Registered Nurses Make the Difference
Registered Nurses Make the Difference

All too often, we have a tendency to believe there are things so obvious that everybody must know about them. Things that are so clearly right that no one doubts their value.

Nursing is one of those things. For those of us who are involved in it, it’s all too easy to assume that everyone else – including our patients and their families, friends and neighbors – recognizes the value of a registered nurse. Most people recognize and value the treatment and care that registered nurses provide, but aren’t really aware of the vital role that RNs, RPNs and RN(NP)s play. Polling indicates that the public wants to know who is caring for them and their families, however most people can’t identify who is the registered nurse.

Even at those moments when overwork, over capacity, disappointments, and losses could push a nurse to question being in this profession, there are moments of great satisfaction where you know you made a difference.

“Registered nurses provide expert care to patients and their families,” says SUN President Rosalee Longmoore. “It’s a proven fact the role of the registered nurse improves patient outcomes, reduces mortality, and improves the treatment experience. By partnering with patients and families, registered nurses enhance not only health care, but quality of life as well.”

Getting these facts across to as many people as possible is more important today than ever before. That’s why SUN launched a campaign on January 30, 2012 with television commercials and on-line advertisements. It’s a long-term campaign designed to spread the word as widely as we can about the ways in which registered nurses make a difference to patients and their families, and the system itself, and how important that difference really is. In the coming weeks you will see some of our fellow SUN members and hear their positive statements and testimonials. Television advertisements will appear during popular shows like Grey’s Anatomy, American Idol, Big Bang Theory, and during the Super Bowl. The ads feature SUN members and convey the hope and enthusiasm of new graduates. Our Making the Difference message will also be on billboards across the province and in print starting this March.

The campaign includes a reference website www.makingthedifference.ca. SUN members will be able to find quick links to topical discussions and evidence based research about the registered nurse profession, the value and role. We’ll share significant statistics and research supporting our claim that registered nurses are making a difference.

We’ve got a big job ahead of us. We welcome your input and feedback. Send us stories about how you make a difference in your workplace and your communities. Every SUN member can help pass along and reinforce our Making the Difference message, by sharing stories and reinforcing the campaign’s key points whenever you’re talking to people at work, at play or at home. Take the time to introduce yourself and let patients know you are a registered nurse.

Stephanie Thompson RPN, a recent grad who works at the RGH in psychiatry says, “I tell people I chose psychiatric nursing because I felt that this is an important area where Registered Psychiatric Nurses play a pivotal role. By combining my university training with nursing, I knew I could make a difference, whether big or small, in the lives of individuals and their families whose lives are touched by mental illness and/or addiction. When clients/patients hold my hand and say ‘thank you’, I know I’ve begun to instill a sense of hope and an opportunity for recovery in an area that needs to be brought to the forefront.”

Your answer to that question, like Stephanie’s, can be a significant part of this whole campaign. You can help to put a human face on the challenge of providing high quality, timely and sustainable health care for all. When SUN members, patients and their families share their personal stories and experiences, the vital role that registered nurses play becomes more evident.

Registered nurses look beyond the immediate symptoms and treat the patient as a whole person. They consider such important, yet often overlooked, matters as whether support systems are in place at home and in the community. They evaluate environmental factors influencing vital possibilities such as potential relapse. They provide the spirit and strength necessary to refocus our health system where the focus ought to be – on the patient and the family. A high percentage of registered nurses on a unit is a significant predictor of quality of
care (learn more about the role of the registered nurse and find evidence-based research articles at makingthedifference.ca).

“I am thankful that I can use the knowledge, compassion, and skills I’ve learned through 16 years of being a nurse, to treat and help care for patients, and to aid them and their families to understand the care provided.” That’s what being an RN means to Tina King, who works with Alzheimer’s and brain injury patients at Pioneer Village in Regina. “I enjoy taking the time to listen to their needs and answer questions, or to find answers for them as a patient advocate.”

We must let people know how important it is for registered nurses to have the time and the support necessary to be educators, to be the listeners and to be able to build the relationships that lead to high quality, timely, and accessible health care for everyone in Saskatchewan. Our ability to respond to patients’ needs, as registered nurses need to and want to, is becoming more and more challenging because of concerns like inadequate registered nurse staffing, a decrease in experienced nurses, and heavier, more complex workloads. The ability to work in an environment that supports and enables registered nurses to provide quality care is a goal shared by all SUN members.

Currently, our province could lose 2,000 registered nurses due to retirements. Saskatchewan needs to continue to invest in registered nurses for optimum quality and value, but the competition for our recruitment investment will be steep. (This year, it’s expected that Alberta alone will need to hire more than 1,300 new nurses. How do you think that’s going to affect Saskatchewan’s recruitment efforts?)

