

# SUN Spots

OFFICIAL NEWSLETTER OF THE SASKATCHEWAN UNION OF NURSES

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*the*  
**DECISION MAKER**

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*the*  
**INNOVATOR**

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*the*  
**COLLABORATOR**

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*the*  
**VISIONARY**

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**2015 Annual Meeting Highlights ... see page 2**

# Highlights from the 41st

## *Unity through Nursing. Nursing through Unity.*

This was SUN's vision 41 years ago when the Union was formed; today those words continue to ring true. During SUN's 41st Annual Meeting and Education Day, held on April 21-23, 2015 in Saskatoon, these words presented a clear definition of what it meant to be a SUN member.

A record number 450 registered nurses and guests met for three days in Saskatoon — learning, sharing, empowering and debating the current political and professional environments and key issues facing SUN members today.



Tracy Zambory RN, SUN President

To open Annual Meeting, SUN President, Tracy Zambory, RN, reminded members of who registered nurses are and the unique role we play in healthcare — both at the bedside and in the political environment.

*I am guessing you may have started to notice a distinct annual meeting theme — “Nursing Superheroes”.*

*At first glance this might not seem entirely appropriate when talking about registered nurses, but if we dig deeper into what qualities truly heroic individuals possess I think you will find it hard to disagree with this choice.*

*When it came to sitting down to write my president's address I found myself wondering — “What exactly is a hero, or a heroic act? And, what does it take to be a superhero?”*

*You are likely all wondering the exact same things right now, and are probably even trying to figure out how the term “superhero” could apply to you as a registered nurse.*

*Heroes are individuals who transform their caring and compassion into action. They voluntarily put the needs of others ahead of their own; they take action on behalf of others and in defense of others, often sacrificing their own wellbeing; and they do all of this without any expectation of reward or public accolades. They do it because they are driven to help others.*

*A hero is not someone you simply admire or respect. A hero is a person who is willing to put themselves on the line and do what's right when it's most needed — they are willing and able to make life-saving and often extremely difficult decisions at critical moments in people's lives. And, most importantly, they are prepared to overcome great hardship to do this over and over again. Now surely this is starting to sound a little like our profession?*

*Many of you might still be thinking to yourselves — “that's not me, I'm no superhero. I just go to work every day and do the best that I can for my patients under the circumstances.” But trust me on this; to your patients and your clients, you are often all they have.*

*To the sick and the suffering; to those feeling alone and frightened; to those beginning their journey and to those ending it; you represent hope. Your patients*

MAKING THE DIFFERENCE ...

# SUN Annual Meeting

*rely on your clinical expertise as much as they rely on your caring and compassion. You are at their side, often when no one else is around — 24/7.*

*From the earliest, darkest hours of the morning to the weekends and even holidays, patients and families across this province can count on you always being there.*

*Registered nursing is hands-on — it cannot be outsourced or deskilled — no one else has been educated to do what you do — your role is uniquely vital to patient safety.*

*And, it's not just about going through the motions or performing a task — your patients depend on your ability to critically think through incredibly complex problems — they count on you being their voice when they cannot speak for themselves — and they rely on your expertise, empathy and compassion to walk them through some of the biggest moments in their life.*

*You pour your heart and soul into your work — and the next day you wake up and do it all over again.*

*These are not just random acts of kindness — for registered nurses this is a way of life — it's in our DNA.*

*So let's stop and take a moment to look around the room — these Registered Nurses, Registered Psychiatric Nurses and Registered Nurse (Nurse Practitioners) that you see around you here today are your colleagues, your friends, your teammates in the trenches — you understand each other and the challenges, you, your patients and even your profession face on a daily basis. You all get it — and that's why you are all sitting here now, united in solidarity.*

*Let's face it, it's not always easy out there — healthcare in Saskatchewan has been in a state of constant flux for quite some time now. Patients are living longer and have increasingly more complex needs, while resources are continually being stretched to the limit. We are being asked every day to do more with less.*

*Over the past year we have seen many of these pressures rise to a boiling point as government and employers scramble to meet these growing healthcare demands.*

*As budgetary pressures continue to drive decision-making you are seeing your voice and your frontline perspective diminish in lieu of the bottom line. You are seeing the erosion of your professional and irreplaceable*

*role on the healthcare team happen before your very eyes.*

*You are being asked to embrace change that is time and resource-centred instead of patient-centred, with little to no opportunity for input. And, sadly, you are being forced to watch all of this unfold at the expense of patient safety.*

*There is no doubt you are being squeezed from every direction and yet your commitment to your patients and clients remains unshaken. Believe me when I say this — your unwavering dedication in the face of all these odds is without question heroic.*

*In recent months I have had the privilege of travelling across the province to meet with many of you face-to-face. It has been both a humbling and eye-opening experience. Visiting you in your places of work has taught me so much and made me incredibly proud to stand alongside you.*

*I visited facilities where the chaos was palpable.*

*At PA Victoria Union Hospital, registered nurses were running off their feet — it was hectic the day I visited, and it had clearly been this way for quite some time already — but I have to say, there was also a calm that prevailed, as registered nurses methodically and meticulously did what needed to be done — applying their skills and knowledge under an enormous amount of pressure with grace and dignity — always putting their patients first. There is so much quiet pride in all of that.*

*At Royal University Hospital in Saskatoon, on a Friday the 13th of all days, in the Emergency room, the situation was incredibly tense — and again, this sadly was not an abnormal situation. At 2pm they were already 40 people over census and by midnight they were up to 80 over census. With workloads and patient levels like this, everyone is walking the razor's edge.*

*Patients, the public and even employers and government don't fully understand how dangerous a situation like this is — for everyone.*

*Examples like these aren't exclusive to emergency rooms — I know many of you must be thinking "that sounds like where I work too" — The truth is registered nurses are being stretched thin in every corner of the system — in mental health, home care, long term care, public health — everywhere.*





*Above left to right:  
Larry Hubich, SFL President  
Tracy Zambory RN, SUN President  
Hassan Yussuff, CLC President  
Linda Silas RN, CFNU President*

Most don't understand what working in such high-pressure environments on a day-to-day basis can do to a person. It's difficult for most to grasp what this level of stress can do to morale. Yet, in spite of all of this, you are there — because you know it's not about you — that's not why you became a registered nurse — and that, my friends, is the substance of superheroes.

When the results of the 2015 SUN membership survey were released a few weeks ago, I am pretty sure most of you were not overly surprised by some of the shocking findings.

With a staggering three in four registered nurses saying they are aware of times patients have been put at risk due to short-staffing in their workplaces — and a worrying one in four saying they have seriously considered leaving the profession for another line of work in the past 12 months — these results are very telling. They paint a picture of a dangerous situation closing in on breaking point.

Some might argue that it's difficult to achieve anything truly heroic unless you're up against daunting odds. Well, given the current environment, I'd say that's exactly what we are up against — daunting odds.

At the point of care you live this reality every day and you keep fighting to make a difference to each life you touch. I have to say it again — that's the stuff superheroes are made of.

You are probably sitting there thinking to yourself: "Tracy, you haven't given me any solutions, you haven't told me what I can do to make things better."

Well, for starters, know this — you are making a difference to each life you touch — never doubt that.

*But, if I were to leave you with some advice, it would be this — continue to hold your head up high and stay true to your profession and yourself; stay focussed on your patients and clients; always remain professional, even when you are feeling pushed to your limits; and most importantly, lean on each other and your union, because together we are all stronger.*

*Don't be a bystander — get involved and respond to calls to action from SUN whenever and wherever you can — it's our democratic right as a union member and our responsibility as a registered nurse — don't try to carry the weight of what's happening in your workplaces on your shoulders alone — the more of us speaking out together the louder our voice.*

*Finally, remember this: Heroism is defined by action — by a willingness to stand up for what we know to be right, especially when standing feels hardest.*

*Now more than ever this is what our patients, our profession and our province need from us.*

*So go out there and continue to be heroic."*

Zambory's speech set the tone for the remainder of the meeting as members felt empowered to rise to the microphones and question the Government, the SRNA and RPNAS' actions, and SUN's next steps in pursuing negotiations and defending the registered nursing profession.

**A**s Donna Trainor RN, Executive Director, addressed the members, she put forward a very powerful message and challenge.

