

what's nu?

September 2018



Pride 2018 - Celebrations Across the Province

NSNU members celebrate diversity at Pride events across Nova Scotia

Nursing Council Bargaining Update

Long-Term Care Nurses Vote on Contract Extension

ON THE COVER: Nurses, family and friends come out in force for the 2018 Halifax Pride Parade on July 21

ISSUE HIGHLIGHTS

- 4** Nurses in acute care commence bargaining
- 6** Long-term care members vote on contract extension
- 10** Incentive, more capacity to educate nurse practitioners

14 Journey of a lifetime: NSNU member volunteers in Tanzania with help from the International Solidarity Fund



21 Have you checked out the NSNU members' discount list lately?

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See page 7 for details



President's Notebook

Janet Hazelton, BScN RN, MPA

Professional Responsibility *The Risks of Breaking the Rules*

Due to ongoing complaints and concerns levied against health professionals regarding patient confidentiality and professional responsibility, it is incumbent upon the Nurses' Union to remind members of the consequences of not adhering to specific practice and employment standards.

As nurses know, professional responsibility refers to the ethical and moral obligations associated with our profession. These standards relate to patient care, collaboration with other medical professionals, integrity, morals and a responsibility to safely uphold our competencies. Patients and their families are depending on us upholding these professional responsibilities.

Very simply, we as nurses have stringent rules that govern our conduct. Breaking the rules can have significant ramifications. Violations can result in a loss of license or other disciplinary action, including legal prosecution. The Nurses' Union sees the devastating short and long-term effects of contravening these policies.

As it goes, we graduate with the intention of upholding our professional obligations, entering the profession with the unwavering belief that we would never breach the trust bestowed upon us.

We are placed in a position of trust with patients and their families. Patients, employers and regulators expect us to maintain the confidentiality of medical information and reserve judgement of those we care for. Our professional integrity means consistently acting in a manner that promotes and maintains that trust.

So, how do our best intentions and our comprehension of the principles that guide our practice sometimes waver? Are we too busy to regularly check on our patients, committing what could be considered patient abandonment? Do we sometimes forget that talking about a patient outside the confines of the workplace violates our tenets of practice? How do we succumb to the temptation to read a neighbour's medical records or fraudulently chart misinformation even when these offenses are punishable by law?

The reasons why transgressions occur are varied and often complex. Passing judgement on those who disregard ethical responsibilities is not the intent of this article. This is a reminder that we are professionals that must demonstrate integrity no matter the time or circumstance.

On record are complaints that staff engage in loud and sometimes

inappropriate conversations about patients and families at work stations and in hallways. Remember, social media posts and/or pictures are often visible to the general public and especially this day in age, we must be conscious of upholding our professional responsibilities even on such platforms. Additionally, while we all know the struggles of shift work, we must remain fully alert at all times when patients are entrusting us with their care. To err is human but the cost is higher for nurses.

To be clear, nurses are held to a loftier standard both professionally and publicly. From our social media presence, to the money we earn, and our relationships in the community, we are scrutinized by media, co-workers, patients, patient families, employers and others. Do not be vulnerable.

Arguably, the workplace is more challenging than ever, including violence and staff shortages, to name just two. Extreme stress can cause us to lose sight of our priorities, ignore our instincts and stray from our core values.

Chances are, if the rules are broken, discipline is inevitable, up to and including termination. There's a higher probability than ever that a patient or their loved one will

videotape a situation. It's also likely that real or virtual fingerprints could be incriminating.

Defying a professional standard can expose us to liability, potential loss of licensure or development of distrust of nurses in the community. My hope in writing this article is to minimize exposure to risk of harm to both patients and nurses.

These incidents are not the norm and, with better oversight and restraint, can be completely avoided. Until that time, the Nurses' Union is here for those who falter and those who may be falsely accused.

In the meantime, let's continue to engage in best practices, safeguard our patients' privacy, protect our licences, value our reputations, and respect the profession.



Nursing Council Bargaining Update

Talks got underway on September 5 for the Nova Scotia Council of Nursing Unions. At that time, the Nursing Council exchanged proposals with the Employer group, a group of 19 representatives from the IWK and the Nova Scotia Health Authority (NSHA). Bargaining continued September 6, 19, 20, 21, with additional dates set for October 10, 11, 12, 17, 18 and 19.

The 20-member Nursing Council is comprised of acute care nurses from NSNU, NSGEU, CUPE, and Unifor. The

Council of Nursing Unions bargaining committee includes 11 members from NSNU, seven NSGEU, one from CUPE and one from Unifor.

On September 18, mediator/arbitrator William Kaplan issued an award that establishes a collective agreement for more than 3,000 employees in the Health Administrative Professional Bargaining Unit at the NSHA and the IWK. The award came after one day of mediation-arbitration and concluded a process that began in October 2016. This award set out a six-year term of agreement. Approximately two years remain in the term.

This summer the Health Care Bargaining Unit completed four days of mediation/arbitration with Mr. Kaplan. On Wednesday, August 8, the arbitrator issued an award, a collective agreement for more than

6,000 employees in the Health Care Bargaining Unit at the NSHA and the IWK.

In mid-May of this year, health care workers in acute care (including nurses) voted to accept an agreement with the NSHA and IWK that would allow issues that can not be resolved at the negotiating table to be sent to the independent, third-party mediator-arbitrator (William Kaplan) for a final and binding award.

Further, the agreement provides wage increases over a six-year term (2014-2020), including premiums, retroactive pay, key benefits, and provides a mediation/arbitration process that will conclude all collective agreements for the four bargaining units in Nursing, Health Care, Support Services, and Administrative Professionals by the end of 2018. The week of November



The Council of Nursing Unions

19-23 has been set aside for Nursing Bargaining Unit mediation/arbitration.

