Director of Finance
- Verna Harrie, Accounts Receivable
- Cindy Wagner, Accounts Payable
- Mike Coyle, Staff Lawyer
- Heather Totton, Staff Lawyer
- Carol Crane,
Administrative Assistant – Legal
- Carol O'Neill,
Labour Relations Representative
- Shannon Wark
Labour Relations Representative
- Lilo Wessels,
Labour Relations Representative
- Chris Albrecht,
Labour Relations Representative
- Patti Humphries,
Labour Relations Representative
- Cherry Gauthier,
Labour Relations Assistant
- Coleen Logan, Communications Officer
- Kate Jamieson, Communications Assistant
- Nancy MacDonald, Receptionist

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President's Notebook

Janet Hazelton, NSNU President



Standardized Uniforms

I would like to start this message by addressing the recent arbitration award granted to nurses at the QEII. I have gone on record as saying that this award is no different in the first two years than our two-year negotiated deal. I also maintain that nurses throughout this province deserve the same wage rate regardless of where they work.

The week of October 31st, I spent a great deal of time discussing this issue with media, members of the public and our members. Without question, the greatest challenge in this province is still

recruitment and retention of nurses in our more remote and rural areas where nurses work in isolation or with smaller health care teams. Discrepancies in wages would do nothing to retain nurses working under those circumstances.

In this province, from Yarmouth to Cape Breton, all patients and their families have the same value placed on their health and quality of life, regardless of where they live. A nurse's wage should have no lesser value, regardless of where they work.

After a two week voting period and 1122 votes cast, the decision to wear white tops/ black pants or skirts has been made. A uniform committee, comprised of representatives from the NSNU, the Health Association of Nova Scotia, the Department of Health and Wellness (DHW) and the District Health Authorities developed a list of six mutually agreed upon colour options after a process of elimination. Some popular colours that had been considered were already being worn by other hospital workers.

On November 16, 2011 the Department of Health and Wellness issued a Request For Proposals (RFP) in order to find a supplier. It is anticipated that the vendor will be chosen in early December once the RFPs are reviewed.



ON THE COVER... VP of LPN/Grads, Maria Langille, VP of LTC Doreen Charman and VP of Community Care, Jennifer Chapman, at the Fall 2011 Component Meetings in Truro.



Janet Hazelton speaks with CBC Information Morning hosts Don Connelly and Louise Renault about the NSGEU arbitration award.

The NSNU has heard from some nurses who say they do not like the idea of a white and black standardized uniform for either personal or professional reasons. Some exclusions have been considered by various Bargaining Unit Grievance Labour Management Committees (BUGLMC) – mental health being one area of care that has been considered.

We also received numerous calls and emails from the general public and our members offering support for this policy. There have been calls and letters to media, claiming that this idea makes a great deal of sense. Interestingly enough, the uniform policy has captured attention from provincial and national media, and academics.

I would like to emphasize that the decision to bargain for this uniform allowance and policy was not made lightly. Many of you have heard the arguments in favour of standardized uniforms at the Annual General Meetings, the Bargaining Conferences, a President's Tour meeting or in your newsletters so you understand the motivation whether you support it or not.

It is the expectation of the Provincial Negotiating Committee and the Board of the NSNU that this process follows its course and that the uniform policies that are developed throughout the province receive support from employers and managers as well.

As we proceed with this policy, the NSNU will review the initiative over an extended period of time and provide education to enhance public and internal stakeholder awareness.

Regardless of which side of the uniform debate you are on, I would like to thank the many nurses who contacted me by email, phone or in person for your professionalism and insight on the issue.

If you would like to listen to or view media reports on either the arbitration award or the standardized uniform, please go to www.nsnuc.ca and select the Media Room tab. These media interviews are posted under Audio/Video Interviews.



Janet Hazelton speaks with News 95.7 radio host Jordie Morgan about nursing negotiations.

FYI Twitter Followers

NSNU president, Janet Hazelton now has a Twitter account and reports on activities of the Nurses' Union and the labour movement. To follow Janet – go to @JanetHazey. Watch for her tweets.



The Canadian Federation of Nurses Unions asks federal government to support innovation in the public health care system

CFNU Press Release

October 20, 2011

Ottawa, October 20, 2011 – As part of the pre-budget consultation process of the House of Commons Standing Committee on Finance, Pauline Worsfold, Secretary-Treasurer of the Canadian Federation of Nurses Unions (CFNU), made on behalf of nurses three recommendations for Budget 2012, that will make, if implemented, a difference in the lives of patients today and ensure a skilled, stable nursing workforce for tomorrow.

"The health of families is key to Canada's economic potential and Canadians' quality of life, and the federal government needs a health action plan to reinforce the economic action plan", said Pauline Worsfold, Secretary-Treasurer of the CFNU.

