

SUN Spots

OFFICIAL NEWSLETTER OF THE SASKATCHEWAN UNION OF NURSES

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**Safe
Staffing
=
Safe
Patient
Care**

See pages 6/7 for your *Making The Difference* poster ...

42 Years Strong: A Roundup of

United we stand.

This single phrase encapsulates the mood of the over 300 members in attendance at the 42nd SUN Annual Meeting in Prince Albert on April 20 and 21, 2016. Solidarity was palpable as members gathered to not only discuss the business of their union but to try and visualize what part they, as registered nurses, can continue to play in making Saskatchewan's health care system stronger.



Tapping into the reasons why members chose registered nursing as a career and how the realities of today's practice environment differ from this original ideal, SUN President, Tracy Zambory, opened the meeting with a fiery, motivating, and at times, sobering address.

Zambory spoke passionately about the registered nursing profession and the ongoing challenges and concerns members constantly report from the frontlines.

"Short-staffing is nothing new to registered nurses," said Zambory. "For years we have been working under increasing pressure, many of us at the breaking point, but we have always showed up and got the job done because we know that being a registered nurse has never been about us. We know that our patients always come first — they depend on us and at the end of the day it's them that make this incredibly rewarding career worthwhile."

Of greatest concern was the impact these challenges were having on patient safety in the province, as evidenced by what direct care registered nurses reported from everywhere in the system throughout the 2015/2016 year. *"This past year, SUN members filed a total of 995 work situation reports and a staggering 827, or 83%, of those were related to staffing concerns," reported Zambory. "Even more worrisome were the findings of the 2016 SUN member survey — of the close to 1,500 members from all corners of the province and health system who responded, over 85% said that they are aware of times patients have been put at risk due to short-staffing; and, 45% of those said that this occurs 'frequently'."*

Zambory also spoke of nursing role clarity's inextricable connection to short-staffing and patient safety, painting a picture of what the future of nursing and patient care in Saskatchewan might look like if this issue continues to be neglected.

"Short-staffing isn't a stand-alone concept that simply refers to 'not enough bodies on the floor' or 'too few registered nurses in the system' — it's far more complex than that," said Zambory. "We have to start acknowledging short-staffing's link to having the appropriate staffing mix on the nursing team, and ensuring that the right providers, who have the right education, are matched with the right patients based on their acuity and complexity."

She explained how employer policies that fill registered nurse positions with LPNs as a first choice to cover sick calls or vacation time; or policies that fill retired registered nurse positions with LPNs instead; have a direct impact on the workloads of

the 2016 SUN Annual Meeting

the team and even the ability of new graduates to find full time placements.

“Staffing policies such as these change the skill mix and dynamic of the nursing team, further compounding the effects of growing patient numbers and increasing patient acuity,” cautioned Zambory. *“The links between the erosion of the registered nurse’s role at the bedside and short-staffing are clear — These are the new causes of declining registered nurse numbers on the unit,”* said Zambory.

New SALPN initiatives that go above and beyond the January 2016 government-gazetted bylaws, which expanded LPN scope of practice into the areas of orthopedics, hemodialysis and perioperative care, were also a key focus of Zambory’s address. Perhaps the most significant of these initiatives she spoke to, is the work SALPN is currently doing on the development of a new LPN competency profile for Saskatchewan, which they have stated will be based on a scan of activities and functions LPNs are currently performing in the province.

“Many of these activities, which are unauthorized according to Saskatchewan’s Licenced Practical Nurses Act, will now be considered LPN practice regardless of the lack of supporting evidence, research, or foundational education LPNs receive,” noted Zambory.

She went on to give attendees examples of a few of the complex situations that are being considered in the creation of this new LPN competency profile.

“We are talking about highly complex situations with highly unstable patients — scenarios such as caring for women with post partem hemorrhage, monitoring and managing symptoms of arrhythmia and cardiac tamponade, resuscitation of newborns, and managing post anesthetic clients for recovery in the post-anesthesia care unit,” said Zambory.

In the months prior to SUN’s annual meeting, SALPN had already been conducting education sessions about these new competencies for employers, nurse managers and clinical educators. SUN members who attended some of these sessions reported some troubling comments from SALPN representatives such as: *“The only thing that differs between RNs and LPNs is the employer policy”*.