It’s essential for us to sustain the achievements and value-added work that has been gained through the SUN/Government Partnership. If this work does not continue, we risk another nursing shortage, which will, in turn, result in reduced quality, safety, and access to care for citizens of Saskatchewan. Continued focus on retention and recruitment will provide good economic value and lower turnover, improve job satisfaction, and reduce overtime and sick time costs.

“We need to continue to work together to ensure we have nurses who choose to remain working while growing the climate to attract new registered nurses to this profession,” Longmoore stated. “SUN is confident that by continuing to work together, we can achieve a common goal of providing the best and safest health care for Saskatchewan residents, and to do this we know that it is our members that are making the difference.”

In the words of Marcia Levesque, an RN for 14 years who works at Regina’s Parkside Extendicare, “In a micro-managed society, the system can only cope with immediate client issues, with no long term assurance and endurance. As an RN, I believe and understand that the quest is not about speed, but about having the staying power to go into places where we are needed to make a difference, thinking outside old boundaries, and adapting to challenges that are changing and coming at us faster and faster.”

Registered nurses are not replaceable. Registered nurses provide the expert care to patients and their families. Registered nurses are dedicated to making a difference.
Regional Workshops – What We Learned and What Members Told Us

During the Fall 2011 Regional Workshops, SUN set out to remind members of the difference registered nurses make in the delivery and quality of care, education and support patients and their families receive. The purpose of the workshops was to discuss the fundamental differences between the role of a registered nurse and the role of an LPN; and to bring attention to the impact on the profession, the work of the bargaining unit, and on the safety of patients when registered nurses are replaced by less prepared health care providers.

SUN staff members, along with your Board of Directors, travelled to locations across the province reaching members in Saskatoon, Regina, Yorkton, Lloydminster, Tisdale, Rosetown, Weyburn, and Swift Current.

Many participants were shocked to learn that the membership survey conducted by SUN in January 2011 indicated more than half (51.9%) of the members surveyed said their Employers have replaced registered nurses with other health care providers for vacation or sick leave. The survey also showed that 22.1% of members surveyed said their Employer has replaced registered nurses on a permanent basis, 93% of the time, with LPNs.

Workshop participants were asked what they thought registered nurses needed to do to protect their bargaining unit work, their profession, and to ensure patient safety. Some of the suggestions embraced by the participants included, but are not limited to:

- Teach others our worth / promote ourselves / take a stand.
- Maintain the registered nursing positions that we have.
- Know our professional roles/responsibilities and perform them confidently.
- Work to our full scope of practice.
- Know the difference in the scope of practice between registered nurses and LPNs.

The progression of the discussion led to participants brainstorming ideas on how individuals could support these recommendations; a sample of the ideas generated include:

- Identify yourself as a registered nurse. Wear a pin, name tag, and always introduce yourself as a registered nurse.
- Registered nurses need to step up and reclaim our role.
- Watch what we delegate, ensure that we do patient assessments, stop doing non-nursing tasks.
- Use practice documents to support our role. Familiarize ourselves with articles in our collective agreement that protect our work, our practice and our patient’s safety.
  - Such articles in the Collective agreement include Articles 56 – Nursing Advisory or Article 58 – Nursing Practice.
  - For more information on how to use these articles, talk to your local Nursing Advisory Committee, Local President or visit our web site at http://www.sun-nurses.sk.ca/members/nac.php
- Promote the important role we bring to the health care team by using evidence based research.
- Educate public, patients and their families and other members of the health care team about the depth and breadth of our training, skills and abilities.
- Above all believe in ourselves. We bring value to our workplace.

In the December 2011 issue of SUNSpots we discussed ways to “Protect your bargaining unit, Protect your profession” and looked at the research-based evidence that supports the critical role registered nurses play on the health care team.

The evidence reminds us that registered nurses have the knowledge, education and skills to understand the implications of what is observed and act appropriately; they are the essential providers of expert care in our healthcare system.

SUN members know that registered nurses play a vital role in co-ordinating and enhancing patient- and family-centred care through the necessary critical thinking and complex problem solving skills required for higher acuity patients.

Registered nurses play a significant role in the quality of care patients and their families receive; SUN members understand and believe in the value they bring to the patients and the healthcare system. Unfortunately, Employers believe registered nurses can easily be replaced with other health care providers; they believe other health care providers can provide the same level of care at a lower cost. The research actually paints a different story. Research and evidence has consistently shown that savings are not achieved when Employers implement replacement of registered nurses with other health care providers – in fact the opposite is often the case. Registered nurses require less supervision, in turn reducing costs through shorter
Members Told Us

lengths of stay and reduced morbidity rates; sufficient levels of registered nurses reduce rates of readmission and improve infection control.

