

What's NU?

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Cape Breton Screaming Eagles Salute Nurses

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President's Notebook

Janet Hazelton, BScN RN, MPA

Complaints, the Media and the Public's Right to Know



Recently, media outlets have reported on some very disconcerting incidents involving health care workers and patients. These reports are sometimes graphic in nature and disturbing, and often contain personal information about those purported to be implicated.

When we receive a media call about such an incident we ask as many questions as the reporters themselves, including where the information is coming from – the source of the claim(s). Typically,

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Janet Hazelton drops the puck for Screaming Eagles Nurse Appreciation Night on March 16

media get calls from loved ones, friends and family of those at the centre of an incident. Sometimes the “tips” come from other workers at a facility, co-workers who feel an onus to divulge information for the public’s protection.

From time to time, the NSNU receives media calls requesting specifics about disciplinary cases, dismissals, licensing sanctions and criminal proceedings. Lately, numerous inquiries have surfaced. It is important for members to know that our practice is to never comment on any aspect of a member’s status, as that information is governed by privacy law, union policy and may also be before the courts. No matter what the context of the situation, labour law in Canada requires us to do this. It’s the law!

It is the union’s policy to represent all members in all situations aggressively and energetically because to not do so would violate our legal obligation to provide fair representation. It is the union’s responsibility to keep private all details of any investigation involving any one of our members during and following due process.

We are not attempting to circumvent media questions; we are not trying to place a higher priority on member privacy than public safety. We are simply adhering to policies put in place decades ago by governing NSNU boards that value a person’s right to fair process. Going public before accusations or circumstances can be verified and evaluated is harmful and can lead to any number of negative outcomes. That is a risk media face every day in reporting unsubstantiated news. That is why they must actively pursue corroboration of facts vs fiction from unions, employers, colleges and sometimes the authorities.



When appropriate, Janet Hazelton makes herself available to the media to provide the perspective of the Nurses’ Union on the stories related to nursing, health and labour

The NSNU vigorously represents members who have been accused of anything that contravenes their code of ethics, conduct and practice. We want our members to know that they are supported by their union, through thick and thin, and that the information they confide in us and the advice or guidance they receive from our legal counsel and our labour relations representatives, is held in the highest confidence.

We also recommend that members who are not directly associated with a disciplinary case reserve comment. As it stands, the Colleges - CLPNNS and CRNNS - provide an online summary outlining these incidents that media often reference. According to CRNNS, the purpose in posting these summaries is to educate their membership and reinforce the safe and proper practice of nursing to protect public safety.

There is no need for other members to get involved unless they are summoned by their employer, union or the police.

This subject matter is indeed one of the darker sides of patient care. These are situations you would not wish on your worst enemy. Navigating this process is complicated, stressful and sometimes life-altering – especially to those wrongly accused.

I ask that you take a moment to consider how it must feel to walk in the shoes of those who are facing the harshest realities of nursing. It is common knowledge that, if proven guilty in the court of public opinion before a full investigation can run its course, we are automatically sentencing workers. As human nature goes, they will forever be judged and second-guessed regardless of their guilt or innocence.

In short, the Nurses’ Union will not substantiate claims in the media. We will not comment unless there is an undeniable and justifiable reason to do so, with consent from the member involved. We will not engage in dialogue that is not in the best interests of our members.

More Nurse Practitioners and Family Practice Nurses to Join Collaborative Family Practices



The Nova Scotia Nurses' Union has long advocated that Nurse Practitioners should be included in more collaborative family practices to help alleviate some of the strain caused by the doctor shortage. We are pleased to see that the government has taken this recommendation to heart, announcing on March 8th that NPs and family practice nurses will be among several professionals joining new and existing collaborative family practices around the province.

Including NPs and FPNs in family practices will enable them to share duties with doctors and better allocate resources so more patients can receive timely access to health care. The teams with new NPs and FPNs will be better able to serve their existing patients and in some cases accept new patients into the practice.

The new primary health care professionals include 15 nurse practitioners, 17 family practice nurses, six social workers and a part-time physiotherapist. Some are joining practices in the following communities:

New collaborative family practice teams:

- Dartmouth - 2 locations (2 NPs, 2 FPNs)
- Kentville - 2 locations (2 NPs, 2 FPNs)
- North Sydney - 2 locations (1 NP, 3 FPNs, 1 SW)
- Glace Bay (1 NP, 1 FPN, 1 SW)

Expanded collaborative family practice teams:

- Dartmouth (1 NP, 1 FPN)
- Springhill (1 FPN)

- Sydney (1 SW, 0.5 NP, 1.0 FPN, 1.5 other health professionals)
- Westville (1 NP, 1 FPN)
- Lunenburg (0.6 SW, 0.4 PT)
- Windsor (1.0 FPN)

Nurses have also been hired to serve in practices in the following communities:

- Chester (1 FPN)
- Liverpool (1 NP)
- Kingston (1NP, 1 FPN)
- Musquodoboit Valley (0.8 FPN)
- Pictou (2 NPs)
- Parrsboro (1 NP)
- Hatchet Lake (1 NP)
- New Glasgow (1 FPN)
- Sydney (1 SW)

To date, 31 collaborative family practice teams have been developed to improve access to health care for Nova Scotians.

Important Message to NSNU VON Members

As many of you may know, Chris Albrecht has been assigned the role of chief negotiator and is now required to take a dedicated period of time to prepare for acute care bargaining, therefore her regular LRR assignments have been redistributed. Her VON portfolio will be assigned temporarily to Angela McKenna, who is a long-standing VON nurse from the Greater Halifax local. Angela started on April 6th, and will be contacting VON branches to set up future UMCC meetings.

Angela, a very experienced VON nurse and NSNU leader who has been actively involved at the local and provincial levels, is well versed in the issues discussed at Multi Branch meetings. Angela will be supported by the staff of NSNU. Angela will attend local branch UMCC meetings or other VON meetings as previously booked or as necessary, but will also be backed up by NSNU LRRs if she is unavailable. Termination meetings will be handled by LRR staff. Calls and emails from VON nurses will be answered by Angela but if there are calls of an urgent nature (such as terminations, discipline, etc.), the LRR on the duty roster will be available to respond.