Also, under this agreement the parties agree to waive all rights to strike and lockout under the *Trade Union Act* and agree that no Essential Services Agreement applications will be filed with the Nova Scotia Labour Board while mediation/arbitration is pending, unless mutually agreed otherwise by the parties.

Over the past year, and throughout the summer, the Nursing Council met to review contract language for all nurses, in all categories, to reach consensus on what to preserve, what to expand upon and what compromises may be required. The team reviewed their respective surveys, determined bargaining priorities and discussed the new realities of negotiations in Nova Scotia.

To date, there is very little to report as our negotiations are in the very early stages.

The Council of Nursing Unions is working hard to ensure that your best interests are represented. The team thanks you for your continued support and commits to keeping you informed via regular updates using a variety of communications tools – nsnu.ca, Campaigner e-memos, etc.

If you have any questions about this upcoming round of bargaining talks for nurses, please email nsnubargaining@nsnu.ca.

The following is a list of members and staff of the Nursing Council:

Janet Hazelton, NSNU
 Janis Ritcey, NSNU
 Laura Lee Sharpe, NSNU
 Vivian Starkey, NSNU

Alaine Halliday, NSNU
 Gerri Oakley, NSNU
 Karen MacDonald, NSNU
 Chris Van Zoost, NSNU
 Edson Castilho, NSNU
 Geoff Bennett, NSNU
 Jen Thiele, NSNU
 Shawna Boudreau, NSGEU
 Rochelle Ryan, NSGEU
 Trish MacLean, NSGEU
 Kerri McIsaac, NSGEU
 Denise Meade Jones, NSGEU
 Joanne Fairfax, NSGEU
 Trina Mauger, NSGEU
 Jim Laverie, CUPE
 Shauna Wilcox, Unifor

Staff:

Chris Albrecht, NSNU
 Shawn Fuller, NSGEU
 Carl Crouse, CUPE
 Susan Gill, Unifor



Long Term Care Members Vote in Favour of Extending Their Contracts

Long Term Care nurses within the NSNU voted in favour of extending their current collective agreements with new provisions – the same provisions recently offered to acute care workers. With short notice, nurses in this sector voted for the same service payout, premiums, retroactivity on wages and revised language for Pregnancy/Parental and Adoptive Leave.

The LTC vote took place from Friday, September 21st until noon, Tuesday September 25th. Only members of the long-term care sector within the NSNU were eligible to vote on this offer.

LTC Contract Details

Service Payout Option

- LTC Nurses will have the option to obtain an early payout of their Retirement Allowance accrued up to March 31, 2015, regardless of whether they have yet met the threshold of 10 years service or retirement in accordance with the provisions of the collective agreement which applied to them as of March 31, 2015.

- LTC Nurses who wish to choose an early payout must opt to do so, in writing to the Employer, no later than one month after the Employer sends them notice of their eligibility for an early payout.

Retroactive Wage Rates

The following adjustments to all wage rates shall take place over the life of this extension:

- Increase of 1% to all rates on November 1, 2016;
- Increase of 1.5% to all rates on November 1, 2017;
- Increase of 0.5% to all rates on October 31, 2018;
- Increase of 1.5% to all rates on November 1, 2018;
- Increase of 0.5% to all rates on October 31, 2019;
- Increase of 1.5% to all rates on November 1, 2019;
- Increase of 0.5% to all rates on October 31, 2020.

Shift Premiums

Nurses shall continue to receive the hourly shift premium rate they received prior to the effective date of this Agreement, subject to the following increases:

- Increase of fifteen (15) cents (\$0.15) effective the date of this Agreement;
- Increase of fifteen (15) cents (\$0.15) effective August 1, 2019;
- Increase of twenty (20) cents (\$0.20) effective October 31, 2020.

Weekend Premiums

Nurses shall continue to receive the hourly week-end premium rate they received prior to the effective date of this Agreement, subject to the following increases:

- Increase of fifteen (15) cents (\$0.15) effective the date of this Agreement;
- Increase of fifteen (15) cents (\$0.15) effective August 1, 2019;
- Increase of twenty (20) cents (\$0.20) effective October 31, 2020.

Pregnancy/Parental/Adoption Leave

Changes will reflect the recently announced EI changes based on leaves up to 78 weeks leaves and 1 week waiting period revisions.

To view the list of current “Participating Employers” log on to the Members-Only portal of nsnu.ca.