Zambory cautioned that policies allowing LPNs to practice to beyond their scope and foundational knowledge already exist. She also warned that completion of the new competency profile will lead to a further expansion of these polices, which could ultimately translate into *“increased registered nurse vacancies or replacement with other care providers, fewer registered nurses on the floor leading the nursing team, and ultimately a decline in patient safety.”*

Zambory did, however, offer hope for building strong, collaborative nursing teams, where the assignment of nursing care is dictated not by politics or budgets, but by evidence, legislation and patient acuity and complexity. She spoke passionately about a vision for role clarity that truly puts patients at the center of decision-making and that can be achieved through the continued strength and solidarity of frontline registered nurses.

“It’s up to us to ensure that our legislated role and critical knowledge on the nursing team is respected and valued. We cannot fix problems such as short-staffing and high workloads if we do not speak out for nursing role clarity,” she stressed. *“If we do not stand together now, the erosion of our profession and patient safety in Saskatchewan will continue.”*

Zambory closed her president’s address to a standing ovation as she challenged members to think about what they can do to ensure their vision for registered nursing and safe patient care is realized now and into the future.

“Take yourself back to what you personally envisioned for yourself when you first embarked on your career as a registered nurse — and then try to imagine what you can do now to get that ideal back on track. The time for action is now.”

Results of the 2016 Elections

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Saskatoon District

SUN/SAHO Negotiations

After what can only be described as eight months of intensive negotiations, Paul Kuling, Second Vice-President and Chair of the Negotiations Committee and Kelly Miner, Director of Labour Relations and Chief Negotiator, were on hand at the 2016 SUN Annual Meeting to walk members through the details.

They spoke passionately about a unified negotiations team whose unwavering commitment and unfaltering focus was instrumental in successfully reaching an agreement with SAHO that 91.5% of SUN members who cast ballots voted in favor of accepting.

“The committee was articulate, professional, respectful, and acutely aware of the systemic challenges, changing [health care] environment, political agenda at play, and most importantly the direct impact of these factors on patient care and safety,” said Miner. *“They were a rock — even when pushed to their limits they stood strong and resolute in their principles — they were not willing to compromise the integrity of [the registered nursing] profession, or the safety of patients.”*

At the Bargaining Conference in 2013, SUN members tasked their committee with negotiating a fair collective agreement that addressed workload concerns, ensured safe staffing levels, and presented solutions to the systemic issues that were negatively impacting patient care and the quality of workplaces.

“Our goal was to be a part of the solution, not a barrier to success. We wanted to have an impact on the bigger picture and to make lasting, long term improvements to the system in order to provide safe patient care,” said Kuling.