*"... Members continue to share their stories with SUN Provincial around patient safety concerns, the decline in quality of care and the pressures you face in your practice environments. And I encourage you to continue to share your stories with SUN — your stories enable SUN to paint a very realistic picture for the Government and other stakeholder groups. But we can't stop there. We need to be confident in ourselves and our in our role as registered nurses and we need to find the courage to speak up in our workplaces.*

*I ask you this — When you see changes to models of care that remove the RN or RPN from the bedside or from direct client care, what do you do?*

*When you are told by your manager RNs and LPNs can do the same things, what do you do?*

*When you are directed to educate or train an LPN or Care Aide on RN tasks, what do you do?*

*Do you speak up and say STOP! that's not right and here's why?*

*Or are you silent and therefore allow it to happen? If that is your answer I want you to ask yourself why? Why do we allow this to happen?*

*I want you to feel confident, educated and supported to have a voice. It can be a scary thing to stand up and*

say NO, to go against the grain and challenge others. I want each of you to know that you are not alone in this battle.

Not only do you have support through the tools in your collective agreement and your respective professional practice standards, you also have the support and the confidence from the Board of Directors, SUN Provincial and the public. But equally as important — you have the support of 10,000 SUN members behind you, encouraging you, and empowering you.

We cannot be silent in our workplaces anymore; we have to push back. Silence is acceptance and I doubt there is person in this room that truly believes we should accept what is happening to our profession. The role of the registered nurse cannot be minimized anymore; we cannot be undervalued and our education and expertise cannot be discredited anymore.

By bravely speaking out, by being advocates for your patients and your profession, you empower us all, you provide us with the strength and the courage to continue to stand up as individuals and say NO MORE.

For if we do not ... what will happen?  
I challenge you to think about that."

**A**mber Alecxe, Director of Government Relations, provided the assembly with a brief overview of stakeholder discussions concerning the proposed LPN bylaws and the correlation to the RN/RPN role on the healthcare team. Alecxe stressed that SUN recognizes some progress has been made to address our concerns; there are still a number of areas that pose a significant concern to SUN and the SRNA. See page 10 for an overview of Alecxe's address and the Healthcare and Politics Panel presented during the Education day.

Kelly Miner, Director of Labour Relations, and Paul Kuling RN, Second Vice-President and Negotiations Committee Chair, provided members with a brief update on negotiations. Miner and Kuling both stressed the direct linkage between negotiations, including the potential renewal of a SUN/Government Partnership Agreement, and the changes to the LPN bylaws and subsequent impact on the role of the RNs and RPNs.

In his address, Kuling noted while there has been little progress to date to report on, the Committee is strong in their resolve and are ready to stay the course.

"We are proud of the work we have done so far. On a number of occasions, your Committee has presented solutions to role clarity and other key issues, suggested we work on non-monetary and housekeeping items, offered dates to continue discussions and so on.

Each time we have been met with delays and excuses to avoid discussions, with the Government citing a

number of additional pressures, such as the changing economic climate and additional growing complexities in the environment, for reasons not to meet, show movement or make a commitment.

We sit before you this afternoon as a Committee that has remained focused on our priority of protecting the bargaining unit — on your behalf. We appreciate and understand that many of you may be feeling concerned with the lack of progress.

But we have heard you. Time and time again you have told us to remain strident as we work to achieve our priorities. In order to do that we have had to be flexible, adaptable, resilient and committed to our principles.

Our approach to this round of bargaining has been cautious — there is just too much at stake. We do not want to rush into a contract that may very well not meet the needs of our members in a few weeks or months' time, all for the sake of getting it done." See page 8 for Kuling's complete Negotiations Update.

The words "Unity through Nursing. Nursing through Unity" were given new meaning during this year's Annual Meeting, when in response to the discussion and concerns raised by members, the assembly unanimously passed two emergency resolutions.



Paul Kuling RN



Leadership Award: Barb Abele RN



Leadership Award: Tess Geig RN



Leadership Award: Janis Hall RN



Lifetime Members (left to right): Wendy Wolitski RN and Janice More RN; missing: Therese "TeeDee" Humenny RN

### SALPN Bylaws

WHEREAS there has been significant progress over the past several months in developing bylaws that respect the education and experience of registered nurses, registered nurses-nurse practitioners, registered psychiatric nurses, and licensed practical nurses.

AND WHEREAS important work remains to be done to ensure that practice guidelines and a decision-making framework are developed to interpret any changes and translate them into practice in an appropriate and safe manner within 90 days.

BE IT RESOLVED THAT Saskatchewan registered nurses, registered nurse-nurse practitioners, and registered psychiatric nurses call on Minister Duncan to engage and direct the Ministry of Health, employers, the regulatory bodies, and other stakeholders to ensure that no practice changes will be implemented until all interpretive and practice decision-making documents have been finalized and agreed to by stakeholders.

### Partnership

WHEREAS SUN members face ongoing challenges to the integrity of nursing processes, policies and practices that are in conflict with their ability to meet professional nursing standards and deliver the highest quality of patient care to the people of Saskatchewan.

AND WHEREAS non-traditional collaborative relationships with government, as demonstrated during the 2008-2012 SUN-Government Partnership, have produced positive results in addressing members' concerns in the past.

AND WHEREAS, the ability of these non-traditional partnerships to deliver concrete and tangible progress for registered nurses, registered nurse-nurse practitioners, and registered psychiatric nurses in terms of their work and practice environment appears to have stalled.

BE IT RESOLVED THAT Saskatchewan Union of Nurses step away from any renewed commitment Partnership Agreement unless discussions produce tangible results, with clear actions by September 2015 that address the concerns of registered nurses, registered nurse-nurse practitioners, and registered psychiatric nurses regarding their work and practice environments.

The above mentioned resolutions provide your Board of Directors and SUN Provincial with the guidance and strength to continue to pressure stakeholders and government officials to ensure member concerns regarding the practice environment and patient safety are being addressed.

As is tradition, Annual Meeting closed with the announcement of the 2015 SUN Provincial Election results. Following a close and passionate race by both candidates, Tracy Zambory RN, was re-elected to the position of SUN President.

Congratulations to everyone who was elected — it is great to see a mix of new names with a fresh perspective and returning members who bring their experience and knowledge to the table.

### **Board of Directors (two (2) year terms)**

**President:** Tracy Zambory RN, Local 49.1, New Hope Pioneer Lodge, Stoughton  
(Elected by mail-in ballot)

**Second Vice-President:** Paul Kuling RN, Local 101, St. Paul's Hospital, Saskatoon (Acclaimed)

**Regional Representative, Region 1:** Barb Fisher RN, Local 62, Victoria Hospital, Prince Albert  
(Acclaimed)

**Regional Representative, Region 3:** Jason Parkvold RN, Local 43, DNH, RHC,  
Anderson Lodge and Lakeside Nursing Home, Yorkton (Acclaimed)

**Regional Representative, Region 5:** Leslie Saunders RPN, Local 49, Fillmore Health Centre,  
Fillmore (Acclaimed)

**Regional Representative, Region 7:** Fred Bordas RN, Local 224, Regina District Home Care,  
Regina (Acclaimed)

### **Committees (two (2) year terms)**

#### **Constitution, Bylaws and Resolutions Committee**

Rachel Hyatt-Hiebert RN, Local 69, Cypress Regional Hospital, Swift Current (Acclaimed)

Crystal Kuras RN, Local 14, Tisdale Hospital, Tisdale (Acclaimed)

Candace Lahoda RN, Local 75, Royal University Hospital, Saskatoon  
(Elected at Annual Meeting)

Kushal Kumar Sharma RN, Local 107, Saskatoon City Hospital, Saskatoon (Acclaimed)

#### **Finance Committee**

Kyle Egeto RN, Local 106, Regina General Hospital, Regina (Elected at Annual Meeting)

Teresa Gieg RN, Local 107, Saskatoon City Hospital, Saskatoon (Acclaimed)

#### **Nominations Committee**

Shannon Mychan RN, Local 62, Victoria Hospital, Prince Albert (Elected by mail-in ballot)

Connie Paul RN, Local 68, Moose Jaw Union Hospital, Moose Jaw (Elected by mail-in ballot)

Garth Wright RN, Local 106, Regina General Hospital, Regina (Elected by mail-in ballot)

#### **Program Committee**

Susan Desjardins RN, Local 69, Cypress Regional Hospital, Swift Current  
(Elected at Annual Meeting)

Michelle McCarthy RN, Local 43, DNH, RHC, Anderson Lodge and Lakeside Nursing Home,  
Yorkton (Elected at Annual Meeting)

Colleen Palchewich RN, Local 107, Saskatoon City Hospital, Saskatoon  
(Elected at Annual Meeting)

Michelle Rae RN, Local 276, Public Health, Mental Health and Addiction Services, Regina  
(Acclaimed)

Carole Smulan RN, Local 9, Balcarres Integrated Care Centre, Balcarres, and Local 246,  
Touchwood Qu'Appelle Home Care, Fort Qu'Appelle (Acclaimed)

The following Negotiations Update was presented during the 41st Annual Meeting by Paul Kuling RN, SUN's Second Vice-President and Negotiations Committee Chair. At the time of publication, there had been no further progress in negotiations and/or in securing bargaining dates.