Electing a New Vice President, Long-Term Care

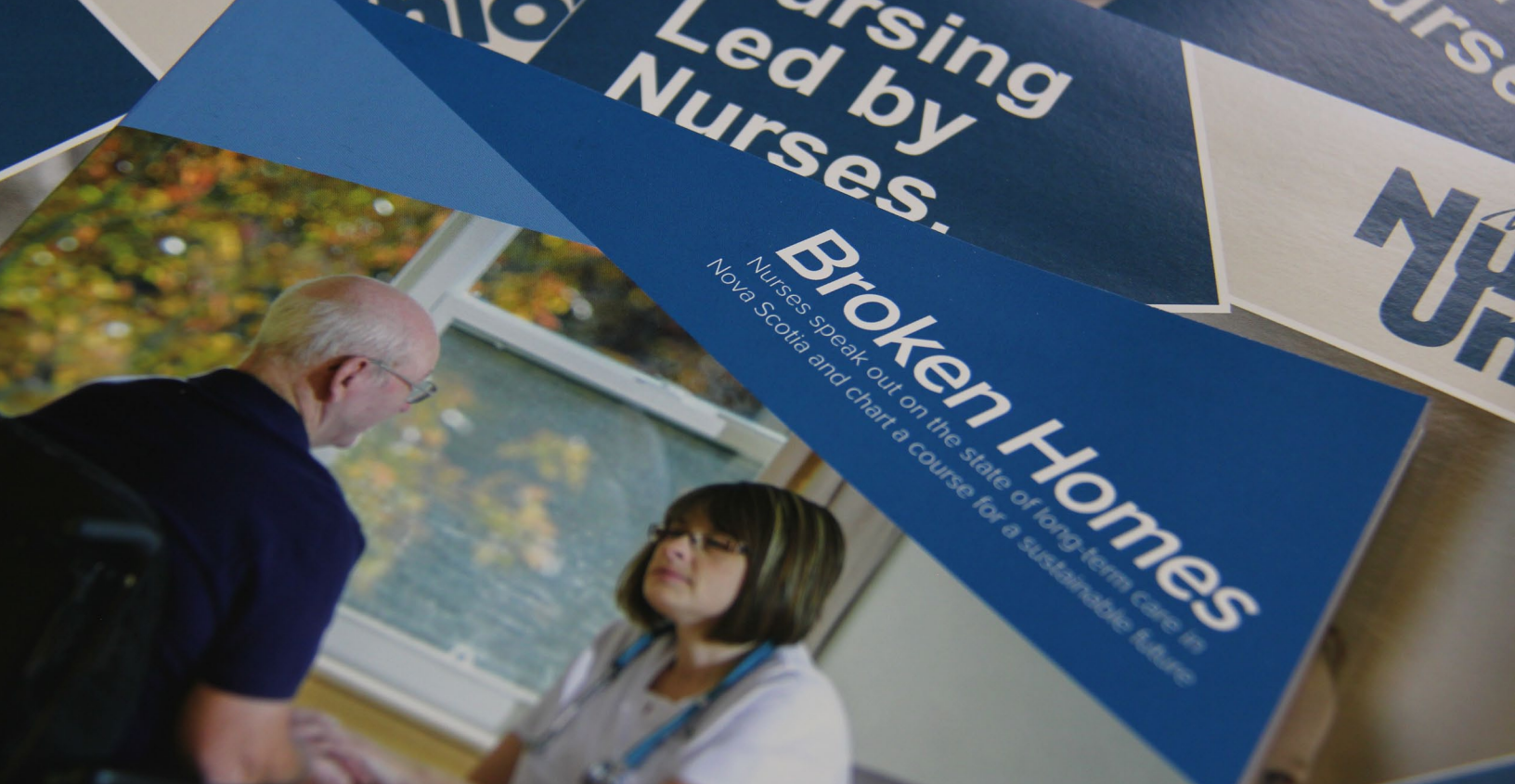
In April 2018, nurses attending the Long Term Care Component Meeting at 2018 AGM elected long-time NSNU activist Rhonda Church to the position of Vice President, Long Term Care. Since that time, Rhonda has accepted a new position outside of the NSNU bargaining unit which unfortunately means she is not eligible to serve on the Board of Directors.

In early October, members in long term care will elect a new VP. Members will vote online, choosing from alternates also selected in April of this year. The results will be shared via Campaigner e-memo and in the next issue of the *What's Nu?*

Thank you to Rhonda for her service to the NSNU over her career. We wish her well in her new role.



LTC members voted online from September 21 - 25



NSNU Welcomes Expert Panel on LTC, Encourages More Discussion with Frontline Workers and Others Bearing the Brunt of Shortages

On September 5th, the Minister of Health and Wellness, Randy Delorey, announced that the Department has appointed an expert advisory panel to look at ways to improve the quality of long-term care (LTC) in Nova Scotia.

In light of recent concerns, the province says it wants to ensure people living in long-term care homes are getting the best care possible. Minister Delorey expects the expert panel to guide government and challenge decision makers to look at what can be done differently to achieve improvements.

Janet Hazelton, president of the NSNU, is pleased to hear about the panel but encourages further consultation

with stakeholders, particularly frontline LTC staff, to best understand the gravity of the situation in this sector.

The Nova Scotia Nurses' Union has been vocal on this subject for many years, so much so that the Nova Scotia NDP echoed our concerns in an announcement made September 4.

In January 2016, NSNU released findings from research conducted in Nova Scotia in a report titled *Broken Homes: Nurses speak out on the state of long-term care in Nova Scotia and chart a course for a sustainable future.*

The report contains 15 recommendations, among them, the implementation of explicit, evidence-based staffing standards that will better guarantee the health and wellbeing of long-term care residents, penalties for non-compliance of minimal RN staffing requirements, and the revision of the *Homes for Special Care Act* which would rectify numerous issues in the sector.

That report kick-started some contentious debate and meaningful discussion in this area of health care.

Since the release of *Broken Homes*, government, nursing home operators and administrators, and the NSNU have been working towards improved conditions and practices in continuing care, making some progress in a very complex system.

In June of this year, the NSNU released draft legislation - *The Care with Dignity (2018) Act, An Act to Amend the*

Homes for Special Care Act, 1989 - addressing the need for more hours of care in nursing homes across the province. The new standards proposed by the Nurses' Union would ensure long-term care facilities provide higher levels of licensed staffing. The goal is to see an immediate improvement in quality of care, the health of residents and peace of mind for loved ones.

Incidents involving residents with pressure ulcers, also known as bedsores, as well as other issues in this health care sector, underscore the dire need for long-overdue amendments to *The Homes for Special Care Act*.

On September 4th, the Nova Scotia NDP held a news conference calling for increased staffing at Nova Scotia nursing homes amid complaints about bedsores and inadequate care for residents.