E-mails can be sent directly to Angela at aewmckenna@gmail.com. You can also contact Angela through the NSNU switchboard at 902-469-1474.

Call for Expression of Interest for Members at Large Standing Committees of the Union

The NSNU is now accepting Expression of Interest forms for the following Provincial Standing Committees of the Union:

- AGM Operations and Nominations Committee
- Constitution/Resolutions Committee
- Finance Committee
- Education Committee

The deadline for Expression of Interest submissions is May 15, 2018.

Members at large of the AGM Operations and Nominations Committee will be appointed by the Board of Directors via blind selection. Following their selection, the members of that Committee will review the expressions of interests for the other Standing Committees

and make recommendations to the Board for those appointees and their alternates.

Like the Board, Standing Committees require a two-year commitment from appointees. If someone is not able to complete their two-year term, an alternate will take their place. Alternates may also attend Committee meetings if a member at large is unavailable.

Expression of Interest forms for Provincial Standing Committees are available at nsnu.ca/formsandresources. Once you have completed the form it can be faxed to the NSNU office at 902-466-6935 or scanned and emailed to nsnu.office@nsnu.ca. You can also mail your form to 150 Garland Avenue, Dartmouth Nova Scotia, B3B 0A7.

The Finance Committee seen here is a Standing Committee of the NSNU



Little of \$245-Million Windfall to Ease 'Chronic Problems' with Long-Term Care

By Jennifer Henderson
Published by the Chronicle Herald,
March 18, 2018

This month's unexpected \$245-million windfall, supplied mostly by additional royalties from the declining Sable Offshore Energy Project, is a welcome boost for rural Nova Scotians waiting for high-speed internet as well as for university researchers, innovators and the tourism industry who will receive large infusions.

But because it's framed as a "one-time only" event that will not carry over into operating budgets, very little of the bonanza will find its way into addressing chronic problems that plague long-term care in this province. These include the need to hire more nurses and continuing care assistants to look after increasing numbers of both the frail elderly and people with dementia. That was flagged earlier this month in a front-page story by The Chronicle Herald when the family of 93-year-old John Ferguson revealed the former resident of Harbourstone nursing home in Sydney died from bedsores that became infected. A provincial investigation continues.



How Ferguson died was not only preventable, says Nova Scotia Nurses Union president Janet Hazelton, it is a symptom of a problem that will only get worse as more people age and need care.

"Part of the problem we have identified is that more nurses are needed," said Hazelton. "Nurses have fairly robust assessment skills for wound care but if they don't have time, they can't do it. It's not doable for a nurse to check for skin integrity on every resident."

Shocking as that might seem, this kind of occurrence was predicted more than two years ago in a report to the provincial government entitled Broken Homes.

At the time, the report commissioned by the nurses' union called the situation "a crisis." It argued there weren't enough nurses, either licensed practical nurses or registered nurses to provide adequate care to residents in long-term care, three-quarters of whom are over age 85.

The *Homes for Special Care Act* requires one nurse for every 30 patients. It's almost always a LPN because the act makes no distinction between LPNs and more highly trained and therefore more expensive registered nurses. The act, which hasn't been updated since 1977, before the surge in frail elderly and dementia patients, has no minimum ratios for how many people continuing care assistants can look after. Most CCAs have graduated from the one-year program at community college and take care of the personal hygiene, toileting, and feeding of residents. In larger nursing homes, it's not unusual for there to be only one RN on site responsible for 100 people, which is all the current policy of the Health Department requires.

In North Sydney this Thursday, workers at

the Northside Community Guest Home, who are members of the Canadian Union of Public Employees, will hold an information picket at the office of MLA Eddie Orrell to share their concerns about staff shortages they say are also affecting residents.

"What is to become of these residents and their quality of care?" asks Wanda Bond, CUPE local 1867 president. "Our members are exhausted and worn out from both the workload and constantly working short-staffed. There just aren't any replacements willing to take on yet another short-staffed shift."

"There are many problems at the nursing home such as reducing the resident-to-staff ratio, little or no vacation time granted, and failure to replace temporary full-time positions," said Louise Riley, chairwoman of the CUPE Long Term Care Co-ordinating Committee.

Nova Scotia is not unique in this respect. While our hospitals have designated staff-to-patient ratios, most provinces do not have legislated minimums for nursing homes in which the care is long-term and the residents require less medical intervention. But in recent years, residents' needs have become undisputedly more acute. Governments have expanded home care services designed to permit all but the frailest elderly and most challenging people to stay in their own homes.

"Nurses in long-term care are doing the best they can to get through the day," says Hazelton. "We don't have this (understaffing) problem in acute care. Can you imagine a kid at the IWK waiting two hours to get fed? Can you picture it? No, absolutely not. It's because the patients are old."

Nova Scotia isn't alone in this regard, either. Earlier this year in Quebec, a social media post by a young nurse who

worked in a nursing home went viral. It showed her tear-stained face after yet another exhausting shift.

The video also sparked both wildcat strikes by nurses who support legislated staff-to-patient ratios and a very public debate about the need for more staff. The government of Premier Philippe Couillard, a physician, has agreed to 16 pilot projects, including five in long-term care, to start determining what ratios are optimal.

In Nova Scotia, the government’s response to the *Broken Homes* report was the creation of a committee and two years of consultation among representatives from the Health Department, nursing home employers, including Northwood and Shannex, and the nurses’ union. A five-year workplace safety action plan to address violence and injuries sustained by health-care workers is underway. But the committee reached consensus on only a handful of the report’s 15 recommendations. Those have been signed off by Health Minister Randy Delorey and are waiting for implementation.

“We are pleased some recommendations have been accepted and progress has been made,” said Hazelton. “I am satisfied the government is going to hire nurse practitioners for long-term care and they’ve agreed they are going to fund the Resident Assessment Indicator (RAI) tool. We pushed hard to get that because we want to see concrete results that should lead to more staffing.”

But what Hazelton is hailing as progress appears both tentative and slow. Because the government and the nursing home operators can’t agree on how much care patients need, they’ve agreed to implement an internationally recognized, evidence-based process called the RAI. It measures actual staff-to-resident ratios and tracks incidents such as falls and



cases of bedsores. The data will be shared and available through CIHI. Every three months, nurses will check residents for a variety of health indicators, including skin. Published studies reveal homes using RAI report fewer hospitalizations and better overall health of their residents.