"I stand before you today with the task of providing you with an update on negotiations for our Provincial Collective Agreement. Well, to be honest there is not much to say in way of details — but your committee has stayed strong to the principles you approved at the Bargaining Conference.

We have stayed the course to ensure all the moving pieces in the current environment guarantee SUN members the best outcome. We have met roadblocks along the way that have required us to be thoughtful, strategic and focused.

In November 2013 at the Bargaining Conference, you told the Committee loud and clear that protection of the bargaining unit was THE top priority — protection not only from the new labour legislation, but also from the troublesome trend of replacing registered nurses with other healthcare providers, specifically LPNs.

The new *Saskatchewan Employment Act* presented our first roadblock for the Committee — without a clear definition of who the supervisory language applied to, SUN was at a loss as to who they would be representing in the next round of negotiations. This was a key piece we needed addressed in order to proceed.

Our concerns with the labour legislation were put at ease in April of last year, when SUN learned that registered nurses would be exempt from the supervisory language — keeping our bargaining unit intact.

This was a significant victory for SUN and our members — ensuring all SUN members continued to have the protection and collective rights we have fought for and earned over the past 40 years. I am sure you would agree!

But our challenges were not over. We still had the growing trend of registered nurse positions being replaced and/or abolished to combat and address through our Collective Agreement.

You will remember at the 2013 Bargaining Conference we reported the Minister had called for a "pause" in the replacement/abolishment, however, that "pause" ended in March 2014.

But as the summer approached, we began to hear rumours that SALPN was looking to expand the LPN scope of practice through amendments to their bylaws.

When September 2014 rolled around our fears had materialized and SUN's suspicions that the replacement and/or abolishment of registered nurses was going to escalate came to light.

We knew our employers were looking for budget savings and their ability to freely replace registered nurses became a worrisome reality in our workplace when SUN was made aware of the proposed changes to the LPN bylaws and practice guidelines.

These proposed changes to the LPN bylaws changed everything for your Committee — it shifted our focus and it altered our bargaining strategy and bargaining timelines.

This was the biggest obstacle we were set to face in the history of SUN, yet the one thing it did not change was our priority of protecting the bargaining unit.

The current round of negotiations has been, and continues to be, very different than our traditional course of bargaining — the professional environment is different, the political landscape is different, and the bargaining setting is different.

In the fall we did not — and still do not know — the future of the LPN bylaw changes. SUN still has a number of outstanding concerns regarding key areas of LPN practice as prescribed in the draft bylaws, practice guidelines and draft framework.

We acknowledge that there has been significant progress over the past several months and for the most part SUN can support this work.

When all is said and done these LPN bylaws and supporting documents will dictate the shape and future of the registered nursing profession and will have a direct impact on negotiations, in turn defining our strategy for bargaining.

SUN strongly believes that more important work and development is needed around role clarity, practice guidelines and the decision-making framework and how these changes are going to translate into practice.

And for your Committee — how will these changes impact negotiations?

What will the direct impact on our bargaining unit be? Will there be clear roles and scopes of practice in place? If not, what is the impact on registered nursing positions?

What — if anything — can we address through language changes in the Collective Agreement?

Do we need to look at language concerning lay-offs and severance pay? Early retirement packages?

Fearing the worst, how do we ensure the professional practice of the registered nurses remaining



in the healthcare system is not compromised professionally?

I must stress that one of the most important and critical questions we must ask ourselves is ....

**How do we ensure the professional practice of the registered nurses remaining in the healthcare system is not compromised professionally?**

Depending on the outcomes of the bylaws, decision-making framework and LPN practice guidelines, everything that we once knew may change; our profession and the system we work in is in a constant state of flux.

Given our current environment and the level of uncertainty, the Committee recognizes the need to always be in a state of readiness.

We need to be prepared to let go of our traditional way of bargaining and think outside of the box to achieve the best possible outcome for SUN members, for our patients and their safety.

We are proud of the work we have done so far. On a number of occasions, your Committee has presented solutions to role clarity and other key issues, suggested we work on non-monetary and housekeeping items, offered dates to continue discussions and so on.

Each time we have been met with delays and excuses to avoid discussions with the Government citing a number of additional pressures — such as the changing economic climate and additional growing complexities in the environment — for reasons not to meet, show movement or make a commitment.

We sit before you this afternoon as a Committee that has remained focused on our priority of protecting the bargaining unit — on your behalf. We appreciate and understand that many of you may be feeling concerned with the lack of progress.

But we have heard you. Time and time again you have told us to remain strident as we work to achieve our priorities. In order to do that we have had to be flexible, adaptable, resilient and committed to our principles.

**Our approach to this round of bargaining has been cautious — there is just too much at stake. We do not want to rush into a contract that may very well not meet the needs of our members in a few weeks or months' time, all for the sake of getting it done.**

At times we may question our own approach, especially when our frustrations run high and we are tired of not getting the attention we believe we deserve from the Government or SAHO. But when we sit back and look at the big picture, we know we are doing the right thing.

And we know you feel the same way.

Members continue to rank safe staffing and workload at the top of their list for bargaining priorities with wages and monetary items rank the lowest.

**Protection of the bargaining unit is not about job security for you or me or the Committee. It is about creating a practice environment that fosters team work and provides high quality, safe patient care.**

The only way to do that is to ensure registered nurses continue to provide direct patient care and are recognized as a valuable member of the team.

It is obvious you feel the same way — the 2015 membership survey supports us in this thinking.

Your concerns about the quality of patient care being provided and the safety of your patients, as well as your concerns about the practice environment under the proposed bylaw changes are rated ahead of concerns about role clarity and the future of your profession.

This round of bargaining may be one of the most difficult rounds we have had to face in our 40 year history — there are so many factors at play, all out of our hands and control.

Our history is built on strength, solidarity, advocacy and determination. Our past successes in bargaining have not been easily won; we have fought long and hard for patient safety, safe staffing levels, improved working conditions, job security, and retention and recruitment initiatives.

We stand before you today — focused and determined. We will continue to fight for role clarity and the protection of our bargaining unit. We will continue to fight for you, for us as a collective, and for high quality patient care.”

#### **Your Negotiations Committee is:**

Tracy Zambory, SUN President

Susanne Cyr-Philipchuk, Community Based Facilities Representative

Roberta Jors, Mental Health Representative

Elaine Janzen, Integrated Facilities Representative

Janet Dziadyk, Saskatoon Base Hospitals Representative

Leeann Potetz-Moore, Public Health Representative

Lenore McMillan, Home Care Representative

Pamela Todd, Regina Base Hospitals Representative

Patricia Chubb, Regional Hospitals Representative

Warren Koch, Northern Representative

Yvonne Hotzak, Long Term Care Representative

#### **The Committee is supported by:**

Kelly Miner, Chief Negotiator and Director, Labour Relations

Donna Ottenson, Employment Relations Officer

Colin Hein, Nurse Research and Practice Advisor

Touly Katsiris, Office Assistant

# Healthcare and Politics: Highlights from the Annual

Today's changing environment has a number of different driving factors — economic climate, political agendas, and patient needs. For frontline registered nurses, it feels like patient needs have fallen to the bottom of this list.

Over the past few years SUN members have continued to see a growing trend in healthcare, whether it be under the umbrella of models of care changes, lean initiatives, budgetary constraints or “recruitment” troubles, the fact is the role of the registered nurse on the healthcare team is being slowly eroded and replaced by other providers.

Currently, the largest challenge the registered nursing profession is facing is the use of other healthcare providers for registered nursing work. One example of this can be found in the proposed revisions to SALPN bylaws. If accepted, the changes will go so far as to provide LPNs the ability to perform registered nurses specialty practice in several areas.

Since September 2014, SUN has been raising concerns in regard to the LPN bylaw changes and the effects these changes will have on patient care and the registered nursing profession.

SUN fully supports the expansion of other provider's scope of practice and the development of specialized skills, as such growth can only make the healthcare team stronger. However, SUN believes that in order to ensure high quality, safe patient-centred care, a strong healthcare team must include the expertise of registered nurses at the point of care. Each member of the team brings a different level of education and skill, and therefore plays a very different, yet critical role.