In its pre-budget submission, the CFNU put forward three recommendations. The first two focused on ensuring a highly skilled and stable health care workforce. The third recommendation is for a national pharmacare program.

1) Create a Health Worker Innovation Fund to undertake projects and programs that test, evaluate, and replicate new models of care delivery in the public system.

- Research shows that investing in health care workplaces can reduce turnover, reduce absenteeism and improve patient outcomes.

2) Expand existing education and training initiatives to target health care workers. Specifically, the CFNU is calling for an apprenticeship-like program for job laddering in the health care sector, and for the extension of the federal student loan forgiveness program for doctors and nurses upgrading skills.

- Allowing health care students the option to enter into the workforce at various stages of training would be of particular value for engaging Aboriginal Canadians and internationally educated health care workers in skills upgrading.



3) Enter into a cost-sharing program with provinces and territories to create a national pharmacare program.

- Canadians do not have universal access to drugs, spending out-of-pocket \$4.5 billion in 2010. Prescription drugs cost 30% more than the OECD average.

The recommendations made by the CFNU, other presenters and the Committee will be considered by the Minister of Finance in the development of the 2012 Federal Budget.

Find CFNU's pre-budget submission at www.nursesunions.ca

Beautiful Words

For attractive lips, speak words of kindness. For lovely eyes, seek out the good in people. For a slim figure, share your food with the hungry. For beautiful hair, let a child run his/her fingers through it once a day. For poise, walk with the knowledge that you never walk alone. People, even more than things, have to be restored, renewed, revived, reclaimed, and redeemed; never throw out anyone.

Remember, if you ever need a helping hand, you will find one at the end of each of your arms. As you grow older, you will discover that you have two hands; one for helping yourself, and the other for helping others.



By Audrey Hepburn, Actress and Humanitarian

CFNU Negotiators Meeting, 2011



Nurses' Union negotiators descended on Halifax to discuss negotiation efforts and strategies nationwide from September 22-23, 2011.

Chris Albrecht, Labour Relations Representative and newly named Chief Negotiator for NSNU, attended the negotiators meeting for the first time. Chris said, whereas it was her first meeting of this capacity, it was a great experience to get her 'ear to the ground' in the negotiating world.

"It was new to me to hear the different language being used across Canada in the collective agreements," said



Janet Hazelton and Chris Albrecht at the CFNU Negotiators Meeting, hosted by NSNU on September 22 and 23.

Chris. "It was a great way to start my assignment as lead negotiator with the NSNU."

During the two day meeting, representatives from member organizations such as BCNU, UNA, ONA, PEINU and CFNU brought forth selective issues that vary from province to province, but also common problems felt nationwide.

The most common issues being nurse workloads, nurse-patient ratios and fears of compromised patient outcomes as positions disappear due to the introduction of models of care initiatives in various capacities.

"We had a unique perspective from Nova Scotia, where we represent both RNs and LPNs in our province, we have distinctive challenges that the other negotiators were eager to hear about with the introduction of Collaborative Care Centres in Nova Scotia," said Chris.

The varying political landscapes across the country and how they affect bargaining efforts were also discussed. British Columbia Nurses Union representative spoke to the group about the challenges of negotiating two consecutive years of zeroes with their respective employers and government. These sentiments were echoed across the panel as member organizations were preparing for bargaining.



Far right, Heather Smith, President of the United Nurses of Alberta at the CFNU Negotiators Meeting, in Halifax September 22 and 23.

Bargaining Bulletin

Bargaining Update #7

On October 31, 2011 an arbitrator's report for acute care RNs represented by the NSGEU was released – these nurses are located at the QEII Health Sciences Centre in Halifax. In that decision the arbitrator developed a three year contract that gave these nurses the same one and one per cent wage increment received by other health care workers in the province. The arbitrator rendered a decision on a third year, which other health care unions, including the NSNU, have not yet bargained, making a grid adjustment of approximately 3.5 per cent and a 1.6 wage increase in May 2012.

The NSNU has had wage parity with NSGEU since the mid nineties with RNs and with all the other unions for our LPNs. We anticipate this will continue.

The NSNU two-year contract expired on October 31st, 2011 and the organization is currently preparing for bargaining. The first order of the day will be to survey our members, as is our long-standing practice, in order to develop proposals for this next round.

VON

Negotiations concluded for our VON members on October 13. An information session was held for the VON on October 18 at the Glengarry Hotel in Truro. That contract was ratified via online voting from noon Friday October 14th until noon Friday October 21st. The Agreement was accepted by an overwhelming majority of those who voted. The contract was signed on November 16, 2011. The NSNU would like to thank those who took the time to participate in the vote. It is important to thank the Provincial Negotiating Committee for their dedication and

know-how at the bargaining table. They did a very good job on this agreement.