In New Brunswick, the provincial government allocated \$2.7 million to implement a version of the RAI that is in nursing homes now.

In Nova Scotia, Health Department spokeswoman Tracy Barron was unable to provide either a cost estimate or a timeline for when the commitment to the RAI might become a reality. Neither could she provide an estimate from the department for how many additional nurses will be hired to carry out the quarterly checkups. Residents are currently supposed to receive one hour a day of nursing care and 2.45 hours a day from other health care providers, which include CCAs and therapists.

As for hiring more nurse practitioners to work in long-term care, everyone is onboard with that — they just can’t agree on how many. The nurses union initially requested 30 nurse practitioners spread among 90 long-term care homes. The final agreed-upon commitment is “to begin sharing two full-time nurse practitioners working in primary health

care with long-term care homes over the next two years.” There is currently only one nurse practitioner working full time in long-term care and four more who work one day a week in nursing homes. Meanwhile, anecdotal reports from friends and family with loved ones in nursing homes regularly praise the quality of care provided by CCAs, while complaining there simply aren’t enough of them.

Others question the need for nurses to spend valuable time on tasks such as unlocking the supply of adult diapers when it is CCAs who are tasked with providing the personal care.

The windfall money from Sable includes \$18.2 million for health projects currently being negotiated. Maybe some of that will be earmarked for hiring more nurse practitioners dedicated to long-term care residents, or for developing a new model to house and care for residents with challenging behaviours is another promising commitment that appears to be years away from implementation.

It’s unclear when or if a “continuing care strategy” promised since 2015 is still on the government’s radar. The problems in long-term care have been neglected for so long, it will take a concerted effort as well as some serious money to improve the situation for residents and staff.

Nurse-Patient Ratios: Quebec Commits to Major Reform

By Presse Canadienne
Published by the Montreal Gazette,
March 29, 2018

Quebec nurses' workloads should become significantly lighter in coming years after a major reform of patient-nurse ratios was announced Thursday.

Quebec Health Minister Gaétan Barrette was all smiles at a news conference as he outlined the project, an initiative that will require several hundred millions of additional dollars injected into the province's health network, as well as the likely hiring of hundreds, if not thousands, of nurses and other health professionals.

After months of pressure from nurses — who said they were exhausted and crumbling under the pressure of their jobs — and months of negotiations with the Fédération interprofessionnelle de la santé (FIQ), Quebec's nurses' union, Barrette agreed the situation could not continue any longer and that he needed to tackle the problem.

The solution will be a significant, drastic reduction in the number of patients who fall under the responsibility of nurses.

In the coming months, Quebec will create 17 pilot projects in regions across the province, with the goal of identifying the optimal patient-nurse ratio in each situation.

If the experiment works, Barrette said he is committed to extending the initiative throughout the health network. He did not give a precise deadline.

Marking the importance of the changes ahead, Barrette said it's the beginning of “a new era.”

He said he has verified with the Quebec Treasury Board that he has the means to match his ambitions when it comes to the needed hires, but again said he couldn't provide precise figures.

Present at the news conference, FIQ president Nancy Bédard described the initiative as a major announcement.

NSNU President Supports Teachers at Truro Rally

NSNU president, Janet Hazelton, joined rally-goers outside Truro Junior High on February 26th to show support for teachers following the release of the controversial *Raise the Bar* report – more commonly known as the “Glaze Report”. The report suggested a sweeping overhaul of the education system, and was all-but rubber stamped by government despite a swift and vocal backlash from teachers, administrators and parents.



Janet Hazelton offers a message of solidarity with teachers

Some of the suggestions in the Glaze Report that garnered significant criticism included the dissolution of regional school boards in favour of a provincial school board, and removing principals and vice principals from the Nova Scotia Teachers Union. Many argued that the move was tantamount to union busting.

The rally coincided with a meeting being held in the school between Minister of Education, Zack Churchill and school administrators.

Janet spoke briefly during the rally, offering a message of solidarity on behalf of the members of the NSNU, who have been vocal supporters of teachers and the NSTU over the past few challenging years. She was joined by NDP MLA, Lenore Zann and Nova Scotia Federation of Labour president, Danny Cavanagh, among others.



Janet Hazelton with Lenore Zann and Danny Cavanagh at the rally



Esther Difabio, Norah Anderson, Catherine Sorrey, Linda Betts, and Margaret Gillis



Lynette Cathcart and Laura Lee Sharpe



Members show their NSNU pride at the hockey game

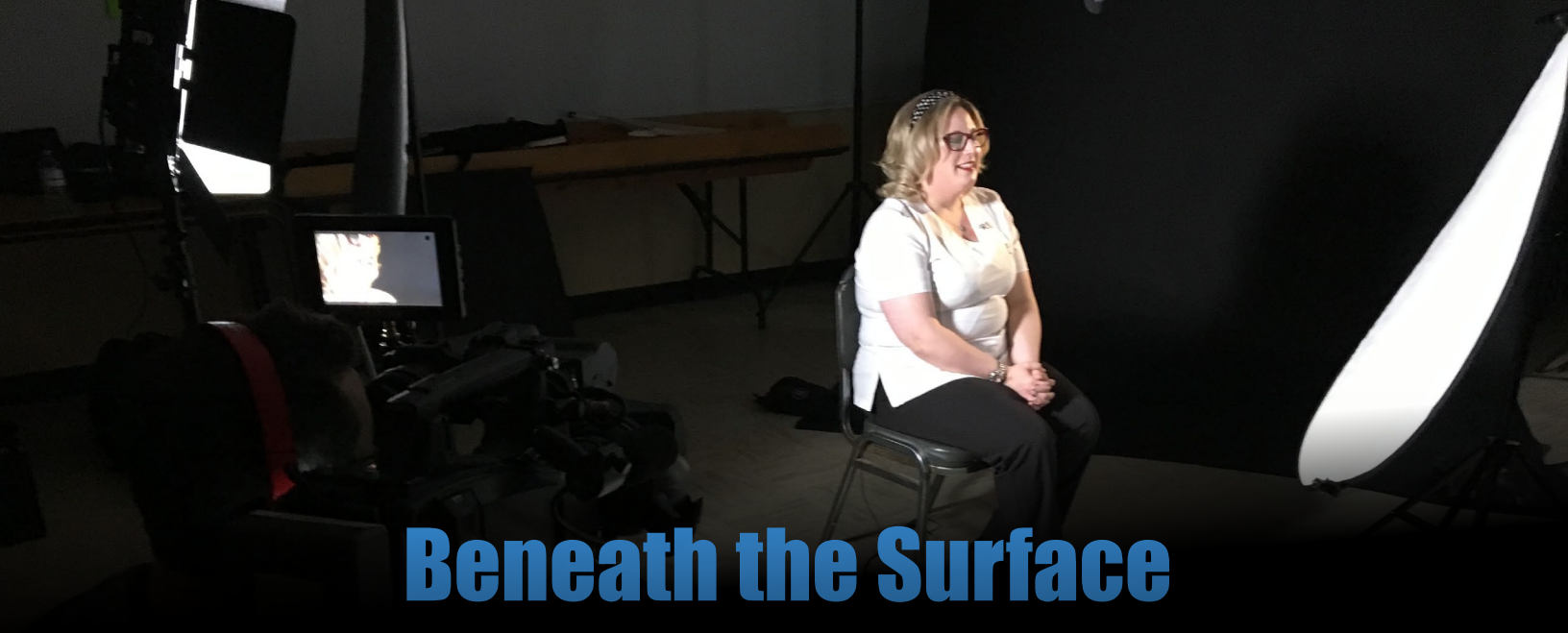
Thank You Screaming Eagles!