Replicating the NSNU's proposal in drafting their document, the NDP introduced a *Care and Dignity Act* that would put forward the same minimum care standards for nursing homes, specifically 4.1 hours of care per resident each day from a registered nurse, licensed practical nurse or a continuing care assistant.

Given that the number of long term care residents is set to increase dramatically in the coming 20-25 years, President Hazelton says it's imperative that all parties work together towards solutions to these problems.

The three-member panel appointed by government includes:

Janice Keefe, chair - director of Mount Saint Vincent University's Nova Scotia Centre on Aging

Dr. Greg Archibald - family doctor, wound care expert and head of Dalhousie University's Department of Family Medicine

Cheryl Smith - nurse practitioner, educator focusing on polypharmacy and dementia care

Their work will include:

- identifying evidence-based solutions to improve quality of care in long-term care facilities
- recommending appropriate staffing levels, staff complement and skill mix for long-term care facilities
- advising on the recruitment and retention of long-term care staff

The panel will review quality of care with a focus on proper wound care, patient and worker safety, and appropriate care and protection of vulnerable persons. The panel has been asked to report back with recommendations by November 30.

According to the Department of Health and Wellness news release, there are about 6,900 nursing home beds and 900 residential care facility beds in Nova Scotia that serve about 11,000 people each year.



A large group of community members came out to hear from Janet and her fellow panelists

Reimagining Long-Term Residential Care

On September 17, NSNU President Janet Hazelton joined CUPE-NS President Nan McFadgen and Gary MacLeod from the Advocates for the Care of the Elderly (ACE) team to speak about long-term care in Nova Scotia, responding to a recently released collection of essays published by the CCPA-NS.

The event included the presentation and discussion of the major findings in the book, *Negotiating Tensions in Long-Term Residential Care: Ideas Worth Sharing*, published by CCPA in May of this year. The book can be downloaded at www.policyalternatives.ca.

Three essay authors also presented, Dr. Pat Armstrong, Dr. Hugh Armstrong, and Dr. Martha MacDonald.

All speakers envisioned a future where long-term care is ready to meet the needs of our loved ones with quality, compassionate care.

Incentive, More Capacity to Educate Nurse Practitioners

In July of this year, a new incentive program and additional seats at Dalhousie University were announced during a news conference at St. Martha's Regional Hospital. The goal is to help ensure Nova Scotia has the nurse practitioners it needs.

The Nurse Practitioner Education Incentive will cover the salaries of up to 10 registered nurses while they attend Dalhousie University's two-year nurse practitioner program full-time. In return, recipients will commit to work in one of several designated communities for five years. An arrangement with Cape Breton University will also allow students to complete some program requirements locally, minimizing the need to travel to Halifax.

At that time, Minister of Health and Wellness, Randy Delorey said the



Janet Hazelton speaks during the news conference announcing the new incentive program

top priority is improving access to primary health care. He also said that supporting registered nurses to become nurse practitioners will fill a growing workforce need.

NSNU president, Janet Hazelton, a presenter at the news conference, added that nurse practitioners offer untapped potential in clinics, hospitals and long-term care facilities - particularly in underserved communities. She asserts that educating more NPs and allowing them to work to their full scope of practice, will go a long way in improving access to care; paying their salary while in school allows the nurse to study full-time and return to

the system sooner than if they were unpaid and studying part-time.

The eligible geographic areas are:

- Digby, plus 50 km radius of surrounding area
- Shelburne, plus 50 km radius of surrounding area
- Cumberland County
- Pictou County
- Cape Breton County
- Inverness County
- Victoria County
- Sheet Harbour, plus 50 km radius of surrounding area

Government is also funding an additional 25 seats in Dalhousie's nurse practitioner program. Fifteen seats will be added this year, and 10 will be added in 2019/20. The total four-year investment is \$1.6 million.

Provincial data shows that about 50 more nurse practitioners are needed to continue to expand collaborative family practice teams in communities across the province. Government will invest \$1.4 million in the Nurse Practitioner Education Incentive over two years.

Nurses were asked to complete an expression of interest application for acceptance into the program. The NSNU will be tracking the progress of this positive incentive program.



Pictured: Carmelle d'Entremont, NSHA Vice-President of People and Organizational Development, Dr. Ruth Martin Misener, Dalhousie, Chris Browner, BScN RN, Anthanasius Sylliboy, BScN RN, both enrolled in the NP program at Dalhousie this fall, Janet Hazelton, NSNU President, Randy Delorey, NS Minister of Health and Wellness

FULFILLING NURSE PRACTITIONERS' UNTAPPED POTENTIAL IN CANADA'S HEALTH CARE SYSTEM

Submitted by the
Canadian Federation
of Nurses Unions



Canada's health ministers and nurse union leaders gathered on Friday, June 29th in Winnipeg for the unveiling of a landmark report from the Canadian Federation of Nurses Unions (CFNU), entitled *Fulfilling Nurse Practitioners' Untapped Potential in Canada's Health Care System*. The report includes the results of the largest-ever national survey of Nurse Practitioners, shared with policy makers at the Fort Garry Hotel during the annual Federal, Provincial and Territorial Health Ministers Summit.

"NPs are the solution to Canada's long-standing shortage of primary care providers, access and wait times issues, especially within underserved populations, communities and settings," said Linda Silas, President of the CFNU. "The findings in this report chart a path forward for governments to tap into the potential of NPs and improve access, from primary and long-term care to mental health and acute care."