Online Survey

Our communications team is working on a survey tool for the website which will save time, money and trees. In the past, the multi-page document was mailed to all members of the NSNU with a postage-paid return envelope. Our return rate has consistently been around the 50 to 60% rate which is statistically remarkable. We hope to achieve similar or even better returns with the online option.



Prior to launching the bargaining survey online, the communications staff will be posting trial surveys for members to test. These surveys will help us to clean up any bugs in the system. The Provincial Negotiating Committee (PNC) wants to be certain that the technology is functioning properly before we activate the bargaining survey. Members will be notified via Union Calling, memos

Bargaining Bulletin

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posted at your facilities and the NSNU newsletter, if publication coincides with the activation dates. Notices will also be posted online. Please visit www.nsnucanada.ca often for updates. Members will be required to use their member identification number (aka username) and password in order to participate in the survey. More detailed information and survey instructions will be published in upcoming newsletters.

Those wishing to communicate with the NSNU prior to the survey or while negotiations are ongoing can contact the union at nsnubargaining@nsnu.ns.ca. We look forward to hearing your feedback and practical suggestions.

Long Term Care

The process of negotiating Long Term Care contracts has been a challenge over the last several rounds. As per the member sanctioned Strategic Direction, NSNU has attempted to work towards a standardized long term care contract as has been negotiated in our other sectors. One of our biggest challenges has been to get all employers together at the same table. There is only one group that share a common negotiating service and that is the long term care employers under HANS (Health Association of Nova Scotia). All others are either represented in groups under one employer (such as the GEM group) or one contracted negotiator or negotiate as individual employers. The easiest collective group to negotiate with is the HANS group.

As we have done in the past, the PNC negotiate a tentative agreement with the HANS group and invite all members to vote on that Tentative Agreement. We then

have to approach the non-HANS employers to accept all changes from this Tentative Agreement even though they weren't a Party to negotiations. Most employers have accepted this process while others are not fully receptive to it and we have to then deal with further inconsistencies in language when they refuse to accept the Provincial General Provisions.

After this round, NSNU once again took on the responsibility of processing the revisions to the approximately 20 non HANS long term care contracts. It is not simply a matter of dropping new language into old contracts as it takes some time to ensure there are no redundancies or conflicts with current language. All revisions have to then be formatted and indexed correctly and we try to process them as quickly as we are able while trying to balance other pressing work demands. So that none of our long term care nurses would be disadvantaged by any delays in processing, we negotiated an agreement with Department of Health and Wellness to recognize the same effective date (June 27th) as the acute care sector.

Nearly all of the HANS group have been signed and retro should be processed as funds are released to the homes.

Canadian Blood Services

The Canadian Blood Services contract expired on October 31st, 2011. CBS negotiations will follow the traditional sequence after Acute Care and Long Term Care tables are concluded.

No More Twenty-Four!

Have you been working 24 hour shifts? If so, please notify your local shop steward, member of your local executive, your NSNU labour relations representative or the NSNU provincial office.

Mandated shifts are a thing of the past under the new collective agreement. If you are working extensive hours, the Nurses' Union should know. Guard your license and ensure safe practice.

New Members

This is a reminder to Local Executives to forward names and contact information for new staff to the NSNU in order to keep our database and records as current as possible. The NSNU relies heavily on the human resources department at each facility or worksite to notify us with changes but this is not a reliable system. Please encourage new members to contact the union if they have not received any union correspondence or calls. Thank you for your cooperation on this matter.

Nurses vote to adopt higher standards

Montreal Gazette October 25, 2011

Quebec's nurses have voted overwhelmingly to revamp education requirements for the next wave of student nurses, calling for a mandatory university degree rather than the current college certificate.

Training hours have remained at the same level since the 1970s, and Quebec now lags 10 years behind other Canadian provinces, Gyslaine Desrosiers, president of the Quebec Order of Nurses, said Monday.

Desrosiers dismissed claims that a bachelor's degree will drive nursing students away from the profession and, therefore, worsen existing nursing shortages.

"That's not what we've seen in any other province that established a university education program," Desrosiers said.

"On the contrary, it's given the nursing profession added value."

She said the debate is not about which education is better - university or college - but rather it's a question

of public safety. She noted that medical knowledge has advanced greatly over the last 30 years and Quebec must get in line with the same training demanded of nurses across the country.

"Each year the (education) gap grows wider," Desrosiers said. "We're not talking about a difference of a few hours but of thousands of hours."

In fact, some nurses are leaving the profession because they are thrown into situations where they cannot cope for lack of training - for example, in emergency rooms, she said.

Nurses at the order's annual meeting voted nearly unanimously to adopt higher education standards for the profession.

It's not clear what the timeline will be, but the vote gives Desrosiers a mandate to negotiate with various players, including the nurses' union and education officials, as well as to lobby Health Department decision-makers.