The Screaming Eagles celebrated Nurse and Fan Appreciation Night on Friday, March 16th as they took on and defeated the Saint John Sea Dogs at Centre 200 in Sydney. Both teams put on a great show for fans and nurses in attendance.

NSNU president, Janet Hazelton was on hand for the puck drop and to chat with nurses in the stands. Janet, a big hockey fan, was very pleased to be part of the inaugural event in Cape Breton.

Special thanks to the Screaming Eagles management team and the players for their gracious welcome and a fine display of Canada's greatest winter sport.



Beneath the Surface

A Courageous Conversation about Nursing Today



At the 2018 Education Day, to be held on April 26, the NSNU will feature interesting and challenging conversations about nursing, including violence in the workplace.

In anticipation of this event and its subject matter, the NSNU is preparing a video highlighting the many forms of violence nurses experience on the job and the work that is being done to combat workplace violence.

The NSNU will also post the video online during National Nursing Week when again our theme will centre around public awareness of this issue. Violence is NOT part of the job. Nurses, employers, managers, unions, government and the public must work together to eradicate violence from our health care system and other work environments.

The NSNU would like to thank Mary Ruth Joseph, Martina Cejpova, Marilyn MacKean, Lisa D'Entremont, Cynthia Brown and Janet Hazelton for their participation in the production of the video.



2018 EASTERN LABOUR SCHOOL

June 4-6
pei nurses[®]



The NSNU is happy to see so many members already signed up to attend the 2018 Eastern Labour School, taking place at St. Francis Xavier University in Antigonish from June 4-6. Registration will be open until April 30th.

Congratulations to those who were selected in the draws for first-time

attendees and members 35 and under, as well as to the recipient of the Glenna S. Rowsell Scholarship. We hope you enjoy your first time attending Eastern Labour School.

This year ELS courses are split into two categories: Foundation Courses and 90-Minute Courses. Members attending ELS for the first time will

be taking one of five Foundation Courses, designed as an intro for new and budding activists. Members who are returning to ELS will select five of nine 90-minute courses to complete during the event.

The following is a full list of courses being offered at the 2018 Eastern Labour School.

Foundation Courses (1.5 days)

General Labour Relations – David Harrigan, UNA

For new union members or activists, this course will provide information about the benefits of belonging to a nurses' union and how they make a difference to the workplace, our co-workers, the community and those in our care. The goal is to give newer members the opportunity to learn how the union fits with work life, leadership opportunities, understanding the benefit packages, cultural inclusiveness, and health and safety advocacy. Participants will learn about labour history, the role of a union, the collective bargaining process, labour terminology, grievance and arbitration, and duty to accommodate.

Legal Realities of the Nurse – Jan Borowy, LLB

This course will introduce participants to the legal rights, responsibilities, and professional standards of a nurse. This course examines the various judicial proceedings in which a nurse may become a participant including professional misconduct, fitness-to-practice proceedings, civil suits, criminal proceedings, privacy and communications issues, workplace violence and occupational health and safety, to name a few. Through a multi-media presentation, participants will work on case studies and discuss nurse-union related legal issues to better assist them in representing their union members.

The Negotiations Process – Dan Anderson, ONA (retired)

This course is designed to give nurses a better understanding of the process that results in a collective agreement; it will examine all aspects of collective bargaining, including the steps in the process, preparation, construction of contract clauses, bargaining strategies and tactics. Participants will examine factors, both internal and external, which affect negotiations.

Union History – Rosalee Longmoore, SUN (retired)

Unions were born out of the struggle to change the status quo and to provide workers with a means to protect and further their rights. Collective support and collective action are powerful tools in making a difference and influencing change. Individual action can also be powerful in affecting change.

This course is especially designed for new activists. It will provide an overview of union history with the specific emphasis on nurses unions' history, and will provide evidence that being an active union member is compatible with being a professional. We can best achieve our goals as nurses by being both.

Enjeux juridiques de la profession et des soins infirmiers – Martin Rioux, NBNU

Ce cours offre une introduction aux droits, aux responsabilités et aux normes d'exercice de la profession infirmière. Ce cours permettra de comprendre les différentes procédures judiciaires auxquelles peuvent faire face les infirmières et infirmiers : audiences



NSNU LRR, Carl Quinlan, presents his Respectful Workplace course during ELS 2016

disciplinaires, poursuites pénales et civiles ainsi qu'une diversité d'instances administratives. Ce cours explorera également comment les responsabilités professionnelles des infirmières (infirmiers) influencent et interagissent avec leurs droits à titre de travailleuses (travailleurs) syndiqués, et vice versa. Au-delà d'une présentation multimédias, les participants seront appelés à se prononcer sur des études de cas, à jouer des rôles dans le cadre de simulations, et à participer activement dans le cadre d'exercices pratiques. Le but de ce cours est d'offrir une compréhension globale des enjeux juridiques qui peuvent affecter nos membres afin de permettre une représentation efficace au niveau local dès qu'un enjeu survient.