It is important to note that every member of the health care team plays a valuable role – from the dietician to the physical therapist; the LPN or Special Care Aide (SCA) to the registered nurse to the physician. Not one health care provider is interchangeable with another; each has a unique set of skills, level of education and authority. It is the right skill-mix of providers that will offer the highest quality of care for the patient and their family. What the research tells us and what SUN members are saying is one and the same – registered nurses are making the difference. There is a great deal of evidence-based research available to support what members are saying, research that needs to be communicated to key decision and policy makers, administrators, and the general public. SUN’s Making the Difference campaign and web site, which was launched on January 30, 2012, does just that. (Learn more about the role of the registered nurse and find evidence based research articles at makingthedifference.ca.)

Your feedback and the evaluations from the Fall 2011 workshop asked for more education and discussion on this very topic. In response, SUN is currently making improvements to the material and preparing to deliver it again to members in Spring 2012. If you were unable to attend the workshop in the fall, we encourage all members to plan to be at the Spring 2012 workshop. Watch for further updates and registration information in future SUNBurst e-mails, mail outs and on the web site at www.sun-nurses.sk.ca.

STOP allowing LPNs and other health care providers to fill vacant registered nurse shifts and positions. Whether you do it yourself or watch a fellow registered nurse do it, both are equally damaging to your profession and the valuable work of registered nurses.

TALK to the Employer through Joint Union Management discussions to reach an agreement to have agency nurses work and pay appropriate dues to SUN. This is preferable to having other health care providers replace you.

SPEAK UP! The more we stay silent, the more we support the Employer’s assertion that registered nurses are not needed. Registered nurse positions will be further abolished and replaced with other health care providers, if we continue to accept this practice.

REPORT IT! SUN members need to be diligent in reporting when replacements happen. Members need to let their Local President and/or Employment Relations Officer (ERO) know when the replacement of a registered nurse occurs. Knowledge is power and with your information we can continue to protect your bargaining unit and your profession.

The next time you want to trade a shift or give one away to an LPN or another health care provider, STOP and think about the impact on your profession, your bargaining unit, and your job.
What’s New in Releasing Time to Care™?

When we first heard about “Releasing Time to Care: The Productive Ward™ (RTC™)” and its core objectives of improving patient safety, the patient experience, staff well-being, and the efficiency of care, we were interested to see how this work could enhance health care in Saskatchewan.

In the October 2010 SUNspots article on the project, Lynne Farthing, an RN from Shellbrook Hospital, told us that Releasing Time to Care™ involves “simple ideas that come from the workers on the floor – it’s not directed by managers. When it’s bottom up action, it seems to get more people motivated to help and try to change things.”

We have decided to check back in and bring you an update on the difference this initiative is making.

RTC™ – An Overview

In September of 2008, the journey began when SUN and the Health Quality Council (HQC), along with a delegation from New Zealand, took a trip to England. There, the delegation gained firsthand experience with a new program aimed at “releasing” more time for nurses to spend providing patient care.

RTC™ is a program developed by the National Health Services Institute for Innovation and Improvement, a special health authority of the National Health Services (NHS) in England. The goal of this work is to empower nurses, and other members of care teams, to look at how their ward is organized and to make changes to allow for more direct care time to be spent with patients. Given the program’s success overseas, stakeholders in Saskatchewan’s healthcare system decided to see if positive outcomes could be replicated here as well.

As part of a $5-million Accelerating Excellence initiative led by HQC, RTC™ was first implemented in two pilot sites, Regina Qu’Appelle Health Region and Five Hills Health Region. In those sites, lessons were learned about how to adapt the NHS modules for our province. And as the program gained support and interest from around the province, the number of RTC™ sites quickly multiplied.

In 2009, the program also received the largest Partnerships for Health System Improvement (PHSI) grant in the country. In part, this can be credited to the support of the SUN/Government of Saskatchewan Partnership, Saskatchewan Health Research Foundation, and HQC. From the outset, SUN has been instrumental in supporting the key principles that have shaped the program, assisting with the development of research questions, and supporting funding for the “Measurement Coordinator” positions from the SUN/Government Partnership.

Measurement Coordinators

So what is new with RTC™? One of the exciting new developments is that the Measurement Coordinator roles have now been implemented as a key component of the project and their work is well underway. According to HQC’s Kyla Avis, Program Director for RTC™, “the Measurement Coordinators are the key to connecting with the frontline staff; they are the advocates/spokespersons for RTC™”. Moreover, “they play a pivotal role in empathizing, supporting, guiding and teaching the staff involved about RTC™ and the small changes they can make to see larger results”.

This role came about when the SUN/Government Partnership agreed to fund six Measurement Coordinator positions throughout the province in order to support data collection, analysis and reporting. The Measurement Coordinators work in collaboration with HQC, the provincial RTC™ Research Team, and the Quality Insight Group to help build capability for improvements on the wards through staff education about RTC™. This involves, not only engaging in the data collection process itself, but also supporting and teaching staff about the data collection aspect of the program.