Superheroes of Health Care

On October 31st, Janet Hazleton, president of the NSNU spoke to the graduating class at St. Francis Xavier University.

Janet is routinely asked to speak to nursing students. In the nine years that Janet has been president of the NSNU, she has worked with new grads in preparing them for the workforce, acquainting them with the realities of nursing and encouraging them to find their voice.

For her visit to Antigonish on October 31, Janet was appropriately dressed in costume as a Superhero to celebrate the festive day and the work that nurses do on a daily basis. In Janet's words, these young students are the superheroes of the future health care system.

This year, the theme for the Annual General Meeting

Banquet and Dance is: **Nurses ~ Superheroes of Health Care**. Those attending the May 17th event are kindly asked to wear their favourite superhero suit. It promises to be an evening of much deserved levity and relaxation.



Health care prepares for three per cent cut

South Shore News

October 26, 2011

by Paula Levy

COUNTY - South Shore Health (SSH) is currently in the midst of trying to shave three per cent off its 2012-13 budget after the provincial government issued a directive to district health authorities across the province to tighten their belts.

SSH spokeswoman Theresa Hawkesworth said three per cent equals \$2.1 million to the South Shore district. But that isn't the only place government is looking for savings from health authorities. Ms Hawkesworth said government is also asking the district to absorb wage increases that will result from cost-of-living increases and upcoming contract negotiations.

"We haven't calculated that exactly and some of it is really unknown because we don't know what the contract settlements are going to result in. But it will add a substantial amount to that figure," said Ms Hawkesworth, noting there are several contracts, including NSGEU, CUPE and NSNU, that have expired or will expire this year.

At a health board meeting on October 20, chief executive officer Alice Leverman said the extra expenses with wage increases will likely bump the total to about \$4 million the district will have to save.

Ms Leverman noted it will be challenging since over the past several years the district has been working

on streamlining its operations and has saved about \$5 million.

"We've done a lot of work in this district," said Ms Leverman, noting the board has already been through management restructuring.

"We've really tightened up and found efficiencies within the organization," said Ms Leverman. She said the savings will likely have to be realized by working with other district health authorities. She added part of that exercise is currently under way with the Ernst & Young review of administrative and support services. The study is expected to look at areas such as health records, human resources, finance and food services at districts across the province.

In a press release last week, Health Minister Maureen MacDonald called the three per cent cuts a "challenge" but also "an opportunity."

"Instead of looking at across-the-board reductions, we want health administrators to propose innovative ways of delivering health care," she said.

Ms Hawkesworth said as part of the directive, the health department also told the district to work within the parameters of the Better Care Sooner plan and maintain mental health services, but also to minimize the impact on patient care.

"We're going to do our best to try and do that," said Ms Hawkesworth. "But I don't think that we can say there will be no impact on patient care."



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Health Care Unions in Nova Scotia say cuts and privatization looming

Unions representing over 30,000 health care workers at all the District Health Authorities (DHA) in the Province are sharing their concerns about a review of health care services at the DHAs and the IWK by consultants Ernst and Young.

The unions are joining together to issue a call for the continued support and protection of publicly delivered health care and to issue a warning to the public about the threat to quality health care services if recommendations are made to contract out or privatize services in the name of cost-cutting.

The province's recently hired the consulting firm Ernst & Young, proponents of public-private partnerships, to review health care costs and services.

"I believe that health care is under attack in this province and in this country. Canadians have to stand up," Janet Hazelton, president of the Nova Scotia Nurses' Union, said during a news conference on September 30th.

The areas under consideration for review are: health records, registration and booking, laundry, payroll, central sterilization, food service, human resources, information technology and telecommunications, library services, general administration, finance and supply chain and material. Six areas will eventually be re-evaluated.



Hazelton believes the province has already decided to privatize some health-care services - an action she feels will have devastating consequences.

"Any health care service that is compromised, whether it is food services or sterilization, there is potential to impact patient outcomes. It is important that we see

health care as multi-layered but holistic, not as individual components that can or should be broken down and contracted out."

The union leaders warn that jobs and services will be cut. They also predicted that workers in the privatized health-care sector will be poorly paid, have little to no benefits and the quality of work and care will decline.

The unions believe that cleaning staff may be the first to go and they fear that might lead to superbugs in hospitals.

The review is expected to conclude before year end.



NSNU president, Janet Hazelton speaks to the media at the September news conference. Also in attendance where representatives from CUPE and the NSGEU.



Janet Hazelton speaks with a reporter at the Shared Services Review news conference.

Collaborative Emergency Centres

On October 14, 2011 Janet Hazelton, NSNU president joined health care workers, including NSNU members, politicians, representatives from the Department of Health and residents living in Pugwash and surrounding communities as the Premier announced the opening of yet another Collaborative Emergency Centre.

The Centres are intended to increase access to emergency services. This announcement at North Cumberland Memorial Hospital is one of several planned throughout the province.