90-Minute Courses

Communications and Campaigns – Coleen Logan, NSNU and Leanne Lagsiar, NBNU

Internal channels, journalism, the internet and social media provide enormous opportunities, and obstacles, when we attempt to get our messages across. But knowing exactly how our members feel about an issue can make or break a campaign. In this course, participants will acquire practical information they can use as health care and labour activists to support their organization. We will explore the difference between very good and less successful trade union public relations campaigns, and the role members play in determining the outcomes.

Respectful Workplace – Carl Quinlan, NSNU

Today's healthcare environment faces challenges every day that can invoke conflict in the workplace. It is vital that our members have tools, resources and support they need to contend with such issues for their own health and wellbeing, and that of our patients.

This course assists nurses in how to deal with day-to-day conflict, with examples of workplace conflict, and how to best deal with situations whereby we feel bullied or mistreated at work. We also examine self-awareness, knowing what we may be doing to contribute to workplace conflict.

Nursing and Social Media – Justin Hiltz, NSNU

The internet is fundamentally changing the way we interact with others, both personally, and professionally. In many ways, having an online presence has become a necessity. This course will review various social media platforms that are available, while offering tips on how



NSNU members stand up for health care at the 2016 Eastern Labour School rally in St. John's, Newfoundland

best to present a professional image online. Tips on cyber safety, privacy rights and maintaining privacy online will also be discussed. We will talk about the implications of living in an Age of (dis)Information and finally, look at ways to stay “cyber engaged” as union members through social media platforms and apps.

Facing Management Effectively - TBD

This course is about helping union representatives become effective in all their dealings with management. We will be talking about management styles, emerging trends and the rights of the parties. We will practice with appropriate tools to act strategically in dealings with management on such issues as contracting out, workforce adjustment and changing work practices as well as the ongoing day to day conflicts that may arise between union members and management.

Domestic Violence - TBD

When faced with an issue as big as domestic violence, it's easy to feel like what you are doing can't make a difference. But even the smallest of actions can have a big impact. In this workshop, participants examine the findings of the Canadian Labour Congress and Western University survey on Domestic Violence and the Workplace, learn how domestic violence impacts workers and workplaces, discuss the union's role in keeping women safe at work, and develop strategies for making a difference through negotiations, member education, public awareness and political action.

Nursing and Technology – Richard Booth, University of Western Ontario

This session will explore the evolving role of technology in the profession. Given the increasing use of various clinical technologies, artificial intelligence, and robotic

technology, implications related to the role of nurses in future healthcare systems will be presented. Further, this program will challenge participants to reflect upon various roles of the current-day nurse, and how these roles may fundamentally change through the increased use of robotics and artificial intelligence.

Professional Practice and Nursing Workload - TBD

We now know there is a clear relationship between inadequate nurse staffing and poor patient outcomes, including mortality, hospital acquired pneumonia, falls, medication errors, length of stay and many more. With appropriate staffing levels, we can improve nursing workload while at the same time improving patient care. Relying on evidence-based research, this course will help nurses better articulate their own value and will highlight the danger of not addressing the problem of nurse workload. The focus will be on proven solutions, including workload reporting systems, independent assessment committees, safe staffing levels and dynamic staffing tools.

Nursing and Addictions – Lilo Wessels, NSNU

The nursing profession is not immune to addictions. In fact, nurses may be more susceptible due to their typically high-stress jobs, shift work and frequent contact with serious illness and death. Easier access to controlled substances in the workplace may also contribute to substance abuse. This course will explore how substance abuse affects the nurse, co-workers, the union, the employer and, most importantly, the patients/clients/residents. The course further explores the implications on the nurses' license to practice. This course will also provide information for union activists to assist in representing members.

Nursing and Workplace Violence – Jennifer Dickison, NBNU and Paul Curry, NSNU

Violence in the workplace is an issue that affects the safety and security of employees, patients/clients/residents, visitors and family members. Workplace violence claims a high personal cost due to the emotional trauma and physical injury. It can also lead to increased absenteeism, higher sick leave costs, lost productivity, high employee turn-over, higher insurance premiums and increased Workers' Compensation premiums. This course will examine the tools and resources union members possess to promote safer workplaces for all.

National Pharmacare Takes Two Steps Forward and One Step Back

By the Canadian Federation of Nurses Unions

Proponents of a national pharmacare program were treated to a roller-coaster week late February, courtesy of a surprise measure in the federal budget and a loose-lipped federal Finance Minister.

Heading into federal budget week, the consensus among those typically in-the-know was that health care wouldn't see much action this budget cycle.

This impression was shattered the evening before budget day, when news broke that Ontario Health Minister Eric Hoskins was unexpectedly resigning and set to become the chair of a council aimed at creating a plan to implement a national pharmacare program. Media reports were confirmed the following day, with the creation of pharmacare Advisory Council headed by Dr. Hoskins.

Hoskins has long been a leading voice for universal pharmacare and was the architect of OHIP+, a program providing free prescription drugs for everyone in Ontario under the age of 25. The choice of Hoskins seemed to confirm the seriousness of the feds to develop a concrete plan to adopt a universal, single-payer approach.

This initial excitement among many pharmacare advocates, including the Canadian Federation of Nurses Unions (CFNU), came to an abrupt end fewer



CFNU president, Linda Silas, speaks about Finance Minister Bill Morneau and a national pharmacare strategy on Global News on March 3rd

than 24 hours later, with comments made by Finance Minister Bill Morneau.

Appearing at an Economic Club of Canada event, Minister Morneau spoke against a universal approach to pharmacare, stating that he preferred to "fill the gaps". This comment came moments after boasting that his former company, Morneau Shepell, was the "largest provider of [health] benefits consultancy services in Canada."

After advocating for pharmacare for more than two decades, Canada's nurses firmly believe that this policy must be made on the basis of the evidence and the public interest, only. What Minister Morneau proposed was a continuation of a system that enriches the health insurance industry – in which the Minister's former firm is highly invested – and pharmaceutical giants, to the detriment of everyone else.