In an effort to understand why Canada has failed to take advantage of NPs' full potential, the CFNU commissioned this study exploring barriers to the retention and recruitment of NPs. Issues such as limited employment opportunities, inappropriate remuneration, outdated funding models, lack of interprofessional collaboration and legislative/regulatory barriers still negatively impact NPs.

"The evidence reveals that NPs improve access to holistic,

cost-effective, high-quality care that reduces wait times and costs throughout the broader health system," said Lisa Little, the study's lead researcher. "With a supply of only about 14 NPs per 100,000 Canadians – one fifth of the per capita supply in the U.S. – there is a great potential for NPs to meet Canada's growing health care needs."

With a 22% pan-Canadian response rate, the national survey is the largest NP survey of its kind in Canada, including NPs from twelve provinces and territories.

"About three million people in Canada already receive care from Nurse Practitioners, but more are needed to meet the needs of the one in six Canadians without a regular health care provider, as well as our aging population and rural and remote communities," said Silas. "Now is the time for governments across the country to plan for tomorrow's health human resource needs."

NPs are highly skilled autonomous practitioners with advanced education and broad scope of practice, allowing them to diagnose, treat, refer and prescribe medications. NP practice also provides a unique patient-centered approach that includes health promotion and patient education.

The full report can be viewed at nursesunions.ca/research/untapped-potential.



Members of the CFNU National Executive Board with premiers and speakers who attended the July 20th breakfast

Canada's Premiers Weigh in on National Pharmacare

When Canada's current provincial and territorial first ministers gathered this past July for their annual Council of the Federation (COF) summit, it was anybody's guess whether the group would find much commonality on any topic, especially the bold-social-program variety. But that is exactly what happened when the premiers assembled in picturesque St. Andrews by-the-Sea, New Brunswick.

While many expected the escalating trade dispute with our southern neighbours to dominate the air time, Canada's nurses were hard at work promoting national pharmacare at the summit.

Nurses organized a breakfast event for premiers featuring the Chair of the recently-created Advisory Council on the Implementation of National Pharmacare, Dr. Eric Hoskins. Premiers got to hear from Dr. Hoskins about the Council's national consultations, currently

underway, and their plan to build a concrete blueprint for taking pharmacare from vision to reality.

The event also featured Member of Parliament John Oliver, who discussed the parliamentary health committee's recent Pharmacare Now report, and former Parliamentary Budget Officer Kevin Page, who presented on fiscal approaches to a national plan.

As Linda Silas, President of the Canadian Federation of Nurses Unions (CFNU) highlighted, premiers

of all political stripes have powerful reasons to support a national pharmacare plan. Aside from the compelling moral imperatives of saving lives and decreasing morbidity, Silas pointed to the significant financial savings, between \$4 and \$11 billion annually, that national pharmacare would deliver.

Instead of the current 100,000+ public and private plans across the country, a single-payer, universal, public plan with a national formulary would allow Canadians to leverage our collective purchasing power to negotiate better prices for medications that are effective and safe, based on the evidence, while ensuring no one falls through the cracks.

However, there will be an initial startup cost and the logistics of pan-Canadian implementation are complex.

This is where the federal government comes in. Canada's nurses are calling for strong federal leadership through legislation, appropriate funding, and assurances that the massive system-wide savings are redistributed fairly



Linda Silas and Dr. Eric Hoskins address media following the CFNU Breakfast on July 20 (Photo Credit: Andrew Vaughan / The Canadian Press)

Pharmacare Continued

so that provinces, patients and our public health care benefit.

This was the message delivered to premiers at the CFNU policy event by nurse union leaders from across the country, including Pauline Worsfold (CFNU), Jane Sustrik (UNA), Tracy Zambory (SUN), Darlene Jackson (MNU), Vicki McKenna (ONA), Paula Doucet (NBNU), Janet Hazelton (NSNU), Mona O'Shea (PEINU) and Debbie Forward (RNUNL).

Pharmacare received top billing in the premiers' final communique, which called for adequate and sustained federal funding, maintaining provincial and territorial responsibility for the administration of the plan, and the right for provinces and territories to opt-out of the plan with compensation.

The willingness of this group of premiers to move forward with the development of a national pharmacare plan, with some qualifications, is a victory for nurses' decades-long advocacy on this issue.

As Dr. Hoskins noted during the proceedings, Canada's medicare system was also voluntary in the beginning. And that's not bad company to keep.

Following COF The Advisory Council on the Implementation of National Pharmacare asked Canadians to weigh in on the Pharmacare discussion by completing an online questionnaire. That survey closed on September 28. We thank all members of the NSNU took the time to offer their valuable insights by completing the questionnaire, moving us toward the goal of a pharmacare program that is: 1) Public 2) Universal 3) Single-Payer with 4) A National Formulary.

Pharmacare Consultants Symposium

NSNU president, Janet Hazelton participated in an invitation-only symposium with other pharmacare consultants the morning of September 19th. Led by Dr. Eric Hoskins, the Chair of Advisory Council on the Implementation of National Pharmacare, the session brought together local pharmacare and other stakeholders invested in this national debate.

The cross-country series dealt with some outstanding issues on how to design and implement a national plan, looking to the experts in the room for advice and recommendations.

An independent facilitator, Marc Beaudoin, guided the roundtables in spirited discussions on what drugs should be covered and how best to meet the needs of Canadians.

Nurses adamantly support the

delivery of a national pharmacare program that provides universal coverage through public insurance. It is the belief of Nurses Unions across the country that everyone should be covered by the same plan on equal terms without financial barriers. Access should be based on need, not location, ability to pay, age, employment or other factors.

A national pharmacare plan is the unfinished business of our public, universal Medicare. Canada remains the only developed country in the world with a universal health care program that doesn't also have a universal prescription drug plan.