SUN believes that any changes to the scope of practice for any provider must be based on a number of core principles in order to improve the quality of patient care, and the lack of role clarity, as well as protect the legislated and professional responsibilities of registered nurses.

- Patient-centred care and public safety
- Demonstrated need
- Basic foundational educational preparation
- Formal post-basic education is required
- Adherence to national standards
- Supported with evidence and research
- Direction and supervision conditions included and clarified

**SUN maintains that while there is opportunity to develop “Specialized Practices” for LPNs, at minimum, these must be supported by the following elements:**

- Clear understanding of definitions

- Foundational knowledge is provided in basic education program
- Completion of recognized formal post-basic education (specialized education)
- Mandatory formalized post-secondary education
- Clearly differentiated roles of the RN/RPN and LPN
- Practice under the direction and direct supervision of medical professional or registered nurse with clearly defined parameters
- Practice according to national standards of practice
- Evidence and research
- Have the foundational knowledge to assume specialized role
- Must clarify the scope of the proposed change in relation to other professions and legislation

As nursing regulators with the primary mandate of public protection, SUN believes that SALPN, the SRNA, and RPNAS must ensure these key principles are followed when considering bylaw changes affecting nursing care delivery. Yet to date, there are still worrying gaps with the bylaws and accompanying interpretation documents regarding role clarity, research and evidence, as well as the required foundational knowledge for safe and appropriate practice.

As many members are aware, the SRNA, SALPN, and RPNAS reached agreement on a draft set of LPN bylaws which was circulated to SALPN members on April 7, 2015. These bylaws were discussed, voted on, and passed by SALPN members on April 23, 2015. However, it remains to be seen what will be the status of the accompanying documents, including practice guidelines and the Activities with Limits and Conditions.

Ministry of Health communication on April 7, and the joint SRNA/SALPN/RPNAS communication sent on April 10 to their respective memberships, outlined that an agreement has been reached primarily on the draft LPN bylaws, but also on the fact that a **decision making framework was needed.**

SUN acknowledges that progress has been made over the past several months in developing bylaws that respect the education and experience of the RNs, LPNs and RPNs. However, SUN strongly believes and maintains the position that **more important work and development is needed around role clarity, practice guidelines and the decision-making framework and how these changes are going to translate into practice.**

SUN supports the SRNA in their position (communicated on April 10) that a decision-making

*In order to ensure high quality, safe patient-centred care, a strong healthcare team must include the expertise of registered nurses at the point of care.*

# Meeting Education Day Panel Discussion

framework and interpretive documents should include specifics such as patient, provider, and environmental profiles; as well as examples, case studies, and detailed definitions to ensure that patients are receiving the appropriate care, from the appropriate provider; yet members rightly remain cautious on what the final documents will look like and the implications for registered nursing practice and patient care, given the changes that many have already identified are already happening in their practice environments.

**In support of member concerns, it is SUN's position that until there are clear and definitive practice guidelines and decision-making framework, each based in strong research and evidence and educational preparation, no practice changes should be made.**

Members are encouraged to visit our website to review SUN's position and concerns and a detailed analysis from the registered nursing perspective ([sun-nurses.sk.ca/professional-practice/salpn-bylaws](http://sun-nurses.sk.ca/professional-practice/salpn-bylaws)).

## Areas of Concern with the LPN Bylaws, Activities with Limits and Conditions, Practice Guidelines and Draft Decision-making Framework

### Concerns with all Specialized Practice Areas as Currently Written

- Little or no evidence that areas are consistent with LPN education or that proposed post-basic education actually supports the level of functioning described in the Practice Guidelines
- Research, evidence and best practice is not cited to support the proposed practice area
- Client condition and need are not identified or considered as determining factors for LPNs engaging in specialized practices
- The reliance on Practice Guidelines that are not cited in bylaws to define role, scope, and care functions creates uncertainty about what standards are being followed
- The distinct roles and responsibilities of the LPN and RN are not acknowledged or defined, contributing to role confusion

### Perioperative

- Perioperative roles are not following ORNAC national standards
- Research, evidence and best practice is not provided to support practice
- Reliance on Practice Guidelines (not identified in bylaws) to define practice, role, scope and tasks
- Practice is not under the direction or supervision of an RN. Only *"in collaboration with other members of the health care team"*

### Hemodialysis

- Research, evidence and best practice is not provided to support practice
- Reliance on Practice Guidelines (not identified in bylaws) to define practice, role, scope and tasks
- Practice is not under the direction or supervision of an RN. Only *"in collaboration with other members of the health care team"*
- Formalized education with PLAR assessment not consistently utilized to ensure safe practice, competencies and knowledge. Grandfathering not appropriate



*Beverly Balaski RN BN MN, speaks to the role of the registered nurse within the changing practice environment.*

### Advanced Foot Care

- Reliance on Practice Guidelines (not identified in bylaws) to define practice, role, scope and tasks
- Research, evidence and best practice is not provided to support practice
- Practice is not under the direction or supervision of an RN. Only *"in collaboration with other members of the health care team"*.
- No demonstrated need

### Advanced Orthopedics

- Advanced orthopedics well outside the legislated authority of LPN role or scope
- Role currently performed by another unregulated professional group with National standards for education, accreditation and standards. The Canadian Society Of Orthopedic Technologists, (CSOT)
- CSOT is supported by Orthopedic Surgeons across Canada

**continued  
on page 14**

# Have you seen it? *The Making The Difference Website Got a Makeover!* makingthedifference.ca

SUN's Making The Difference public awareness campaign website has taken on a new look. Utilizing the talents of C-Street, we have developed an eye-catching, fully interactive, website built to engage the public and keep patient safety at top of mind.



## Promote Action

- The slider feature is a cool new way to grab the visitors' attention and entice them to learn more, get the facts, or endorse a campaign initiative.

## Engage

- Engage with the campaign beyond your first visit by signing up to receive alerts for new video posts, share your voice, and join a growing community concerned about patient safety.
- The Making The Difference website is part of SUN's ongoing communication efforts to increase public awareness and to aide in role clarity around the role of the registered nurse and their critical role on the healthcare team.

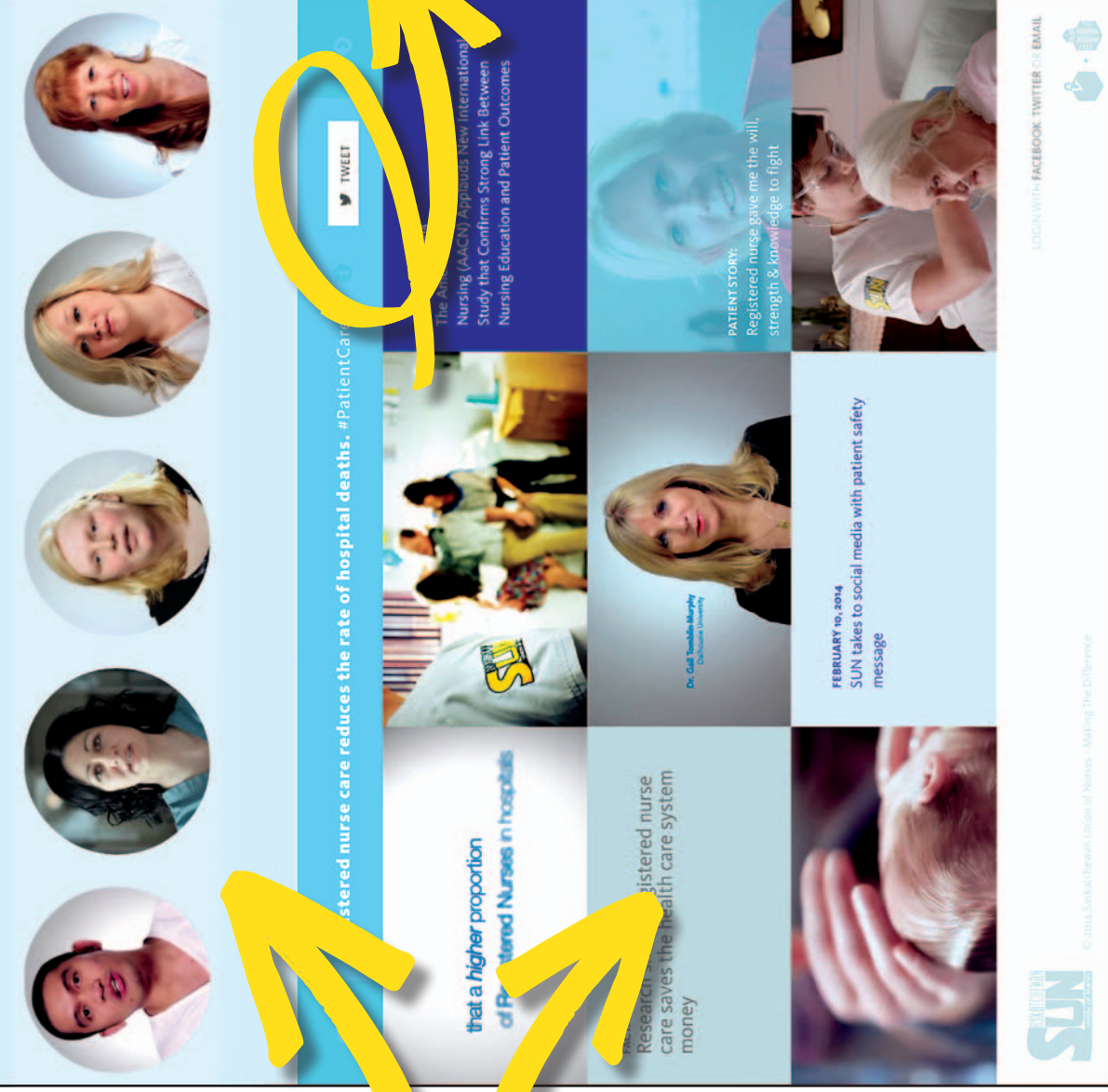
Hear from the real experts:

## Get The Facts

- Look, listen and hear about the research, evidence and passion behind why registered nurses make a difference.
- Information, statements, and even our tweets are all backed by decades of research and evidence. Click on the (i) icon to view the list of research articles to reinforce our message.

## Talk About it

- This fully interactive website is seamlessly integrated into Facebook and Twitter to keep the conversation going! See something you like and want others to see it too? Go for it! Simply click on the SHARE options found on each page to share something you are passionate about.
- In a rush? Don't know exactly what to say? No worries! The new website automatically generates Facebook and Twitter posts relevant to the video, news articles, or research. Share as is or use these posts to get your own creative juices flowing.



The new Making The Difference website is an engaging, eye-catching communications tool developed to embrace everyone's comfort levels by offering a variety of opportunities for visitors to support the need for clear roles and scopes of practice; to promote the research and our message; or to spring into action and take a stand for safe patient care.

**Check out the new website for yourself. You're gonna love it!**

- No demonstrated need
- Education program, Norquest College is not accredited or endorsed by CSOT
- Practice is not under the direction or supervision of an RN. Only “in collaboration with other members of the health care team”.
- Research, evidence and best practice is not provided to support practice
- Specialized areas of practice must be under the direction and direct supervision of a RN or RPN
- Reliance on Practice Guidelines (not identified in bylaws) to define practice, role, scope and tasks

### Activities with Limits and Conditions

In terms of the Activities with Limits and Conditions, SUN continues to have concerns around telemetry, venipuncture, IV push and immunizations. SALPN continues to expand LPN practice into these areas and more, where LPNs do not have the foundational education and/or experience. While broad concepts regarding venipuncture and a telemetry guideline have been agreed to by the regulatory bodies, SUN has been re-assured that discussions will continue around what the content will include and what this will mean for the practice environment.

At this time, SUN cannot support the four areas of Activities with Limits and Conditions given the lack of research and evidence and formal educational preparation for LPNs.

Currently these items have been removed from the bylaws and are open for further consultation; however, without these items included within the bylaws, they are not held to the same formal processes and may be changed at any time without consultation.

### Practice Guidelines

The draft Practice Guidelines that accompany the proposed SALPN bylaws raise many concerns regarding patient safety, role clarity and ability to implement the content into the practice environment in a consistent, cohesive manner. This information is vague and does not provide any evidence, or refer to any valid research, supporting that LPNs, as currently educated, have the foundational knowledge to ensure safe performance at the level of functioning described.

Currently, the practice guidelines and activities with limits do not appear in the proposed bylaws — nor are they referenced within — leaving these documents open to further review and future revision without the requirement to go through the same rigorous process as the bylaws and other legislated documents. This means that the Practice Guidelines, Activities with Limits and Conditions and other interpretative documents could be

changed without a moment's notice to suit the needs of the Employer and/or the Government.

### Draft Decision Making Framework

The draft “Decision Making Framework – Quality Nursing Practice” circulated by the SRNA, RPNAS, and SALPN represents an important first step in supporting effective collaboration among nursing care providers. By emphasizing the key principles of collaboration and consultation, and by placing these on a continuum of care requirements based on client, nurse, and environmental factors, the Framework provides an important building block for supporting effective decision-making and collaboration.

Elements of the framework require considerable elaboration and clarification in order to provide the necessary support to appropriate decision making. Consistent with the “Guiding Principles,” the Framework must make clear reference to the education, legislated scope of practice, and the distinct roles and responsibilities of nursing care providers in the process of assigning, coordinating, and delivering patient care. In the absence of these specifications, the Framework will not address the issue of role clarity and support appropriate decision making in an effective and sustainable manner.

### What Does This Mean for RN/RPN Practice?

Over the last number of years we have seen a growing trend where LPN activities and tasks are expanding into areas where LPNs do not have any foundational education and experience. This trend continues as SALPN begins to “formalize” these practices within the Activities with Limits and Conditions. Without a clear decision-making framework RN/RPN practice is still in jeopardy of being substituted for and/or eliminated, weakening the healthcare team and creating circumstances where patients are put unintentionally at risk — such as medication errors, subtle changes in patient conditions being overlooked, or mismanagement of complexity and acuity of patient needs.

### What Can RNs/RPNs Do?

#### Be Confident In Your Role as an RN or RPN

- Registered nurses analyze, interpret, and understand rationale of clinical implications, apply, intervene, create/implement plans of care based on research/evidence and best practice information and evaluate outcomes
- Registered nurses must write and successfully pass their profession specific national exam
- Registered nurses have a stronger foundational knowledge to draw from and analysis each patient based on acuity and complexity

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*Patient safety is not about task performance. It is not about who can do what, but rather what is the condition and needs of the patient and who is educated to care for those needs?*

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- Registered nurses are able to care for all types of patients from stable to complex, in all care settings (Acute, LTC, Community, Mental Health, Addictions, etc.)
- Registered nurses require a university degree that prepares them to observe and recognize early signs and symptoms of deterioration, critically think, decision make, and intervene early

### Strategies to Maintain Standards

- Know your role in the practice environment
  - RNs/RPNs coordinate client care: Initial assessment, assigning, delegating
  - Ensure full implementation of the nursing process: Assessment, planning, intervention, evaluation
  - The final word is yours: RNs/RPNs are legislatively responsible for coordination of care
  - RNs/RPNs assign according to complexity: communicate where you don't have appropriate staff or are forced to assign geographically
- Communicate with your regulatory body and SUN
  - When you are unable to fulfill your legislated role
  - When you are concerned about decisions being made
  - When patient safety is being jeopardized
- Become involved in your professional association, and your union (SUN)
- Based on foundational education and legislated role, RNs and RPNs are responsible to determine needs of the client and match those care needs with the most appropriate care provider
- Be aware of Best Practice Guidelines:
  - Operating Room Nurses Association of Canada
  - Canadian Gerontological Association of Canada
  - National Emergency Nurses Association
  - Canadian Association of Medical-Surgical Nursing

### Your Profession, Your Voice

A crucial next step in the process of finalizing the draft documents and developing interpretive materials is for the Minister of Health to hear from registered nurses, and for the SRNA and RPNAS to continue to hear from their memberships. In order to make informed decisions, the regulatory bodies need to continue hearing directly from you to gain a better understanding of your direct care experience, perspective into the discussion, and the implications on our practice environment.

SUN members provide a valuable lens about registered nurse practice from the perspective of the direct care provider. Your voice on what would

make a difference to you in your practice is an important message for the SRNA and RPNAS to hear and understand.

SUN members are encouraged to review the proposed documents — bylaws, practice guidelines and draft framework — and seek clarification on items they are concerned about.