The Pugwash centre will provide same-day, or next-day medical appointments and 24/7 emergency care.

Premier Darrell Dexter stated that his government made a commitment to ensure better health care for Nova Scotians and their families, and that with collaborative emergency centres, his government is fulfilling that commitment.

According to the Department of Health and Wellness, collaborative emergency centres will help address issues of emergency department overcrowding and long waits to see family doctors. These centres should keep emergency departments open, reduce patient wait times and provide a team-based approach that offers continuity of care.

The services at the CEC in will include access to primary health care by a team of professionals, including doctors and nurse practitioners, for 12 hours per day, seven days per week while providing emergency care 24/7.

Janet Hazelton, NSNU president, wants these centres staffed with nurses to ensure safe practice for the public and those who work there.

"We no longer have a shortage of nurses in this province so it goes without saying that nurses will continue to staff emergency departments or these CECs, providing the level of expertise and care that they have all along," says Hazelton.



Janet Hazelton, Premier Darrell Dexter and North Cumberland Memorial Hospital NSNU local president, Linda Fromm.

Nursing History of Nova Scotia



The Nursing History group members are actively involved in supporting the conception of a permanent Health Sciences Archives of Nova Scotia.

They have recently become members of the National Canadian Association of the History of Nursing located in Ottawa.

The group is passionate about the nursing profession and proud of the contributions so many have made to our communities in Nova Scotia.

As a group, they hope to gather and preserve your stories and the nursing profession's archival history for generations to come.

To become a member of the Nursing History of Nova Scotia group send a ten dollar (\$10) cheque payable to Nursing History of Nova Scotia to:

Lesa Light
440 Prince Street, Nova Scotia B2N 1E7
The next meeting will be on Wednesday, January 18, 2012 at 2pm at 2565 Roosevelt Drive Halifax.

For more information contact Gloria Stephens (902) 455-9413 or email: gloria.stephens@ns.sympatico.ca

Cuts to health care budgets in Nova Scotia to have devastating results on quality of care

October 2011

A three per cent cut in health-care funding has raised concerns for health care unions in Nova Scotia. The NDP government's target to reduce spending next year in all the province's health authorities will no doubt lead to further reductions in nursing staff and ultimately patient care according to the Nova Scotia Nurses' Unions.

"I spoke directly with the Minister of Health and Wellness the day the announcement was made and expressed my concerns about the impact these cuts will have on the quality of care we provide Nova Scotians. Our District Health Authorities (DHA) hired only a fraction of the new grads this year under the restraints of zero based funding. A three per cent cut is certain to have devastating results on the health care system overall," says Janet Hazelton, president of the NSNU.

The Nova Scotia Department of Health and Wellness (DHW) asked the DHAs to avoid across-the-board reductions, but rather propose innovative and less costly ways of delivering health care. The Department says that

this can be done without affecting patient care, a claim the NSNU says is completely unrealistic.

"A cut of this magnitude is going to impact wait times, services and programs to the public. The DHAs and our long term care employers are already reducing nursing staff, ultimately affecting patient care. These budget cuts will also force new grads out of province leaving those left behind to practice in understaffed and unsafe workplaces," adds Hazelton.

The government says it is planning for greater input from health care unions and physicians as it works toward a more sustainable health care system. The NSNU plans to ask the membership how money could be saved without sacrificing patient care.

The DHW recently hired the consulting firm, Ernst & Young to conduct a shared services review aimed at reducing spending and, potentially, the out sourcing of such services as health records, sterilization and human resources, to name a few.

NSNU welcomes new Labour Relations Staff

The NSNU is pleased to announce that Shannon Wark has joined the staff of the Nova Scotia Nurses' Union as a Labour Relations Representative.

Shannon, a nurse of many years, previously worked at the IWK. Shannon was the president of that local for several terms and brings with her a wealth of labour skill and knowledge. Shannon was the VP for Central Region on the NSNU Board of Directors prior to taking this position with the NSNU and has been long-standing activist in the labour movement.

Welcome aboard Shannon.



Shannon Wark, Labour Relations Representative

New VP of Central Region

The NSNU is pleased to welcome Cheryl Barker to the Board of Directors. Cheryl was chosen the Alternate Central Region VP during the last NSNU provincial election. Cheryl now takes over for Shannon Wark who has joined the NSNU staffing complement.

Cheryl is a nurse at Cobequid Community Health Center. She has been active in the NSNU for many years and a very recognizable face of the Nurses' Union.

Welcome Cheryl.



Cheryl Barker, RN, VP Central Region

NSNU members lend support to Occupy Nova Scotia

Nova Scotia Nurses' Union members, including the Board of Directors, lent their support to peaceful activists in Halifax's Parade Square for the Occupy Nova Scotia movement.