President Hazelton asserts that, in a country that already provides CPP, Medicare and other federally-funded plans, how hard can this be when the will to succeed is strong?

Common Sense Spending

Our current system costs governments, individuals and businesses dearly:

- The proportion of out of pocket expenditures for prescription drugs has risen to 22% over the past few years, representing a significant and growing financial burden for families.
- Universal public drug coverage would reduce overall total spending on drugs in Canada by an estimated \$7.3 billion per year with costs to government increasing by about \$1 billion.

Only a federal, single-payer system can effectively leverage bulk buying power to negotiate lower prices for covered medications, compared to what is currently being paid in Canada.

Journey of a Lifetime



Wendy Bell has been a nurse for a long time. In 2016 she retired after 41 years of service, but returned soon after to work casual shifts. In her early years she dabbled in different areas of practice, but quickly found her calling working in Labour and Delivery and High Risk Antenatal at the IWK.

After such a long and distinguished career, Wendy still had one nursing goal she was determined to accomplish. That opportunity presented itself last year when her brother and niece, both pharmacists, announced they were going on a volunteering trip to Tanzania with CACHA, the Canada-Africa Community Health Alliance.

“This volunteering trip has been on my bucket list for many years. I very quickly said I wanted to go too. When would I ever get this opportunity knocking on my door again? When would I get to do this with my brother again? The stars were all aligned!”

Planning a volunteering trip abroad can be a major undertaking, and often an expensive one. Wendy

submitted her plans to the Canadian Federation of Nurses Unions in hopes of getting funding from the International Solidarity Fund, which is set aside specifically for nurses participating in worker exchanges and humanitarian assistance abroad.

The CFNU was all too happy to help support Wendy’s efforts in this incredible journey. Joined by her brother Errol and his daughter Jody, she embarked for Africa on February 7, 2018.

In Tanzania they worked in the remote village of Terrat, which is four hours away from the nearest city. There, they joined a team of local doctors and other volunteers to provide medical care to people from the local Maasai tribe. The Maasai do not get regular medical care, and speak only Maa, so interpreters were used for all communication between patients and volunteers.

Once they were established with the CACHA team on the ground, Wendy was immediately put to work dealing with all variety of ailments, ranging from minor infections, burns and breaks, to cancer and

STIs. She provided a great deal of gynecological care to Maasai women, in particular. She even delivered a baby!

“It was hard to see and diagnose things that we could not do anything about, like breast cancer,” she said. However, she was comforted by witnessing the support from members of the community. She said patients were usually very accepting of their diagnoses, even if they could not be treated.

Working in an impoverished community posed some challenges, in particular when it came to sharing food and water. The practice is not advised because it often leads to other members of the community coming to the hospital seeking food. It was difficult, sometimes impossible, to deny nourishment to someone who was dehydrated or starving.

Wendy encountered this particular situation while working with a woman who was a member of a polygamist family – typical of the Maasai tribe’s cultural tradition.



Wendy's photos show the incredible experience of working with people in the Maasai tribe

"One lady walked eight hours by herself to see me because she had abdominal pain. I diagnosed her with a bacterial infection. We had to treat her husband and all other wives so we had to record their names and send antibiotics home with her for each partner."

The woman refused to offer any information about her family unless she was given food and water, as she hadn't eaten in more than 24 hours. Wendy offered her some water and a protein bar in exchange for the information.

"She left with a smile on her face!"

Although the cultural differences were evident, Wendy was impressed by the Maasai people, and was privileged to spend some time with members of the community learning about their daily lives, traditions and family units.

"The Maasai love to tell you about themselves and it was such a pleasure to learn about their culture. It was so refreshing to see people who had nothing and wanted for nothing! They are very happy people.

They live in mud huts and work all day outside. They have multiple children. They eat Maize and beans all day. Their sense of family is so important. The children play soccer with a rock, and plastic oil cans are their play cars," Wendy told us.

"I was lucky to get 100 soccer jerseys donated by Halifax County United Soccer. I got to put a jersey on each child in an elementary school. The community was so appreciative that they treated us to an authentic Maasai ceremony. It was very heart warming."

Wendy volunteered with CACHA for two weeks. Now that the trip is over,



she finds herself eager to go back. She's considering joining her niece, Jody, for another volunteering trip next year.

"I would strongly recommend CACHA to anyone wanting to volunteer abroad. They are very well organized and stress giving the best care to the people, and it was important to our mission lead that the volunteers had fun," she explained. "This was a life changing experience for me."

When asked if she had any advice for her fellow nurses, she said, "I think that my words of wisdom would be, 'If this is on your bucket list, do it! You will take away so much more than you leave there.'"

That sounds like good advice.

Wendy is very appreciative of the funding provided by the CFNU International Solidarity Fund to help make her trip possible. Member organizations of the CFNU, including the NSNU, all contribute to the Fund to help nurses participate in trips like these. For more information or to apply for funding, visit nursesunions.ca/international.

Nursing in Primary Health Care Research in Nova Scotia

The NSNU is busy investigating the state of primary healthcare in the province with a focus on the current and future role of nurses. To this end, we have undertaken a review of literature, key informant interviews, and focus groups with Nurse Practitioners, Family Practice Nurses, nurses working in emergency departments and nurses working for the VON.

You will likely hear from us again this fall as we begin recruiting survey participants from these groups of nurses. Our aim is to help provide a vision for the future of primary healthcare in the province, emphasizing the invaluable role of our members.

Your participation is much appreciated and vital to the success of the work undertaken by the NSNU, as well as, any future action taken by policy makers to improve care in our province.