### Questions or Concerns About the Bylaws? Contact ...

- Honourable Dustin Duncan  
Minister of Health  
Phone: (306) 787-7345 (Regina)  
[he.minister@gov.sk.ca](mailto:he.minister@gov.sk.ca)
- Shirley McKay  
Interim Executive Director  
SRNA  
Phone: (306) 359-4200 (Regina)  
[smckay@srna.org](mailto:smckay@srna.org)
- Robert (Bob) Allen  
Executive Director  
RPNAS  
Phone: (306) 586-4617 (Regina)  
[rallen@rpnas.com](mailto:rallen@rpnas.com)

## Course by Course: An RN/LPN Curriculum Review



- SIAST practical nursing (PN) program was reviewed in spring 2011 to determine which courses are eligible for transfer credit into the U of R/ SIAST degree nursing program. Due to major curriculum changes to the PN program in 2006, transfer credit applies to grads from 2008 forward.
- Based on the curriculum review, LPNs receive 27 credits (3 credits short of a full year) and diploma RNs receive credit for 2 full years.
- LPNs entering the U of R/SIAST program must take:
  - Kin 268 – Human Physiology II (advanced assessment course)
  - CNUR 302 – Child and Adolescent Partnerships
  - CNUR 303 – Family and Newborn Partnerships
  - CNUR 304 – Mental Health Partnerships
  - CNUR 305 – Advanced Acute Care Partnerships

*LPN content in these areas is not recognized due to lack of theory and practicum experience*

## IAC Success: The Dubé Story

As registered nurses we hold ourselves to a higher level of standards — a higher level than our own professional standards have set for us. We are determined individuals focused on one goal — providing the highest level of quality patient care. We will not accept anything less.

It was that drive that brought the Nursing Advisory (NAC) Process to life in 1982. We stood strong in '82 to achieve this new language in the Collective Agreement and to gain a formal mechanism for registered nurses to voice their concerns about patient care and safety.

In 1988, SUN wanted to strengthen that language, we wanted the Employer to follow through on recommendations and solutions to practice issues that directly impacted patient care.

We were so passionate about our professional practice and the safety of our patients, we actually went on strike to achieve this goal — and we won. We successfully gained the Independent Assessment Committee (IAC) in our Collective Agreement — giving us a binding and enforceable decision on recommendations for improving the practice environment and patient care.

Today our work environment is riddled with new challenges and is changing on a rapid and constant basis. But one thing that has held true is the NAC and IAC processes. The NAC process has been very successful over the years — does it need improvements, of course it does, what process doesn't need improvements along the way?

In response to your needs, SUN provincial is continuously making improvements to the professional practice work we do to better serve our members and to assist members in bettering their work environment.

We have dedicated staff who focus on professional practice issues and we marry those skills with those of our Employment Relations Officers to strengthen the tools we use to resolve workplace issues. SUN's Nurse Practice Officers and Nurse Research and

Practice Advisors provide the expertise and skill to successfully address your practice concerns, but they are not the key to success.

The key to NAC and IAC success is the members — their determination, their persistence, their professional standards and their heart has been the motivation and critical component to creating positive change in their workplace.

When we harness that energy and passion and combine that with the powerful knowledge we hold at SUN Provincial — we can accomplish great things.

The NAC process is constantly evolving — as the professional environment changes and new challenges arise, we must adapt to not only reflect those changes and challenges but also to improve our processes and effectiveness of our approaches.

Achieving results through the NAC and further onto the Independent Assessment Committee takes patience, persistence and solidarity. The members at the Dubé Centre are an excellent example of those characteristics.

This is their story of endurance, determination and strength.

### Background

Professional practice issues at The Dubé Centre for Mental Health and Addiction have been an ongoing point of contention for the RNs/RPNs over the past few years. It has been difficult to ensure safe, competent, ethical care while issues continued to arise regarding professional practice. In the face of the increasing volume, complexity, and acuity of patients admitted to the Dubé Centre, the RNs and RPNs began documenting their concerns (WSRs) related to inadequate RN/RPN baseline staffing levels, lack of consistent replacement of baseline staff, and inappropriate skill mix (and ensuing workload concerns) and identified these issues as inhibiting the delivery of professional nursing care according to standards. These concerns directly impacted on the ability of the Dubé Centre to deliver high-quality and safe patient- and family-centered care, with negative consequences for patient outcomes.

In January of 2014, after many NAC meetings with the Saskatoon Health Region (SHR) and 102 WSRs still unresolved and outstanding, SUN made a presentation to the SHR Board of Directors. The response from the SHR Board of Directors was to apply lean methodologies to address the RNs/RPNs concerns.

As we know, Lean when applied to the nursing practice has many limitations. SUN strongly felt the use of lean alone did little to address the profes-



sional practice concerns brought forward by the RNs/RPNs. In March 2014, SUN officially referred the issues to an IAC hearing and made presentation in November over two (2) days. An official report was provided by the IAC panel one month later which provided for additional RN/RPN staffing and additional recommendations to ensure positive patient outcomes.

### Using Data to Make our Case: Lessons from the Dubé Centre NAC Process

The most important form of evidence for the NAC process is high quality Work Situation Reports (WSRs) that document the professional practice and workload concerns of members. These forms of documentation drive the local NAC process through which members attempt to have their concerns addressed and resolved.

At each stage of the NAC process other forms of evidence can and should be used to complement member documentation. They can help make the case for positive changes to address professional practice and patient care concerns.

Three broad categories of data can be very useful in this, including: (1) Evidence of patient volumes and patient care needs; (2) Evidence about the quality and safety of patient care delivery; and (3) Evidence that a “business case” exists to make positive changes to both improve the practice environment and reduce long-term costs.

Data on patient volumes such as occupancy rates, admission/discharge numbers, service enrollments, etc. can help to show that the concerns members document in WSRs are part of a persistent pattern in your workplace.

Data on patient care needs and demands — measures of acuity such as diagnosis categories — can help to reinforce documented member concerns regarding patient acuity. While the particular measures that may be used will depend on the practice context, data on patient care needs can provide further evidence of the widespread experience that patients are entering all aspects of the healthcare system with more serious and complex needs than ever before.

Data on the quality and safety of patient care being delivered in a workplace can help demonstrate the need to make changes in the interest of patients and their families.

Data on clinical and patient outcomes such as readmission rates, falls, infections, medication errors, and other adverse events, are a powerful form of evidence that changes are required to allow members to meet professional standards of care.

Poor clinical outcomes and adverse events are



*Gloria Simpkins RN shares her experience with the NAC and IAC processes and successes.*

also very costly to the system, which bring us to the final category of evidence that can be useful in making our case. Data about costs that could be minimized with positive changes to staffing can also be used to bolster our argument that high quality and safe patient care is cost-effective care.

In addition to patient outcomes, high or rising rates of sick time, overtime, staff injuries, staff turnover and churn, etc. not only reflect a difficult practice environment for members, but are also very costly. Adding staff or providing other supports can help to reduce long-term costs as well as improve the conditions for professional practice and patient care, and these measures should be considered as part of the NAC process.

### Takeaway Messages

1. Pay attention to the forms of information and data that are collected in your unit, facility and health region. These can be very useful in supporting the concerns documented in WSRs.
2. Make requesting and reviewing data part of the Nursing Advisory Committee process wherever possible. This could help support changes that address concerns from the beginning, and will provide support for bringing concerns to the next level of escalation if necessary.
3. Make early and frequent use of the nursing practice supports available from SUN Provincial through your local Nursing Advisory Committee and, through them, to other research supports for identifying and analyzing data that can support the resolution of professional practice and patient care concerns in your workplace.

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*WSRs are the true catalyst to this entire process.*

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## The Key to Success: Member Engagement

While utilizing data is a valuable tool in addressing practice concerns, WSRs are the true catalyst to this entire process. But without the dedication and determination of registered nurses, the process would stall and resolving practice concerns would become increasingly difficult.

SUN members have a history of speaking up when it comes to patient safety and their ability to provide the highest quality of care.

Registered nurses are one of the most respected and trusted professions — falling only slightly behind pharmacists who hold the #1 spot; it is because of this level of respect and trust that when registered nurses speak up, people listen.

It truly is the members that drive the NAC process — since 1982 it always has been, and it always will be. It is the registered nurses that take a stand to ensure positive patient outcome and experience and a positive working environment. It is through the documentation of WSRs that members have a voice.

As registered nurses, SUN members are “programmed” to right the wrongs. We see something askew or “broken” and we want to fix it. It’s in our nature to heal things — that’s why we are nurses. Yet it takes persistence and patience, commitment and confidence to see the NAC process through.

At times it can be difficult to see the light at the end of the tunnel, the members at the Dubé Centre can attest to that; but they saw the big picture, they recognized their end goal and stayed focused on improving their practice environment in order to ensure high quality patient care.