As Measurement Coordinators, Donna Cook, Taryn Lorencz, Barbara Wieler, Karen Weins, and Monica Yonan get to see the results of RTC™ first hand. Part of their work includes educating frontline nurses and management on how to use quality measurement in order to make improvements in their practice environment. This also involves engaging nurses and other healthcare practitioners, and supporting them in determining how to make the data they are collecting beneficial for both their practice and patient care.

“I feel RTC™ is a great opportunity to help nurses make improvements on their units,” stated Karen Weins, from the Cypress Health Region. “As an RN you know what you would like to have changed in your area of work and have lots of ideas on what could make your job easier and better for the
Is RTC™ Making a Difference?

Weins noted that “the Women and Children Unit (Cypress Regional Hospital, Swift Current) has seen an increase in direct care time to 52%; the staff is so impressed with the improvements in the organization of the unit as ‘it saves time looking for things’. The Unit has also implemented bedside report which is so important to the patients and their family, patients have commented ‘I love being involved in the care and I felt like I knew more about what was going on’.”

According to Monica Yonan, Prairie North Health Region’s Measurement Coordinator, [RTC™] allows RNs/RPNs to analyze the priorities on their unit based on their unit’s “vision”. RNs/RPNs understand the patient’s needs and satisfaction as a priority better than others who may not work directly with the patients. Yonan stresses that RTC™ can give nurses the time to put their patients and their families first. “For example, a discharge plan checklist, which provides better documentation of teaching that was done, ensures nothing gets missed and the patient goes home with knowledge.”

However, perhaps much of the programs’ potential remains to be discovered ...

Challenges and Opportunities

Change is rarely a smooth process. And in order to achieve real, sustainable improvements, successes must be celebrated and potential barriers acknowledged. SUN members continue to provide an honest account of both the inspiring and challenging aspects of the RTC™ process.

Noting some of the challenges of RTC™, Val Lovick, an RPN at Moose Jaw Union Hospital, explains that she has seen the program lose momentum when people go on holidays. As well, not every staff member can make meetings because of working different shifts, and so they are not always fully up to speed on the initiative. Moreover, when someone new comes onto the unit or returns from leave, full orientation is not always provided. And on particularly busy wards, teams must think outside the box to ensure that communication processes are consistent and effective. E-mail, for example, may not be a useful tool as many practitioners will not have time to check their messages between shifts. Shelley Smith, an RPN at the same location, agrees. “Communication will be a continuing challenge – we have processes in place, but someone may not get the message.”

When it comes to making changes on the ward, Lovick explains that it is important to be open-minded. “I’m an older staff member and not usually comfortable with change. However, after I saw how things could be improved, I’ve become more willing to give it a try. You’ll be pleased to find there can be a better way to do your work.” There’s also the challenge that improvement does not happen overnight. As medical professionals, registered nurses are used to reacting quickly to a situation. And with RTC™, sometimes it might take three weeks to enact change once a decision is made, so patience is something that is required in the process.

But workload remains the number one concern for SUN members and in an atmosphere with numerous demands and the likelihood of multiple projects underway, it is not surprising that registered nurses are feeling strained by additional time commitments. To counteract the high risk of burnout, increased supports are needed. And as we are seeing with RTC™, it is often the environments with higher levels of support and added resources that produce the greatest levels of success.

Recognizing the time constraints already imposed upon the frontline nursing staff, Taryn Lorenz, from the Regina Qu’Appelle Health Region, noted that “change is difficult and this [RTC™] is no different. You are asking people that have become comfortable in the world that they work in to take a hard look at it and make changes to better the experience for all – nurses, patients and their families.”

“It is a lot of hard work and can be difficult to sustain,” continued Lorenz. “… anything worth anything is usually hard work, and RTC™ is no different”. She encourages persistence because even though some are surprised by the amount of work...
– particularly at the outset – this initial investment pays off in the end. “Let your voice be heard, and push for the changes that will improve staff wellbeing and the patient experience.”

Saskatoon Health Region’s Measurement Coordinator, Barbara Wieler, has seen that RTC™ can “improve the quality of care patients receive” and nurses (RNs/RPNs) can see “a genuine improvement in their work life.” Wieler adds, “RNs/RPNs benefit by being engaged in the progress, they are given the authority to make the changes needed. In the broader sense, they get to look at things they wouldn’t have looked at before – what other disciplines are doing, how the unit is set up physically/structurally, etc. They work in a collaborative environment where they have a say – they become invested in the changes being made on the frontlines.”

Looking Ahead – Next Steps

“I think it’s important for RNs/RPNs to realize that RTC™ is an opportunity for nurses to increase their own satisfaction, increase morale at their workplace,” adds Donna Cook (Prince Albert Parkland Health Region). “They can feel good about what they do; about having more time to spend with their patients; about providing more meaning to what they are doing.”

Cook notes that there is “no cookie cutter approach – each ward has different needs – the changes must be meaningful to each ward to be successful. The great thing is the nurses get to shape it [RTC™] – they get to choose the changes they are going to make, what changes will work for their ward/unit/areas. Everyone has an opportunity to lead and be a champion – they control their involvement.”