The demonstration across from City Hall was one of many Occupy Canada protests held in cities across the country. Protesters had been camping out in approximately 25 tents since Saturday, October 15 and were unceremoniously removed from Victoria Park in Halifax on November 11th.

The Canadian Occupy groups take inspiration from the Occupy Wall Street movement, which features demonstrations against global financial inequality and corporate greed.



Members of the Board of Directors of the NSNU speak with Occupy Nova Scotia protesters in Parade Square.



Members of the Board of the NSNU and other NSNU members visit with protesters of Occupy Nova Scotia.



Upcoming Board Meetings:

- January 23, 2012** – NSNU Provincial Office, Dartmouth
- March 5 & 6, 2012** – NSNU Provincial Office, Dartmouth
- April 19, 2012** - NSNU Provincial Office, Dartmouth
- May 13, 2012** - Glengarry Hotel, Truro
- June 25, 2012** - NSNU Provincial Office, Dartmouth
- September 4 & 5, 2012** – NSNU Provincial Office, Dartmouth
- October 17, 2012** - Location to be determined

All members of the Nurses' Union may attend meetings of the Board of Directors at their own expense, as non-voting observers, if they have notified the office of the Nurses' Union at least two (2) weeks prior to the meeting (or less if mutually agreed by the Board) that they wish to attend.

Component meetings are tentatively scheduled to take place October 15 and/or 16 – location to be determined

Nurse profile ~ Lynn MacDonald

A Partnership in Caring, Co-founder

Rwanda is a land-locked country in developing Africa that many North Americans will never see with their own eyes, and although rarely seen by people from this side of the world, Rwanda has a very well known history world-wide.

In 1994, Rwanda was the site of a mass murder – approximately one million Rwandans were kidnapped, tortured and killed by their own countrymen in efforts to oust the ethnic origin of the government in power. Nearly 20 per cent of the country's already suffering population was murdered in a period of 100 days. From the time after the genocide until 2003, there was no political organization in the country. The first post-war election was held in August and September 2003, respectively.

Although plagued by many years of suffering, Rwanda has made strides in many areas since the country's darkest days. However, Rwanda was, and continues to be, one of the poorest nations in the world.

Rwandan people experience diseases most nations have battled and won many decades ago. With a life expectancy of approximately 52 years old, yearly meningitis outbreaks affecting the population, rampant cases of malaria, yellow fever and rabies, the access to – and quality of health care continues to challenge the people of this country.

Lynn MacDonald, a Nursing Consultant in Palliative Care at St. Martha's Regional Hospital in Antigonish, Nova Scotia, first experienced the African health care system during a volunteer mission with X-tending Hope, an organization affiliated with the Stephen Lewis AIDS Foundation, in Botswana. She knew her first trip to Africa would not be her last.

More of the Nova Scotia nursing community began to see, firsthand, the insurmountable challenges that the medical community in Rwanda faced during clinical placements of St. Francis of Xavier nursing students in 2008.

The Director of Nursing at the under-resourced University Central Hospital of Butare approached the Canadian nurses, who had provided continuing education to the Rwandan nurses, asking for their compassion and commitment to help improve the nursing profession in Butare.

The nurses graciously accepted the challenge and vowed they would make a difference in the lives of the Rwandans. The only caveat – the Butare hospital had no money to spend on this effort.

Collaborating with a nursing colleague, Elsa Jensen (who had a close relationship with the hospital in Butare), Lynn and Elsa shared their experiences, and collective knowledge of the African community's needs. They brainstormed an idea that would become what is now known as A Partnership in Caring – a 100 per cent not-for-profit organization, committed to enhancing patient care by advancing the education and autonomy of the nursing profession.

Armed with a team of nurses, one physician and a musician, the Nova Scotians returned to the hospital in Butare determined to make a difference.

"It is truly startling to see how life exists outside of our comfort zone," said Lynn.

Lynn described scenes, many of which we would never see in Canadian health care setting. A lack of basic wound dressings, pain management medications did not exist, patients walked to a latrine 100 metres from their hospital beds, no food was provided to patients and there was very little running water inside the hospital.

Despite the impoverished conditions, Lynn stated the Rwandans attitudes towards the help was immensely rewarding for the Canadians.

"Regardless of their hardships, they (Rwandans) appreciate the smallest of gestures, they truly appreciate everything they are given."

Many moments have stuck in the mind of Lynn during her travels, one of the most gratifying experiences being with an elderly woman who was suffering with breast cancer. The Rwandan woman came to the hospital with rotting dressings covering infected wounds, in severe pain and had not eaten for days. Lynn and the Canadian team were able to secure pain management medication needed to put the woman at ease as they addressed her infected wounds. As the woman's pain subsided, Lynn describes the look of relief in her face to be so pure and thankful.