“There was this ‘blame the victim’ mentality when I came to the Dubé Centre from St. Paul’s (Saskatoon) Emergency,” said Gloria Simpkins RN, NAC Chair for the Dubé Centre. “Mental health was a new area for me so there was stress and as well as a learning curve, so I struggled a little. I attributed that to my lack of experience because I am not a psychiatric nurse but I did my best, and I still went home at the end of the day saying ‘I don’t feel like I did the best I could have.’”

“I started asking questions and discovered that some of my colleagues, who were very experienced psychiatric nurses, were feeling the same thing. Then there was the realization that it was not me, they are struggling too. The culture or mentality had been that if errors were/are occurring it must be because the nurse did something wrong.”

“We had to change the way we looked at things. We started asking what else is going on when

that error occurred? There are so many variables happening that you have to actually look at it as a complex situation.”

“We started to focus on the whole situation and document more on how was this impacting the care these clients were getting? Were we able to do those vital signs after we gave a narcotic to find out if it was effective? It was even getting challenging to meet the health region’s new policies because we just didn’t have the staff.”

In the end, after months of documenting and raising concerns, the SUN members at the Dubé Centre got what they so desperately needed — more RN/RPN staff. In addition, Simpkins said through the process they also “raised management awareness about the increased acuity because before we’d say ‘listen the patients are sicker’ but if you don’t have a measurement they just say that’s your opinion. Now we have the documents [WSRs] to prove it.”

In reflection on why registered nurses continue to advocate for their patients and their profession so tirelessly, Simpkins noted “we have to keep fighting the good fight because if we don’t do it for our patients, nobody else will.”

## Creating High Quality Evidence: Tips to Completing an WSR

How to communicate on a WSR/PPR effectively

- Be objective and factual;
- Focus on seriousness of the situation;
- Do not embellish and dramatize — be clear and concise;
- Emphasize patient safety;
- Explain potential or actual risk/harm to patient;
- Explain registered nursing standards you are unable to adhere to

Examples of areas to place emphasis on patient care needs that were not met:

- Medication administration delayed
- Oral and skin care
- Frequent changing of patient position/turning
- Pain management
- Patient monitoring
- Treatments and procedures
- Initial and ongoing assessments
- Providing emotional support
- Educating patients and family
- Completion and updating care plans
- Charting
- Appropriate discharge planning
- Coordinating care, assigning and delegating

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*“We have to keep fighting the good fight because if we don’t do it for our patients, nobody else will.”*

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# SRNA Annual Meeting Highlights

During the Saskatchewan Registered Nurses Association (SRNA) Annual Meeting, Registered Nurses — including frontline RNs, Nurse Educators, academics and managers — from across the province rose to the microphones to discuss the current practice environment and the erosion of the RN scope of practice.

The SUN Board of Directors proudly sponsored 100 SUN members to attend the SRNA Annual Meeting, on May 6 in Saskatoon, as a way of giving the frontline registered nurses an opportunity, and the support, to participate in the discussion around the decisions the SRNA makes.

The attendance and contributions made by the 100 frontline RNs in attendance was instrumental in turning the tides at the SRNA Annual Meeting. Discussions and debate centred on the current practice environment, what the frontline RNs are experiencing under the new climate and where they believe their practice can be improved — these discussions were key in providing the SRNA with an honest environmental scan and direction on next steps.

As a direct reflection of the discussions and current practice environment, two (2) major resolutions were brought forward to the SRNA Annual Meeting by the frontline nurses — and passed by an overwhelming majority of the SRNA members in attendance.

It was resolved:

1. ***“that the SRNA direct all RNs to only provide education that builds on the foundational education of other care providers”, and***
2. ***“that the SRNA call on Minister Duncan to direct health regions to ensure that all practice guidelines and activities with limits that impact the delivery of nursing care are based on academic research and evidence”***

The above mentioned resolutions demonstrate the concern and passion RNs have in regard to their professional standards, legislative responsibilities, and the safety of their patients.

The resolutions passed during the SRNA Annual Meeting come on the heels of two (2) major resolutions which passed unanimously during SUN's own Annual Meeting held at the end of April in Saskatoon (see page 6 for resolutions).

SUN looks forward to continued communication from the SRNA to our shared membership and is encouraged by the resolutions passed on May 6 where registered nurses will begin to see a resolve to their practice concerns and improvements in

their practice environments. The resolutions passed during the SRNA Annual Meeting were scheduled to be discussed on June 11th during the SRNA Council Meeting; at the time of publication, SUN was waiting for further communication from the SRNA.

Passing these resolutions was just the first step. You need to continue to take action to ensure the SRNA knows they have the weight of their membership behind them in their talks with government, employers and other stakeholders.

## Here's What You Can Do

- **Continue to speak out** in regard to practice changes in your workplace. Utilize the Nursing Advisory Process by filing WSRs to document your concerns and your lack of ability to meet your professional standards.
- **Phone the SRNA and the Minister of Health** and let them know the SRNA has your support on these resolutions.
- **Send the SRNA and Minister a letter:** Put your thoughts in writing and let the SRNA and Minister of Health know why you support these resolutions and how they will have a positive impact on your practice environment and role clarity.

**As always, SUN is open to hearing from you — send your thoughts on the above mentioned resolutions to SUN Provincial at [sun.communications@sun-nurses.sk.ca](mailto:sun.communications@sun-nurses.sk.ca)**

## Frontline Nurses Secure Seats on SRNA Council

Congratulations to Lynne Eikel and Joanne Petersen for running a successful campaign and their recent election to the SRNA Council. It is great to see more registered nurses, involved in direct patient care, getting involved in their regulatory body and becoming a part of the SRNA's future.

Joanne Petersen RN, who works at the Assiniboia and Moose Jaw Union Hospitals, has been elected to the position of President-Elect.

Lynne Eikel RN, from Rosthern Hospital, will be representing Region IV as a Member-At-Large on the Council.

Good luck to both Joanne and Lynne in their new role with the SRNA.

# Voices From the Front Lines: SUN's 2015 Member

During the week of February 16, 2015, SUN conducted our annual Member Survey, polling members on subjects including, but not limited to, patient safety, quality of care, new initiatives, and union accountability and transparency. This annual telephone survey, conducted by Praxis Analytics on SUN's behalf, provides SUN with valuable member feedback, insight, and direction on key issues facing registered nurses across the province.

Highlights from this year's survey were shared with the membership during the Annual Meeting held in April in Saskatoon, as well as on our Facebook page ([www.facebook.com/SUNnurses](http://www.facebook.com/SUNnurses)).

## Highlights

### Safety of patient care rated positively at own workplace

Like last year, a strong majority of nurses rate the safety of patient care in their workplaces very positively. The average response on the 1-5 scale is 3.75. 62.7% give positive ratings of 4 or 5. Only 9.3% rate the safety of care in their workplaces negatively.

- A majority (55.7%) feels their own-workplace safety of care has not changed over the past 12 months. However, **33.0% report that patient safety has deteriorated**, triple the number (11.3%) that say it has improved. Numbers are very similar to last year's.
- Among the 11.3% reporting that patient safety has improved, by far the most common reason given is again Education and Training (at 50.0%, up eight points from 2014). The **second most-mentioned factor in improvement is number of registered nurses on staff**, mentioned by 28.4% (up considerably from 17.6% in 2014). Morale and engagement was noted by 10.2% — down from 16.5% last year.
- Among the 33.0% reporting that patient safety has deteriorated, the absolute **level of registered nurses on staff is again rated to be the most important factor in the decline** (mean response level of 4.35, up from 4.30 in 2014), followed by number of patients (4.20, the same as 2014), and the seriousness and complexity of patient needs (4.08, up from 4.01).

### Three quarters (76.3%) know of a time when patients were at risk due to short-staffing

Incidence is up from last year by one percent.

- Of the three quarters who are aware of risk due to short-staffing, **two in five** (41.7%, or 31.8% overall) **reports risk is frequent**.
- 40.5% say they are **aware of times when patients are put at risk specifically due to replacement of registered nurses**. Among them, 29.5% say risk occasions are frequent, implying that one in eight (11.9%) overall encounter frequent risk due to shortage of registered nurses.

### The LEAN concept is very well-known

At 96.8%, LEAN is known almost universally. Primary Care Redesign follows, with 45.3% recognition, and the Tripartite Agreement with 39.2%. Recognition of Collaborative Emergency Centres has decreased, to 20.9% from 27.9% last year.