The CFNU led the charge to respond, writing an open letter to the Prime Minister, co-signed by Canadian Doctors for Medicare and the Canadian Labour Congress. The letter called for Minister Morneau to recuse himself from the pharmacare file, noting that the perception of a conflict of interest could undermine the independence and findings of the Council.

The Minister had previously faced scrutiny as a result of links to his former company and, by the end of budget week, he was publicly backtracking and distancing himself from his comments.

While it remains unclear to what extent the Minister's comments may reflect the position of the Prime Minister or party brass, the creation of the Council represents a substantial move towards actually implementing a national pharmacare plan, in some form.

As the dust settles, it is also overwhelmingly clear that the path forward will be winding. Much work is still required to ensure that the plan the Council adopts is public, single-payer, and universal with a national formulary based on evidence. Buckle up, friends.



Pharmacare — A Plan for Everyone

The Canadian Labour Congress has been hosting a series of public town hall meetings across Canada to discuss the need for a universal Pharmacare program. In Halifax, the “Pharmacare — A Plan for Everyone” public meeting was held on Tuesday March 27th. NSNU president, Janet Hazelton moderated the event.

Featuring Canada’s foremost pharmacare experts and advocates, these important discussions address why we need a universal prescription drug plan that covers all Canadians, regardless of their age, income, or where they work or live.

The presenters in Halifax included: Marie Clarke Walker, Secretary-Treasurer of the Canadian Labour Congress (CLC); Dr. Daniel Boudreau, Assistant Professor of Emergency Medicine at Dalhousie University; James Hutt, interim National Director of Policy and Advocacy for the Canadian Health Coalition; and Chris Parsons, Coordinator, Nova Scotia Health Coalition.

The NSNU and Canadian Federation of Nurses Unions have been advocating for a national pharmacare program for many years. Nurses



Janet Hazelton with NSNU board members, Jen Thiele and Jayne Fryday, and IWK nurse, Julia Hutt

know that the cost of care goes up drastically when a patient is not able to afford needed medications. Nurses are at the forefront of health care and know first-hand what it’s like to watch patients struggle to afford the drugs they require.

Canada has the highest drug costs among OECD countries. And, unfortunately, Canada is one of

the few countries with a universal health care system that does not also provide universal pharmacare. We need a national pharmacare program and it needs to be universal, accessible, comprehensive, publicly administered and portable.

To learn more and to sign the petition to support a national pharmacare plan, visit www.aplanforeveryone.ca.



Janet Hazelton moderates the discussion, with panelists Marie Clarke Walker, James Hutt, Chris Parsons and Dr. Daniel Boudreau

#DONEYWAITING

Canadian Labour Congress Launches New Campaign to Tackle Gender Inequality in Canada

During Women's History Month in March, the Canadian Labour Congress launched #DoneWaiting, a powerful campaign that addresses three of the greatest barriers that stand in the way of women achieving true social and economic equality in Canada: Wage Discrimination, Sexual Harassment and Violence, and the Child Care Crisis.

Wage Discrimination

Wage discrimination against women is a systemic issue around the world in which women are paid less than their male counterparts for the same work. Although we would like to believe we have moved past the days when a woman's work is valued less than a man's, the numbers show that we are not there yet – not even close.

In 2018 Canadian women are making, on average, 32% less than men; the numbers only get worse for women of colour and women with disabilities. Women must be paid equal wages for equal work and ending wage discrimination requires a concerted effort from government at all levels, as well as Unions, business owners and workers.

Sexual Harassment and Violence

Studies show that half of Canadian women will, at some point in their lives, experience sexual harassment or violence. It can take many forms – street harassment, groping, catcalling, and, all too often, sexual assault and domestic violence.

#DoneWaiting calls for action to be taken to end sexual harassment and violence against women, an epidemic in Canada and around the world. It will require better access and funding for women's programs and shelters, more public awareness, and more support for women who face harassment in the workplace. It is a tall order, but now is the time to tackle the crisis of violence against women.

Child Care Crisis

Inaccessibility of affordable child care is one of the biggest barriers for women entering and staying in the workforce. Although the government has started to take action on child care, there is still more work to be done. The CLC says that in order for child care to be truly accessible it must check four boxes: it needs to be universal, it needs to be affordable, it needs to be public and high quality, and it needs to be inclusive to meet the needs of diverse communities with a wide range of needs.

If we are to achieve gains on any of these issues, Canadians must work together to lobby government for change. That is the heart of #DoneWaiting – it is a call to action. On the campaign website, www.DoneWaiting.ca, you can learn more about each of these issues, and contact your MP directly with a pre-developed letter. You also have the option to write your own letter and send it through the site.

We are #DoneWaiting for change to happen on its own. Together, we will make it happen.



Sutherland Harris Memorial Hospital

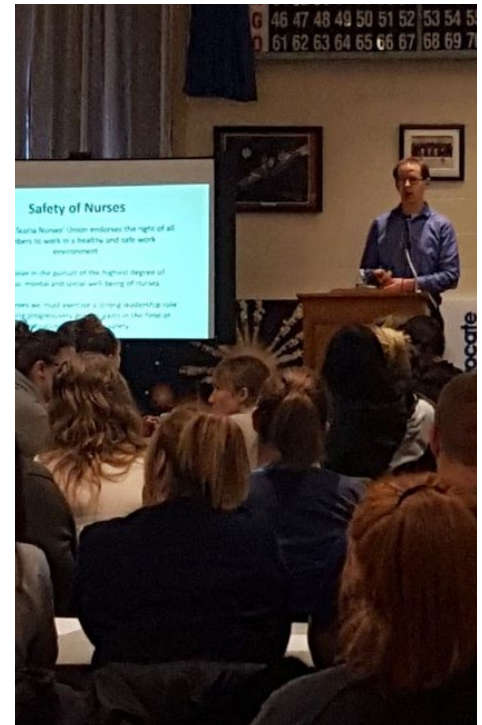
10th Annual Skills Night A Great Success

Sutherland Harris Memorial Hospital (SHMH) hosted their 10th Annual Skills Night on Wednesday, April 4th. The event was another great success, with approximately 120 people attending and a wide variety of presenters covering topics of interest to nurses in all areas of care. NSNU research/education staff Paul Curry and Justin Hiltz travelled to Pictou to speak to members about nursing and social media, and workplace violence.