Indeed, the way that the program is put into action seems to make all the difference. Units that embody the principle of engaging the frontline, and empowering those who provide the most direct patient care to bring forward much-needed changes, also seem to have higher levels of success.

Many RNs/RPNs working in the healthcare system today feel, from time-to-time, helpless and unable to make a difference. They are often discouraged by the systemic barriers they must face on a daily basis – barriers that impact the kind of care they would like to provide for patients and their families. RTC™ certainly has the potential to positively impact both patient care and nursing practice. And the level of success seems to be directly related to key factors including: ability to engage, effective communication, and the commitment of necessary supports and dedicated resources on the units in order to allow full participation and sustainability on all fronts.

As Farthing stressed a year ago, “We can make suggestions and feel we have a voice – that our suggestions are taken seriously.” We must take full advantage of this opportunity. It is SUN’s hope that the potential to give nurses a role in addressing barriers, and shaping the kind of high quality care they want to provide to their patients, will continue to become a reality.

2012 CFNU Prairie Labour School
June 3-5, 2012 | Camrose, Alberta

For information visit: www.sun-nurses.sk.ca/members/education.php
Deadline to apply for funding is April 2, 2012

Hosted by:
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Social Media, You and Your Profession

In the September 2011 issue of SUNSpots, we talked about the impact social media sites can have on the nursing profession – employment related problems, your professional and ethical standards, and privacy issues.

Social media is a valuable communication tool – if used correctly and cautiously.

In the most recent issue of Canadian Nurse (January 2012), the Canadian Nurses Association’s (CNA) CEO Rachel Bard, notes that “through social media, RNs can connect with others in their domain of practice and specialty, share best practices and the latest research, instantly find experts and health information online, and have an educational tool at their fingertips for continuing competencies. Social media offers many opportunities to positively influence our practice.”

“Let’s embrace what social media has to offer, while keeping in mind some of the professional and ethical challenges that these public sites present for RNs … Social media is not the problem, it’s how this tool is used that can be problematic.”

Bard reminds us that “RNs can face disciplinary action by their licensing body for breach of confidentiality or unprofessional conduct. Fortunately, there are tools to guide us. According to CNA’s Code of Ethics for Registered Nurses, for example, RNs ‘safeguard personal, family and community information obtained in the context of a professional relationship.’ There are federal and provincial/territorial laws protecting personal health information that RNs need to know, too.”

The social media phenomenon has motivated organizations like the CNA to develop principles, and policies in order to provide members with practical tips and tools necessary to protect themselves.

For example, the American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN®) have mutually endorsed each organization’s guidelines for upholding professional boundaries in a social networking environment (November 2011).

**ANA’s Principles for Social Networking**

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient-nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

**6 Tips to Avoid Problems**

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

**Educate Yourself**

The CNA will be presenting a FREE webinar on social media, the nurse, and the ethical challenges it proposes.

**Pause before you post!**

**Exploring the Ethics of Social Media**

- March 22, 2012, 12:00–12:45 pm ET (French)
- March 27, 2012, 12:00–12:45 pm ET (English)

As social media technology evolves it will continue to present ethical challenges that nurses must consider. This webinar will explore the impact that new technologies can have on patient privacy and confidentiality, patient care, professional boundaries and the reputations of nurses and the organizations in which they work.

If you are an avid user of a social networking site or just a casual user, please consider signing up for this FREE webinar. To register for the webinar, visit [http://www.cna-aiic.ca/CNA/news/events/webinars/default_e.aspx](http://www.cna-aiic.ca/CNA/news/events/webinars/default_e.aspx)
Your Right to Know

Occupational Health and Safety (OH&S) education is vital to your well-being at work. Three basic rights are found in the OH&S legislation: the right to know, the right to participate and the right to refuse dangerous work.

Health and safety training is mandatory education for all nurses such as post-exposure prophylaxis, prevention and counselling related to violence, fit-testing for respirators, and all information you need to know so that you can protect your own health and safety in your workplace. This would also include all policies and procedures, equipment or services related to your safety. Your Employer must have a plan and a record of training for all workers including precautions to be taken for the protection of the worker from physical, chemical and biological hazards. No worker is permitted to work unless the worker has been trained and has sufficient experience to perform the work safely.

What is “training”? Under the OH&S legislation training is defined as providing information and explanations to a worker with respect to a particular subject matter and requires a practical demonstration that the worker has acquired the knowledge or skill related to the subject matter.

As charge nurses you should also receive additional education so that you are knowledgeable about safety matters and processes in your facility.

Every workplace must have a hazard assessment. If there is a possibility of exposure to health and safety hazards you must receive training on the hazard and a plan must be in place to remove or control that hazard. Hazardous materials have a Material Safety Data Sheet, which employers must have accessible to workers.