- Involvement with the LEAN Initiative is up from 60.8% in 2013 and 71.7% in 2014, to 73.8%.

## Replacement of RNs/RPNs = Major Concern

**3/4** 3 in 4 registered nurses are concerned about the effect of replacing registered nurses with other providers in their workplace.

More than half (53.4%) identify the effects of replacement as a "Very Major Concern" in their workplaces.

**53%**

The top reasons for concern are Patient Safety and Adequate Patient Assessment, with more than 85% of registered nurses identifying these as a concern.

## Patient Safety & Adequate Assessment = Top Concerns

Level of concern for direct impact on patients ...

**Patient Safety = Very Major Concern 63%**

**Adequate Patient Assessment = Very Major Concern 58%**

Saskatchewan deserves registered nurses.

Registered nurses make a difference.

SOURCE: 2015 SUN Membership Survey

# Survey Lets Registered Nurses Have Their Say

- The overall impression of the Initiative is down very substantially to highly negative 2.20 out of 5 (from 2.71 last year and 2.99 in 2013).
- Among the reasons for giving LEAN a lower rating, the most common are that it's **not patient-centered (35.3%), and that it's inappropriate in a healthcare setting (33.3%)**.
- Among the reasons for giving LEAN a higher rating, the most common is that there are opportunities to participate in introducing the initiative (41.4%) followed closely by opportunities and education in what the initiative involves (37.1%).

### Most members have heard of proposed changes affecting the scope of practice of LPN's

At 93.8%, the vast majority of respondents have heard of proposed bylaw changes.

- Of those who have heard of the proposed bylaw changes, a majority (52.5%) has a negative impression of the proposed changes (mean response is decidedly negative at 2.35 out of 5). Positive perceptions were given by only 8.8%, or about one in 12 respondents. Nearly four in ten (38.7%) are neutral.
- Among the majority with negative perceptions, four possible reasons for giving the proposed changes a negative rating were tested. **Concerns about the quality and safety of patient care (4.48) and Concerns about professional responsibility (4.43)** are rated ahead of Concerns about the future of your profession (4.28) and Concerns about role clarity (4.24).
- Among the minority with positive perceptions, four possible reasons for giving the proposed changes a positive rating were tested. 'It could improve collaboration and team work' (4.39) and 'It could allow registered nurses to focus on high level competencies' (4.23) are rated to be more important than 'It could help clarify nursing roles and responsibilities' (4.05) and 'It could help reduce workload for registered nurses' (3.95).

### Safe staffing levels deemed top bargaining issue

Over four in ten (42.6%, up from last year) of respondents identify safe staffing levels as the single most important issue to be addressed in the next round of bargaining. Others tested substantially lower: protecting registered nurse positions (21.6%), and workload (19.3%). All three issues show exceptionally high average importance ratings: 4.67, 4.40 and 4.51 respectively.

- **Wages and benefits are the least important of the five issues tested** in terms of intensity

(3.78 average response). Only 6.4% rated wages and benefits as the top issue. Professional development at 3.93 and 5.4% of responses also shows a lower overall level of interest.

### A third of nurses have considered leaving nursing in the last 5 years

Among the 33.1% in this group, (the same number as last year), 76.3% have considered leaving in the last 12 months — i.e., roughly one in four nurses overall gave serious consideration to leaving in the last year.

- **Over half of nurses (55.5%) have given consideration to leaving their current roles in nursing (as contrasted to the profession of nursing)**. Workload and staffing levels (3.91) and environment or morale (3.88) show as the most important reasons.

### A majority (50.8%) would strongly favour initiatives to raise the visibility of registered nurses

The average response of 4.23 is similar to previous years. A negligible 4.3% say they would oppose such initiatives.

- Greater than nine in ten (92.0%) have heard of SUN's Wear White campaign; among them, 36.6% (34% overall) have participated in the campaign in their workplace.
- A majority (56.5%) of those familiar with the Wear White campaign have a positive impression of the campaign, while 12.0% have a negative impression. The mean response level is a very favourable 3.73.
- Overall support for a phased-in policy of wearing white is strong at 42.9%.

### Nurses rate SUN's accountability to members very positively

At 3.94, **SUN's accountability and transparency rates very favourably among Saskatchewan nurses**. The level is up from last year's level (3.87).

- SUN's Annual audited financial statement continues to rate very highly on adequacy of disclosure, with a mean of 3.97; a third (32.1%) gives it the highest rating possible.
- On the whole, nurses support the idea of outside persons or organizations scrutinizing the financial records of SUN (mean response level = 3.09), which is a shift from last year when nurses indicated general opposition (2.87). The largest group this year (36.5%) is neutral.

# Health Care Matters – Canada’s Nurses Say, “Vote for the health care we deserve”

Nurses across the country are speaking up this federal election to ensure the health and well-being of Canadians are at the forefront of government priorities. As we approach an October federal election, it is important that health care is “on the ballot.” The Canadian Federation of Nurses Unions (CFNU) is committed to working strongly with provincial nurses unions and our frontline members leading to this election.

Currently, nurses are facing funding cuts, staffing cuts, unhealthy work environments and extreme demands for overtime hours. This inadequate approach threatens the ability of nurses to deliver quality care to our patients. Tackling this and developing a plan for nurses that creates safe staffing standards across the country will require national leadership. All political parties must clearly communicate their plans for a sustainable and strong public health care system. We must demand that every candidate speak out on their commitment to our public health care system.

In 2012, public sector nurses in Canada worked over 21.5 million hours in overtime. This amount is the equivalent of 12,000 full-time jobs and cost Canadian taxpayers nearly \$1 billion per year. In spite of this, hospitals across the country continue to cut nursing positions. While these cuts are

inherently tied to provincial budgets, decisions made at the federal level have helped create this problem.

The federal government will cut \$36 billion of health care funding over ten years, starting in 2017. The federal government also neglected to uphold its duty and meet with the provinces, instead opting to allow the Health Accord to expire. Future transfers will be tied to economic growth, a formula that leaves poorer provinces with less and does not take into account factors like an aging population or increased drug costs. This is a clear failure of the federal government in their obligations to Canadians.

These decisions show a complete disregard for Canada’s universal, publicly-funded health care system. The proposed changes will lead to fewer jobs and more dangerous workplaces, making it difficult for nurses to do their jobs and putting patients at risk. As the frontline workers of the health care system, Canada’s nurses must stand up and speak out for health care this election. Demand support for a publicly financed health care system from your local federal candidates and help secure the health of Canada’s future.

**Vote for the health care we deserve this election!**

*Below and page right:  
SUN members join 1,000  
nurses from across Canada  
to rally for positive change  
within Canada’s healthcare  
system.*





## CFNU Biennium: Halifax, Nova Scotia

Close to 1,000 nurses from across Canada gathered in Halifax from June 1-5, 2015, to inspire, lead and empower their fellow nurses to make a difference in their workplace, their communities and their country. One of many topics up for discussion was the upcoming federal election and the role nurses can play in ensuring healthcare is front-and-centre in all political parties' platforms and is top of mind when Canadian heads to the polls on October 19.

To close the week, CFNU delegates, including SUN's 80 delegates, marched down historic Barrington Street in Halifax, wearing white scrub tops, on Friday, June 6, 2015, for the official launch of CFNU's effort to emphasize healthcare issues during the upcoming federal election campaign.

For the first time, nurses from across the country are asking Canadians to vote for the healthcare they deserve. To date, no political party has made its platform clear, but nurses feel an obligation to address key areas of concern as Canada's election date approaches. The CFNU has urged all political parties to make their positions on federal support for public healthcare clear during the campaign for the October 19 federal election.

*"I loved attending the CFNU conference in Halifax this year! The conference was so inspiring and motivating, and it really makes me want to get more involved in my Union and the federal election this year,"* reflects provincially funded member, Erica McCulloch RN, from Local 75 in Saskatoon. *"My favourite part of CFNU was participating in the rally with close to 1,000 of my fellow nurses, wearing white, and campaigning for better healthcare in Canada."*

The United Nurses of Alberta (UNA) will be hosting the next CFNU Biennium in Calgary, Alberta in 2017. Talk to your local executive about how you can apply for funding to attend.



# EDUCATE • COMMUNICATE • PARTICIPATE

Keep an eye on your mailbox —  
information concerning registration  
and funding to attend the  
2015 Education Conference  
will be mailed to members' homes  
during August.

**SUN Education Conference  
October 27 & 28, 2015  
Saskatoon, Saskatchewan**

**Return Undeliverable Canadian Addresses to:**

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