“You could see it, she saw hope again,” said Lynn. “Sixty per cent of Rwandans continue to live in poverty, paper money almost never touches their hands, but you rarely see them without a smile on their faces even in the most painful of times.”

It is not only the patients that the team from *A Partnership In Caring* is helping. Lynn describes the nursing profession in Rwanda as being undervalued and underdeveloped.

“We are enhancing the care of patients, by improving the education of nurses,” said Lynn. “We show the nurses that they have a value in health care, we empower them as professionals and help them to pursue higher standards for themselves and their patients.”

To date, *A Partnership In Caring* has raised close to 15,000 dollars to help the community and staff of the Butare hospital. Last year’s fundraising efforts were used to purchase 100 mattresses for the hospital to replace the mattresses that had been contaminated and heavily soiled with bodily fluids.

With their next trip planned for April 2012, Lynn is actively searching for those who would like to share in this life changing experience.

Lynn encourages everyone who is interested in traveling with the team from *A Partnership In Caring* to view a video on Youtube that they produced. Volunteers must be willing cover their entire traveling expenses as 100 per cent of the fundraising proceeds go towards the Butare hospital. Visit *A Partnership In Caring’s* Facebook page, email apartnershipincaring@gmail.com or call Lynn at (902) 863-3332 for information on how to volunteer or donate.



Labour Relations Assignment List

There have been recent changes to the assignments for the NSNU labour relations staff. Please see the following lists for an update on these assignments:

CAROL O'NEILL, LRR

Acute Care Facilities

DHA #8

Buchanan Memorial Hospital
Cape Breton Regional Hospital
Glace Bay Integrated Healthcare
Inverness Consolidated Hospital
New Waterford Consolidated Hospital
Northside Harbourview Hospital
Sacred Heart Hospital
Victoria County Hospital

DHA #3

Annapolis Community Health Centre
Soldiers Memorial Hospital
Valley Regional Hospital
Western Kings Memorial Health Centre

Long Term Care Facilities

Alderwood Manor
Annapolis Royal
Braemore Home
Cove Guest Home
Foyer Pere Fiset
Heart of the Valley
Inverary Manor
Kings Rehab
MacGillivray Guest Home
Maple Hill Manor
Miners' Memorial
Mountain Lea Lodge
Northside Community Guest Home
Seaview Manor
Tideview Terrace
Victoria Haven

PATTI HUMPHRIES, LRR

Acute Care Facilities

DHA #1

Fisherman's Memorial Hospital (HSASS)
South Shore Regional Hospital (HSASS)
Queens General Hospital

DHA #2

Digby General
Roseway Hospital
Yarmouth Regional Hospital

DHA #7

Eastern Memorial Hospital
Guysborough Memorial Hospital
St. Martha's Hospital
St. Mary's Hospital
Strait Richmond Hospital

Community Care Locals

Digby/Clare Home Support
Yarmouth/Argyle Home Support

Long Term Care Facilities

Bayside Home
Milford Haven
Port Hawkesbury Nursing Home
Queen's Manor
Richmond Villa
RK MacDonald Nursing Home
St. Anne's
Villa St. Joseph
Wolfville Nursing Home
Windsor Elms

Additional Assignment - LPN Component Staff Advisor

CHRIS ALBRECHT, LRR

Acute Care Facilities

DHA #9

Cobequid Community Health Centre
Dartmouth General Hospital
Eastern Shore Memorial Hospital
Hants Community Hospital
Musquodoboit Valley Memorial Hospital
Twin Oaks Memorial

Community Care Locals

Quest

Provincial VON Locals

- VON - Annapolis Valley
- VON - Antigonish
- VON - Cape Breton
- VON - Colchester/East Hants
- VON - Cumberland
- VON - Digby County

Long Term Care Facilities

Braeside
Dykeland Lodge
Glades Lodge
Northwoodcare
Northwoodcare Bedford (Ivany Place)
Oakwood Terrace
The Birches

Additional Assignment - Community Care Staff Advisor

LILO WESSELS, LRR

Acute Care Facilities

IWK

DHA #5

All Saints Springhill Hospital
Bayview Memorial Health Centre
Cumberland Regional Health Care Centre
North Cumberland Hospital
South Cumberland Community Care Centre

Long Term Care Facilities

Arborstone (Shannex)
Bissett Court (Shannex)
Blomidon Court (Shannex)
Cedarstone (Shannex)
Celtic Court (Shannex)
Debert Court (Shannex)
Elk Court (Shannex)
Gables Centennial
Glasgow Hall (Shannex)
Glen Haven Manor
Harbourstone (Shannex)
Maplestone (Shannex)
Northumberland Hall (Shannex)
Orchard Court (Shannex)
Parkstone (Shannex)
Ryan Hall (Shannex)
Vimy Court (Shannex)

SHANNON WARK, LRR

Acute Care Facilities

DHA #4

Colchester Regional Hospital
Lillian Fraser Memorial Hospital

DHA #6

Aberdeen
Sutherland Harris Memorial Hospital

Community Care Locals

Canadian Blood Services

Long Term Care Facilities

Highcrest Manor
Ivy Meadows
Maritime Odd Fellows
Oceanview Manor
Shiretown Nursing Home
The Mira
Valley View Villa

Additional Assignment - Long Term Care Component Staff Advisor

Fall Component Meetings

The fall component meetings took place on October 17 and 18th in Truro. The meetings were kicked off on Monday, October 17th with a Joint Education Session presented by the NSNU, the Health Association of Nova Scotia (HANS) and acute care employer representatives from across the province.