Skills Night is a passion project for NSNU VP LPN/Grad Component, Maria Langille, who has coordinated the event for the past ten years. The event was held at the Pictou Royal Canadian Legion to accommodate a growing number of nurses from all sectors who were interested in taking advantage of the unique educational experience.



Maria Langille addresses a crowd of Skills Night participants



Paul Curry discusses the challenging topic of workplace violence



Justin Hiltz addresses a large crowd as he covers social media and nursing

As with many educational opportunities, members who participated in the Skills Night are eligible for points toward their Leadership Premium, which can be accumulated throughout the year. For information about Leadership and Practice Premiums, visit nsnu.ca/educationpremiums.

Congratulations to Maria and Sutherland Harris on another successful Skills Night. We look forward to participating again in next year's event.

NSNU Hosts Pre-Retirement Seminar

On Wednesday, March 28th, the NSNU hosted a pre-retirement course designed specifically by the Nurses' Union for nurses who are approaching retirement. More than 80 people participated in the course in person and online, spending day learning the ins and outs of preparing for their financial future.

NSNU president, Janet Hazelton welcomed attendees and gave an overview of our contract and some very sage advice. Janet is also NSNU's Trustee for the Nova Scotia Health Employees' Pension Plan (NSHEPP). Judy Paul, Director, Pension Services, NSHEPP offered insight into the Plan. Tina Snair, Benefits and Quality Assurance with the Health Association of Nova Scotia, also provided valuable information for nurses planning to return soon. Larry Wark from the Nova Scotia Federation of Union Employees closed out the day's agenda with commentary on living well in retirement. The retired, but still active Wark is the father of our very own Shannon Wark, former IWK member turned Labour Relations Representative.

Retirement is an exciting time, but it can also be a source of anxiety if you are not adequately prepared for what is involved as you undertake this major life event. We appreciate all of our speakers for bringing their wisdom and expertise to the table, answering questions, and providing valuable insights for members on the cusp of retirement.

Thank you to all who took part in our second pre-retirement seminar. We plan to offer this course again in the future.



Janet Hazelton opens the session



Judy Paul



It was a full house at the NSNU for the pre-retirement course, with more than 50 people attending in-person, and more than 30 others online



Tina Snair



Larry Wark

The 2018 NSNU Webinar Series Continues with a Discussion on Ethics

The NSNU hosted another great webinar in our 2018 series on March 7th. This course focused on Ethical Challenges as Experienced by Nurses, and was presented by Marika Warren, PhD - Dalhousie Faculty of Medicine and Nova Scotia Health Ethics Network.

Marika led an interactive discussion with live polling and case studies that allowed participants to share their thoughts and questions throughout the presentation. She encouraged nurses to challenge their preconceptions about some common and complex ethical dilemmas faced by nurses in the course of providing patient care.

Nearly 100 people participated in the webinar online and in-person, making this yet another very successful event. Thank you to those who took the time to participate in the live webinar.



Marika Warren leads the discussion on March 7th

With the webinar series wrapping up after presentations in April and May, the NSNU is pleased to see so many members have taken the time to participate. We hope those who have joined us for the webinars found them interesting, informative and helpful. We look forward to bringing more educational opportunities like these to our members in the future. If you have any suggestions for future webinar content, contact Justin.Hiltz@nsnu.ca.

Nova Scotia Labour Board Will Finalize IWK Essential Services Plan

A bargaining message from the Nova Scotia Council of Health Care Unions

The Nova Scotia Council of Health Care Unions has requested that the Nova Scotia Labour Board settle the outstanding issues and finalize an Essential Services plan for the IWK. The Labour Board will hear submissions from both the Employer and the Council of Unions and reach a conclusion on the remaining issues.

At the end of this process the IWK will have an Essential Services plan.

The Council of Unions, Health Care Bargaining Unit, has worked hard to reach an Essential Services plan that meets the needs of its members as well as ensures the health and safety of patients.

The Council of Unions believes that the remaining issues cannot be resolved through negotiations with the Employer and is using the process provided under the Essential Health and Community Services Act to empower the Labour Board to finalize the plan.

The application to the Labour Board is the next logical step and aligns with the Council of Union's

announcement of a strike vote for all 6,500 members of its Health Care Bargaining Unit across Nova Scotia. Under ten NSNU members are impacted by this and are required to vote on strike action. This is to send a message to the Employers and government to take collective bargaining and the Council's proposals seriously and to work with the Council of Unions to get a deal done.

The primary goal of the both the strike vote and sending the Essential Services plan to the Labour Board is to create enough pressure that the Employers and the government will engage in meaningful negotiations and complete a new collective agreement.

Strike by Another Union

In the event of a strike vote by the healthcare bargaining unit, members may wish to learn how a strike by another union could affect your work. Visit nsnu.ca/StrikeByAnotherUnion for details about your roles, responsibilities and rights when your co-workers in another bargaining unit head to the picket line.



GNU

Global Nurses United
Unidad Global de Enfermeros/as
Unidade Global de Enfermeiros/as
Union syndicale des infirmiers(ères)
du monde
국제 간호사 연대

Global Nurses United

Global Nurses United is an international advocacy group comprised of nursing leaders and unions from 14 nations around the world. Canada's nurses are represented within GNU by the Canadian Federation of Nurses Unions and the Fédération Interprofessionnelle de la santé du Québec.

The goal of GNU is to address the concerns of nurses around the world and encourage action on issues like austerity, privatization, attacks on public health, safe staffing, and improved patient care.

In July members of GNU will join together in Sydney, Australia to discuss some of the issues that affect health care globally, as well as crises happening in specific nations. They will also discuss important trends in nursing, advocacy and opportunities for nurses to affect change at home and abroad. Members of the CFNU National Executive Board will be participating in the conference.

As part of their mandate, GNU keeps track of major issues that nurses are dealing with in their home countries, providing regular updates for their member organizations. The following are just a few examples of what nurses have been tackling around the world over the past several months.



India

A nursing strike in Kerala, India has surpassed 200 days, with no end in sight. The employer, KVM Hospital, has refused to listen to any of the nurses' demands, and more than 100 nurses have been laid off.