Some examples of health care hazards are:

- **Biological** hazards such as infectious organisms, HIV, VRE, MRSA, hepatitis B/C virus, tuberculosis, influenza, scabies, measles, needlesticks, mould, etc.
- **Chemical** hazards such as ethylene oxide, formaldehyde, glutaraldehyde, mercury, waste anesthetic gases, cleaning agents, latex, carbon monoxide, preparing or administering hazardous drugs such as cytotoxic agents, BCG, pentamidine, ribavirin or any drug with carcinogenicity, genotoxicity, teratogenicity, or reproductive toxicity.
- **Psychological** hazards such as workplace violence, shift work, inadequate staffing, harassment, increased patient acuity, post-traumatic stress, etc.
- **Physical** hazards such as radiation, lasers, noise, violence, awkward postures, moving patients, repetitive/prolonged motions, poor air quality, slippery floors, cluttered work areas, unrestrained animals, overheated homes, working alone, etc.

Occupational Health and Safety legislation as well as your Collective Agreement provide clear direction that occupational health and safety orientation and training is required and must be considered work time. Failure to provide health and safety training and/or failure to consider such training as work time would be a contravention of the health and safety legislation and a violation of the Collective Agreement.

Lack of knowledge of your workplace hazards and their controls could place you in danger. You have the Right to Know and the right to a healthy and safe workplace. Insist on it – for your own health!
The Occupational Health and Safety Act and Regulations

- Section 3 of the Occupational Health and Safety Act states it is the employer's duty to ensure the health, safety and welfare at work of all the employer's workers.
- Section 18 of the Occupational Health and Safety Regulations states that an employer shall ensure that each worker is informed of the provisions of the Act and any regulations that apply to the worker's work.
- Section 17 of the Regulations outlines the requirements for employers to ensure supervisors (which include charge nurses) have sufficient knowledge within the scope of their responsibility of the Act and Regulations, any health and safety program, safe handling of chemical and biological substances, need for and safe use of PPE, emergency procedures required by the regulations and any other matters necessary to ensure the health and safety of workers under their direction. Since the employer must “ensure” this it would be paid time in accordance with Section 19.
- Section 19 of the Regulations requires that employers provide all health and safety education as work time. Section 19(1) states that an employer shall ensure that a worker is trained in all matters that are necessary to protect the health and safety of the worker when the worker is a new hire or if the worker is moved to a new area with different hazards. This training must include fire and emergency procedures; location of first aid facilities; precautions to be taken for the protection of the worker from physical, chemical and biological hazards; any procedures, plans, policies or programs that are required by the Act or Regs that apply to the worker; and any other matters that are necessary to protect the health and safety of the workers.
- Section 19 (3) of the Regulations states that any time spent by a worker in the training required is credited as work time.
- Section 22 states there must be a safety program in place for hospitals, nursing homes and home care which identifies all existing and potential risks to the health and safety of workers.
- Section 22(g) states there must be a plan for training workers and supervisors in safe work practices and procedures.
- With each hazard that cannot be eliminated there must be controls in place that must be explained to the workers. Training must include the use of personal protective equipment, fit-testing, safety engineered needles, post-exposure prophylaxis, post traumatic stress counselling and the plans related to each and every hazard.
Canada Health Accord

Background
Constitutionally, health care in Canada is largely an area of provincial jurisdiction. However, because the Federal Government has a greater fiscal capacity through taxation and a fiduciary responsibility to provide comparable levels of service to Canadian citizens regardless of provincial jurisdiction, the Federal Government has consistently played a role in both funding and overseeing health care. Currently, oversight is mandated legislatively through the Canada Health Act which sets out five principles required of all provinces and territories:
- Public administration,
- Comprehensiveness,
- Universality,
- Portability, and
- Accessibility.

Federal funding is tied to these five pillars and flows to the provinces through the Canada Health Transfer.

The Canada Health Accord, also called the 10 Year Plan to Strengthen Health Care, is an agreement reached during the 2003 First Ministers Meeting with the Federal Government. The Accord, between the provinces and the Federal Government, mandates an annual increase of six percent to the Canada Health Transfer to the provinces from 2004 until 2014.¹ In return, provinces consented to improving outcomes in ten different areas:
- Wait times and access;
- Health human resource planning;
- Home care;
- Primary care reforms to increase efficiency;
- Access to care in the north;
- National pharmaceuticals strategy;
- Prevention, promotion and public health;
- Health innovation; accountability and reporting to citizens; and
- Dispute avoidance and resolution.

Impact
The guaranteed funding contained in the Health Accord has provided stability to the healthcare system following deep cuts in the 1990s. At the end of its ten year mandate, the Accord will have infused $41.3 billion in additional funding into the Canadian healthcare system and increased the federal portion of funding Canadian health care from a low point of 9.8 percent in 1999, to approximately 20.4 percent today.²

In Saskatchewan, some of the most successful recent health care initiatives align with the targeted priorities of the Accord;³ for example, The Saskatchewan Surgical Initiative, which has significantly reduced surgical wait times across the province.