NSNU members at the LPN Component Meeting in Truro, October 17, 2011.

Roland King from HANS and Janet Hazelton reviewed the contract with members of the Bargaining Unit Grievance Labour Management Committee (BUGLMC) from each District Health Authority and discussed various components of the contract language and interpretation. This education session was followed by a question and answer period that provided valuable bargaining insight from members and employers.



Roland King from HANS speaks at the Acute Care Joint Education Session, October 17, 2011.

On Tuesday, October 18 the Licensed Practical Nurse (LPN) Component met to discuss the legal responsibilities of the LPN with NSNU Staff Lawyer, Heather Totton. The most pertinent piece of advice that was communicated to those in assembly was **“Guard Your License”!**

LPN Vice President, Maria Langille led the group in an interactive session to present the various obstacles and scopes of practice throughout Nova Scotia.



Maria Langille, VP of the LPN/Grad Component at the October 17th gathering in Truro.

In the afternoon, both the Long Term Care and the Community Care Components took place. Community Care VP Jennifer Chapman, had a busy agenda planned for the session. The Community Care group held an information session on the VON tentative agreement and discussed the ongoing problems with SAP and new business such as Occupational Health and Safety Committees.

The Long Term Care Component, led by VP Doreen Charman, reviewed the various collective agreements that have been settled and discussed the problem inherent in dealing with numerous employers. Round table discussion and a brainstorming session rounded out the day.

All groups attending the Fall Component Meetings were presented with a Website Workshop to assist in navigating the many new features on the site (www.nsnu.ca).

Fall Component Meetings



Acute Care Joint Education Session at the Glengarry Hotel in Truro, October 17, 2011.



NSNU members at the LPN Component Meeting in Truro, October 17, 2011



NSNU Members at the Community Care Component meeting, October 17, 2011.



Jennifer Chapman, VP of Community Care and Christ Albrecht, NSNU Labour Relations Rep / Community Care Staff Advisor, October 17, 2011.



Heather Totten, NSNU staff lawyer speaks at the LPN Component meeting at the Glengarry Hotel in Truro, October 18, 2011.

St. Anne Centre- Bargaining complete

Labour Relations Representative, Patti Humphries attended the ratification vote for St. Anne's Centre, a new local located in beautiful Arichat. The NSNU is pleased to say they had a great turn out. Sixteen of eighteen Nurses cast ballots and the Tentative Collective Agreement was ratified.

The Casual Nurses have been included as well. The NSNU represents both the LPNs and RNs working at this new site.

The agreement was recently signed and made official.

Welcome to the NSNU St. Anne's!

Atlantic Caucus

On November 2, 2011 representatives of the four Atlantic Nurse Unions attended meetings at the Nova Scotia Nurses' Union office in Burnside. The NSNU, PEINU, NLNU and the NBNU (by teleconference) came together to share insights on everything from bargaining to job losses.

Nurses Unions in Atlantic Canada are bracing for some of the worst conditions since the mid nineties. Fewer grads are landing full time jobs, positions are being

eliminated, many nurses are working casual (not by choice) and the economy has not rebounded.

The Atlantic Canada nurse union representatives talked strategy and made plans to retain nursing jobs in a transitioning health care system. They also discussed dates for the June 2012 Labour School which will take place in PEI. More information regarding the 2012 labour school will be published in the next newsletter.



Mona O'Shea, PEINU president and Kendra Gunn, PEINU Executive Director at the November 2, 2011 meeting.



Atlantic Caucus representatives at the November 2, 2011 meeting in Dartmouth.



Debbie Forward, NLNU president and John Vivian, Executive Director of the NLNU

2011-2012 Seasonal Influenza Vaccine

Have you had your flu shot yet? It's not too late. Roll up your sleeve and take a shot for the team. A flu shot protects you, your team of fellow health care workers, your home team (family and friends) and your patients.



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Nova Scotia Nurses Union
 30 Frazee Avenue, Dartmouth, NS B3B 1X4
 Tel: (902) 469-1474 1-800-469-1474 Fax: (902) 466-6935
 Email: coleen.logan@nsnu.ns.ca Website: www.nsnu.ns.ca

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