Nurses in Kerala have a litany of reasons to be angry. Their employer forces them to work significantly longer hours than they are supposed to, and some nurses are being asked to work 20 hours or more at a time. They are paying nurses substantially less than the state-appointed minimum wage. They are using a trainee program to force new recruits to do the work of full-fledged nurses for no pay at all. Some nurses have been fined for taking necessary leave and have been denied benefits.

However, the nurse members of the United Nurses Association remain resolute as they continue on the picket lines. On February 15th, 50,000 nurses joined their protest in an incredible show of solidarity.



England

A nurse staffing shortage in England has reached a critical level, leading to concerns that overextended nurses will be unable to continue providing safe patient care. This is a situation England is all too familiar with; between 2005 and 2009, it was determined that 400 to 1,200 patients died as a result of poor care due to staffing shortages.

According to the Royal College of Nurses, the nursing workforce is shrinking, with 40,000 unfilled vacancies in the England National Health Service. They are calling for urgent action by the government to further incentivize students to enter nursing programs to help reduce some of the strain. However, despite some efforts by the government, applications to join nursing programs have plummeted 33% in two years. The RNC cites the working conditions for nurses and Brexit making mobility more of a challenge as some of the reasons for the drop in recruitment.



Canada

Health care working conditions in Quebec have become so dire that some nurses have reported themselves to their professional regulator, the Quebec Order of Nurses, for not being able to fulfill their duties under the current system.

Nurses in Quebec have many of the same concerns as their colleagues across Canada: chronic understaffing, mandatory overtime and inadequate compensation, to name a few. The problem has become self-perpetuating, as nursing students have been unable to find internships because nurses do not have the capacity to provide training and support.

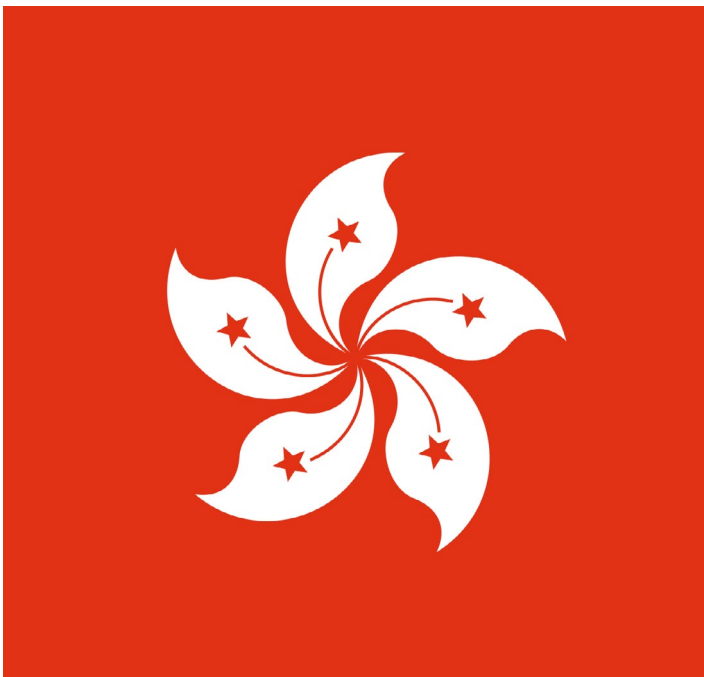
Quebec's nursing crisis came to light in January when a long-term care nurse, Émilie Ricard, posted on social media about her experience being left to care for 70 residents without adequate support. Émilie's story can be found in the February 2018 issue of *What's Nu?*

Hong Kong

Nurses in Hong Kong are crying out for help in the midst of a nasty flu season that has seen emergency rooms dangerously overburdened, with insufficient staffing to manage the crisis. Nurses have reported skipping meals and breaks to contend with the patient load, which often puts the department 50% over capacity. They have cited instances of two nurses being responsible for 50 or more patients during some of the more chaotic episodes.

In response, government injected \$500 million into the health budget to help cope with the outbreak, but that number is being criticized for being too low. It accounts for just 0.8% of the government's annual spending.

The death toll in Hong Kong for this flu season has already reached 336 people, including children.





Iker is the grandson of NSNU Vice President, Chris Van Zoost. Notice his preference for standing *in* the puddle? We like your style, Iker!

The Standardized Uniform The Rules and the Rationale

The standardized uniform, the white top and black pants, has been in effect since 2011. Since that time the policy has been modified slightly, there has been a small incremental increase in the allowance, and positive strides have been made in acquiring the garments.

The rationale for the uniform policy is multifold: it provides visibility for nurses, signalling when there are too few nurses on shift; it enables patients to identify nurses in a sea of scrubs; and members receive a small stipend for this expenditure.

Although there is blanket coverage for acute care nurses, some long-term care facilities are beginning to adopt the policy.

We now have a new vendor, Keltic Clothing from Cape Breton, the sole supplier for the province. Their team is working very hard to ensure members get quality items at affordable prices. Keltic is committed

to excellence and welcomes feedback from nurses across the province.

There have been small bumps along the way that both employers and Keltic are working through, and the NSNU is happy to help share information as requested.

It is important to note that the RN, LPN and NP designations must be visible on the garments before a purchase is completed. No scrub top or lab coat will be sold by Keltic without a designation.

Lab coats are available to OR staff and Nurse Practitioners.

Only white tops and black pants (scrubs) qualify for the employer allowance.

For a schedule of site visits please go to www.kelticclothing.ca/en/39-black-white and select the NSNU Members Calendar tab.

Are You Paying Double Dues?

If you work at more than one NSNU Facility and pay union dues more than once in a pay period, you may be eligible for a refund from the Provincial Office. Members who have been paid for less than 7.5 hours in Acute Care and less than 8 hours in Long Term Care in one bi-weekly pay period may also be eligible for a refund from the Provincial Office.

The Provincial portion of NSNU union dues (\$29.24 for RN's and \$21.48 for LPN's) will be refunded by cheque on a quarterly basis. Your rebate will only be retroactive for a period of up to 12 months prior to contact with the NSNU.

If either situation applies to you, please contact the NSNU Provincial Office (Verna Harrie at 902-468-6748 or verna.harrie@nsnu.ca).



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

AGM Recap
Board Elections, Resolutions,
Education Day & More

National Nursing Week 2018
Emphasis on Violence in the Workplace

National Liberal Convention
Pharmacare in Question



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