While there remain undeniable staff shortages within the healthcare system, particularly in nursing where a national shortfall of 113,000 nurses is predicted by 2016,⁴ there has been an increase in the number of nurses during the life of the current Health Accord;⁴ notably here in Saskatchewan as a result of work through the SUN/Government Partnership.

Renewal
The current Federal Government promised during the election campaign to continue the current six percent escalator for two years beyond the expiration of the agreement, to the end of the 2015/2016 fiscal year. On December 19, 2011, Federal Finance Minister Jim Flaherty announced, without consultation with provincial counterparts, that the annual escalator established in the Health Accord would be dropped from six percent to match the rate of nominal GDP growth – the GDP growth plus inflation – which is currently around four percent, starting in the 2017/2018 fiscal year. Funding under this new arrangement would have a floor of three percent annually and would be in effect until 2024. Combined with an earlier announcement that the Canada Health Transfer (CHT) would be distributed on a per capita basis beginning in 2014/2015, Saskatchewan has cause for concern.

All else equal, the formula recalibration to per capita funding will increase the CHT to larger provinces and decrease it to smaller ones. For Saskatchewan, the per capita distribution based on current levels would mean an annual decrease of approximately $40 million.⁶
Additionally, a decrease in the guaranteed CHT escalator of 50 percent (from six percent to three percent), would result in a $13 billion gap over the next ten years between the current funding model and the proposed model.

Unlike the 2004 Health Accord, which was the result of lengthy negotiations between the provinces and the Federal Government, this agreement has been proposed unilaterally. The Federal Government has not asked for provincial agreement to national targeted commitments in return for the funding increase.

On January 17, 2012, provincial Premiers concluded a meeting on the future of health care funding by announcing the establishment of two working groups. Manitoba Premier Greg Selinger will lead a group to analyze the financial implications of the Federal Government’s proposed new funding model; Saskatchewan Premier Brad Wall and Prince Edward Island Premier Robert Ghiz will lead a working group on innovation within the healthcare system.

SUN too, has great concern about the sustainability of health care in Canada and right here at home. As our mission statement says, “SUN exists to enhance the social, economic and general well being of our members, and to protect high quality, publicly funded and delivered health services.” Therefore, SUN fully supports the Premiers advocating for the sustainability of Medicare and an increased federal investment in the public health care system to ensure the principles of the Canada Health Act are strengthened.

Potential Implications

Health care costs continue to be the largest cost drivers of provincial budgets. In Saskatchewan, health department expenses currently account for 41.8 percent of all Saskatchewan Government spending.

Health care costs in Saskatchewan have increased by 76 percent, an average of 10.8 percent annually, since the Health Accord came into effect.

While health care costs are not expected to grow at as high a rate over the next decade as they did the last, costs will greatly exceed the GDP formula established by the Federal Government.

Even more importantly, research has identified that an eroded federal role in the national oversight of health care has been identified as a contributor to inefficiencies within the system. The Canadian Federation of Nurses Unions has called on the Prime Minister to maintain a role in setting national standards in health care needed to ensure “continuous quality improvement and comparable levels of service for all Canadians.” Without a national agreement, with a strong federal role, disparities may deepen and diminish the principles of the Canada Health Act.

Endnotes

Be a Part of the Human Rights Movement

The Canadian Museum for Human Rights (CMHR) is envisioned as a national and international destination – a centre of learning where Canadians and people from around the world can engage in interactive exhibits and dynamic programs that will inspire visitors to take action against hate and oppression.

Legislation enacted in 2008 to establish the Canadian Museum for Human Rights as Canada’s fifth national museum states:

“The purpose of the Canadian Museum for Human Rights is to explore the subject of human rights, with special but not exclusive reference to Canada, in order to enhance the public’s understanding of human rights, to promote respect for others and to encourage reflection and dialogue.”

This life-changing Museum will:

• Educate thousands of students from across Canada and the world through its human rights student travel program;
• Encourage learning, debate, dialogue, and scholarship on human rights issues; and,
• Be the largest human rights centre in the world and a catalyst for positive individual action.

The CMHR promises to be an inspiring international icon, drawing visitors from around the globe to the city of Winnipeg, Manitoba.

Support the Museum

To date over 7,000 supporters from across Canada, including many from within the labour movement, have contributed to the creation of the CMHR. You too can play a role in building this dynamic centre of learning and hope by donating today. Please visit Friends of the Canadian Museum for Human Rights web site at www.friendsofcmhr.com/support/ or call, toll free, (866) 828-9209 and become part of a groundswell of Canadians and people from around the world who are helping to create this powerful symbol of Canada’s unwavering commitment to human rights.

SUN’s new web site!