Practice Premium Certificates for NSNU-Related Education



If you have completed education with the NSNU since November 2017, you should be able to retrieve certificates for your practice premium from the MyNSNU App. This includes education at the Annual General Meeting, Eastern Labour School, and the NSNU webinars.

Instructions on completing education on the MyNSNU App, and retrieving certificates there, can be found on our website at nsnu.ca/MyNSNUAppEd. There you will find instructions for downloading the app on your device or using the web-based version on your computer.

If you have trouble retrieving a certificate, or believe there is a certificate missing or an error, please contact justin.hiltz@nsnu.ca.

Please remember that employers provide the ultimate approval for points, and sometimes there are differences between employers and sectors. We encourage all members to speak with their managers regarding premium point values in advance of the October 31 deadline.

NSNU Names New Executive Director



Jean Candy

In June, Jean Candy, NSNU Executive Director, announced to the Board of Directors and staff that she would be retiring the end of this year.

Jean has held many roles within the Nova Scotia Nurses' Union including Provincial President, Labour Relations Representative and Executive Director. Her leadership and knowledge throughout her time with the NSNU have been unwavering pillars of the organization.

Before serving the Nurses' Union on the Board, and as a staffer for twenty-two years, Jean was an RN.

She will be missed for her wit, her commitment to the nursing and labour movement, and for her steady guidance over the years.

We wish Jean many happy years of retirement and time spent with

friends, family and her beloved pets.

Jean's replacement is a familiar and friendly face at the NSNU. Chris Albrecht has been named the new Executive Director. Chris, also a registered nurse, will vacate her current job as a Labour Relations Representative to assume her new duties in addition to retaining her Chief Negotiator responsibilities.

Chris graduated from St. Martha's in 1988, working in the long-term care health care sector until becoming a labour rep in 2006. As the successful applicant, she brings her valuable experience and expertise to the position.

Congratulations to Jean on her retirement and to Chris in her new career direction.



Chris Albrecht

Regional Education Sessions Cancelled for Fall 2018

In June, the NSNU publicized the return of our popular regional education sessions in late September, early October of this year.

In the fall of 2017, these day-long sessions were a hit in all four regions of the province with capacity attendance and enthusiastic feedback. Encouraged by this response, the NSNU made plans to make this an annual event.

Unfortunately, we had to cancel the sessions this year due to a very demanding fall schedule.

Our acute care bargaining team is at the table and is expected to be dedicated to that work until late November.

These inaugural Council of Nursing talks demand our utmost attention and commitment at this time. This leaves little opportunity for those involved in bargaining to make contributions to the courses we had intended to offer this year.

We encourage members to seek out other educational and learning options this fall in order to obtain the full nursing practice premium points available. The deadline to redeem your points is October 31st. We recommend that members confirm point values with your manager before making your submission.

Please watch your email and our social media platforms for news and information on the rescheduling of the regional education sessions. In the meantime, please go to the MyNSNU App to participate in a poll that will better inform us on when to reschedule.



Halifax



Yarmouth



Sydney



Truro

SUMMER OF PRIDE

It's truly heartening to see a social movement take hold, and this summer was a beautiful example of that as Pride parades popped up across the province. Celebrating diversity and showed support for the LGBT2Q+ community, thousands of Nova Scotians took to the streets as participants and parade-goers between June and September.

This summer there were five different Pride Parades, beginning in Amherst, then Truro, Halifax, Sydney and Yarmouth. The NSNU was pleased to see members attending each

event carrying our flag and showing support for the LGBT2Q+ community.

In Halifax – as we've come to expect – the sun wasn't shining on Parade Day, but rain has never been able to put a damper on this parade. The energy was infectious, bringing out the best in all of the participants and onlookers. The NSNU was proud to join our friends and colleagues in the labour movement, including the Nova Scotia Federation of Labour, as we marched through the streets of Halifax. Provincial labour groups have long supported Pride, and work

hard each day to create more open, accepting and inclusive workplaces.

Participation in Pride is a highlight of each year, but it does require work and leadership from our members and activists. We would like to thank staff and members who helped coordinate our teams and bring NSNU signage to each walk, making it possible for our teams to represent the NSNU in each parade.

Thank you to all who marched under the NSNU flag for this year's events. We hope to see all of you again at Pride 2019.

LABOUR DAY

WHAT DOES IT MEAN TO YOU?

It can be maternity leave, sick leave, vacations and benefits. It can be safe workplaces, and recourse when employers don't meet that standard. It can be a shorter work day, and a healthier work-life balance.

Labour Day can be many things to many people. For the Nova Scotia Nurses' Union and our allies in the Labour Movement, it's a celebration of how far we've come, and a reminder of the work that is yet to be done.

On September 3rd Nova Scotians joined the ranks of thousands of Canadians celebrating workers. NSNU president, Janet Hazelton was pleased to once again join our friends in Unifor at their event in Port Hawkesbury, while vice president, Chris Van Zoost brought her grandchildren along to enjoy the festivities in Kentville.

Celebrating labour truly is a family event, as the labour movement was based around protecting family women and men. At its most basic level, progress in labour means more people get home safe at the end of the day, and workers have the necessities they need to ensure their health and wellness so their families can thrive.

This year the Canadian Labour Congress and Canadian Federation of Nurses Unions continued the conversation around something that Canadian families desperately need – national pharmacare. As nurses know, lack of access to pharmacare is a significant problem in Canada. Proper health care can't and shouldn't be limited to those who can pay. This is why the CLC and CFNU have taken on this fight, and have now spent two consecutive Labour Day events calling for its implementation.

CFNU president, Linda Silas celebrated Labour Day in Toronto alongside the Ontario Nurses Association.