SUN’s web site is a valuable communications tool between the Union and our members. For this very reason the SUN Board of Directors identified the web site as one of SUN’s key communications tools. In order to ensure we are maximizing the benefits our web site provides, an Ad-Hoc Committee was developed to review the web site’s purpose, goals/objectives, target audience(s) and what information do members – and the public – need and/or want.

Following a comprehensive review, the Regina-based web design company, OH!Media, was commissioned to give SUN’s web site a new look.

The task of developing an interactive, up-to-date, and user-friendly web site is a huge and ambitious task and we will be eager to show it off at the Annual Meeting this coming April 25-27, 2012, in Moose Jaw.

Stay tuned for more information about the new web site as we get closer to going live.

Please note: A demonstration of a trial version of the web site will be presented during the Annual Meeting; the estimated launch date for the site is late spring 2012.
Court Decision Issued on Essential Services Legislation

As you are aware, in November 2011, the Saskatchewan Federation of Labour (SFL) and other plaintiff unions along with SUN, SEIU-West and CUPE as Intervenors were in the Court of Queen’s Bench arguing that the provincial government’s recent labour legislation [Bill 5, The Public Services Essential Services (PSES) Act and Bill 6, The Trade Union Amendment Act (TUA)] violated the Canadian Charter of Rights and Freedoms (the Charter). This was a monumental case as the constitutionality of essential services legislation had never been challenged before in a Canadian Court. Neither had amendments such as those made to The Trade Union Act that govern the conduct of unionized employee and employer relations.

The union’s challenge to the PSES Act was centered on the wide-sweeping aspects of the legislation and the lack of any dispute resolution mechanisms throughout the process to challenge the services deemed essential by an Employer and the limited ability to challenge the number of employees (who would be named by the Employer) deemed essential. The PSES Act also lacked any dispute resolution mechanism to obtain a fair Collective Bargaining Agreement or to settle a work stoppage (a strike or lock-out), when a significant number of employees are deemed essential.

The challenge to the TUA centered on evidence of lower rates of employees successfully becoming members of a union in new workplaces when that process is governed by a mandatory vote system. While Justice Ball acknowledged the absence of a process for conducting those votes in the amendment, he sent a strong signal to the Labour Relations Board to have one in place, either by established practice or regulation.

Given the volume of evidence and complexity of the issues to be determined, we were surprised when notice was received that the decision would be handed down on February 6, 2012.

In brief, Justice Ball ruled that the amendments to the PSES Act violated employees’ right to freedom of association as protected by section 2(d) of the Charter. The Supreme Court of Canada has treated associational activity by employees for the purpose of achieving collective bargaining goals (which is protected by the freedom of association) as including the right to organize (freedom to choose to be a part of a union), the right to bargain collectively, and the right to strike. Justice Ball found that the PSES Act, in its present form, interfered with employees’ right to strike and thus with their right to engage in meaningful collective bargaining.

Justice Ball declared the PSES Act invalid and of no force or effect, however suspended the impact of that declaration by providing the Legislature 12 months to make the necessary revisions in order for the PSES Act to comply with the Charter.

The following paragraph from the decision summarizes the flaws that Justice Ball found in the legislation, following an analysis of the various pieces of essential services legislation from across Canada:

205) No further comparative analysis is required. It is enough to say that no other essential services legislation in Canada comes close to prohibiting the right to strike as broadly, and as significantly, as the PSES Act. No other essential services legislation is devoid of access to independent, effective dispute resolution processes to address employer designations of essential service workers and, where those designations have the effect of prohibiting meaningful strike action, an independent, efficient, overall dispute mechanism. While the purpose of all other essential services legislation is the same as the PSES Act, none have such significantly deleterious effects on protected rights under s. 2(d) of the Charter.

While the SFL was the lead on this action, the valuable role of SUN can be found throughout the 131 page decision, both in terms of the argument that was presented and the reliance Justice Ball placed on the opinion of our expert witness.

In the second part of Justice Ball’s ruling it was found that the amendments to the certification/decertification process (mandatory votes) and the Employer/Employee communications process (allowing Employers to communicate their opinion) in the TUA did not infringe on employees’ rights under the Charter, and therefore the TUA remains valid law.

A copy of the complete decision can be found on the SUN web site – www.sun-nurses.sk.ca.

So what does this mean for SUN in regard to the negotiations of essential services agreements with the Health Regions and Affiliates? For SUN’s purposes it means we are required to continue negotiating essential services agreements with the health regions and affiliates despite the PSES Act having been found to be unconstitutional.

SUN looks forward to an opportunity to discuss more reasonable and workable essential services legislation with the Government as has been signaled by both Minister Morgan and Premier Wall. The decision of Justice Ball found that provision of essential services is a pressing and substantial objective of legislation, however, found the PSES Act flawed on all measurables of balanced, purposeful, and fair legislation. It may be more productive to start anew as the current legislative framework does not appear to serve that purpose.
Registered nurses make our health care system work.

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