Thank you to all who chose to spend part of their long weekend with friends and allies to celebrate Labour Day together. We know this is not a one-size-fits-all holiday; it means different things to different people. What does it mean to you?



NSNU president, Janet Hazelton brings greetings from the NSNU during the Unifor Labour Day event in Port Hawkesbury



NSNU vice president, Chris Van Zoost spends Labour Day with her grandchildren at the Kentville event



CFNU president, Linda Silas with Ontario Nurses' Association's president, Vicki McKenna and vice-president, Region 3, Andy Summers at the Toronto Labour Day Parade



NURSE APPRECIATION NIGHT



Game on, again!

On Saturday, November 24th, the Halifax Mooseheads will again welcome NSNU members to Nurse Appreciation Night as they take on Baie-Comeau Drakkar in QMJHL play. It's exciting hockey with a twist as the fans and the franchise show their gratitude to nurses, our second annual event with the Moose!

Special rates will apply for nurses and up to five family members or close friends. An exclusive Promo Code will be emailed to you when ticket sales are slated to open, after October 3rd. If you do not receive yours, please contact the union office at 1-800/902-469-1474 and we'll send it by email. Tickets are \$12 per Adult/Senior (17 years and up) and \$8 Student/Youth (16 and under). As per any ticket purchase, Ticket Atlantic service charges are extra.

For groups of 10 or more please contact Cody Cudmore at groups@halifaxmooseheads.ca.

From the puck drop to intermission hijinks, the NSNU nursing theme will be front and centre.

The game starts at 7pm. Be sure to get your tickets for a fun night before they're sold out.

Show your NSNU and Moosehead Pride – November 24th!



#GOMOOSEGO

Janet Hazelton Shares Insights and Anecdotes with Dalhousie Nursing Class

NSNU president, Janet Hazelton headed downtown Halifax on September 25th to speak with a group of Dalhousie Nursing Students taking the course "Nursing and Social Responsibility: Transition into Practice".

Janet appreciates being able to chat with future nurses and members of the NSNU. Invitations like these allow her to share her valuable insights as a nurse and labour leader. She spoke about the importance of union involvement, understanding your collective agreement and staying up to date with the union. She also discussed issues around nurse health and wellness, workplace safety, compassion fatigue and professional practice.

Thank you to Dalhousie for extending the invitation for Janet to come to campus. She looks forward to future opportunities to chat with future nurses in the many university and college programs across Nova Scotia.



Janet Hazelton with students in the Dalhousie nursing program



Canadian Nurses Protective Society | Webinar Series

Over the next several months the Canadian Nurses Protective Society is hosting numerous webinars that members of the NSNU can register to participate in.

Webinars are being offered on a wide array of topics, including risk management, documentation, medical cannabis, medical assistance in dying, social media and more. There are also several webinars designed for nurse practitioners that will deal with issues specific to that classification.

CNPS webinars are free to members of the Society, and for a fee of \$29 + tax to non-members. At present, RNs and NPs are able to become members of the society, with LPN membership beginning in January 2019.

A full list of webinars and registration details can be found at cnps.ca/webinars.

Paddles Up!

On July 21st, the Annual Race on the River Dragon Boat races took place in New Glasgow. The mighty Aberdeen NSNU Local (along with the CUPE Local) sponsored the Medical Misfits in the races. Pictured below are the NSNU local members on the team.

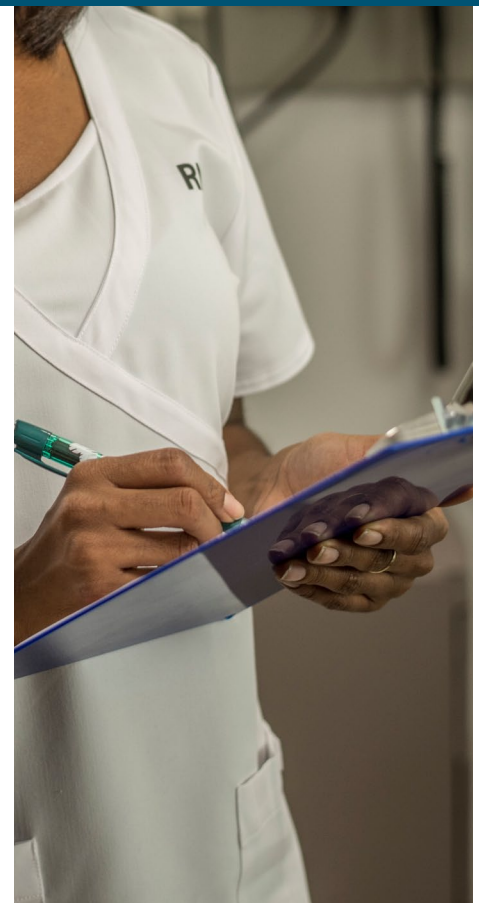
Over 35 teams took to the water, paddles in hand, for the Dragon Boat Festival.

This year marks the 17th anniversary of the event with more than \$1.9 million raised in support of three beneficiaries: Women Alike Breast Cancer Survivor's Society; Special Olympics Northern Region; and Pictou County Prostate Cancer Support Association.

The team, which included nurses, doctors, EHS paramedics, x-ray technicians and medical lab assistants placed an impressive second in the Health Category, with less than a quarter of a second behind the winning team!

The event raised \$98,000 this year in support of the worthy local organizations.

Congratulations to the organizers and participants on another successful festival.



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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STAY Connected

Are you working for a new employer or a different facility? Have you changed your address, phone number or email? If so, you may be missing out on important Union communications.

To update your personal information please contact the NSNU office at:

1-800 / 902-469-1474
nsnu.office@nsnu.ca



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