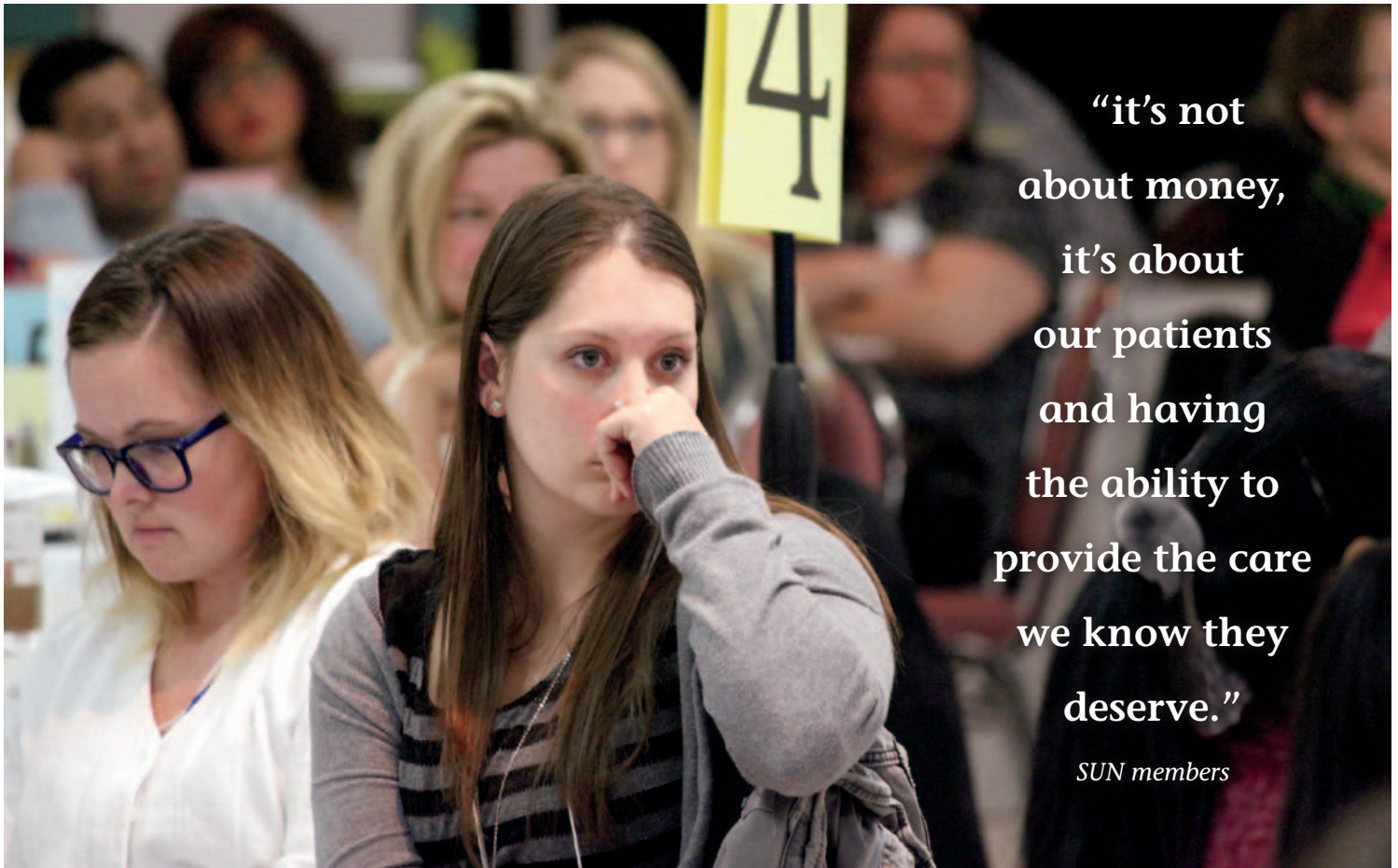
It wasn't all plain sailing, however, and on February 11, 2016, SUN was compelled to declare an impasse as negotiation talks had stalled over the issue of whether registered nurses should have the autonomy to make staffing decisions to address real-time patient care needs. Under the terms of the *Saskatchewan Employment Act* Special Mediator, Richard Hornung, QC, was appointed by government to assist the parties in reaching an agreement.

“For the [negotiations] committee, calling the impasse was a defining moment — it solidified our commitment to safe patient care and re-ignited our passion for our profession and to do what is right for the patients of this province,” said Kuling. *“We knew that no matter how many improvements to language we made, processes we clarified or supports we put in place, without respect for our profession and legislated responsibilities and accountabilities, none of it would carry any weight or hold any significance.”*

Following this declaration of an impasse, more than 1,000 members from all over the province convened for special meetings in Regina and Saskatoon to discuss the issue and ensure their frontline voice was being heard. What was most inspiring was that these were some of the largest gatherings of registered nurses this province has ever seen.

When the special mediator imposed a media ban on SUN at the special meetings, members took matters into their own hands. Using their social media accounts and speaking to the press as individual registered nurses, SUN members demonstrated that they would not be silenced when it came to raising the red flags about patient care. Their message was clear — *“it's not about money, it's about our patients and having the ability to provide the care we know they deserve”*.

It was these grassroots membership actions and bold demonstrations of solidarity that moved the



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SUN members

parties at the bargaining table beyond the impasse and towards the new collective agreement.

“The incredible show of strength and solidarity demonstrated during the membership meetings was fundamental in securing a tentative agreement that respects the legislated role of the registered nurse,” noted Kuling.

Following a protracted and somewhat tumultuous round of bargaining, on March 3, 2016 a tentative agreement was reached with SAHO.

The new collective agreement reflects some significant positive steps towards improving workplaces and respecting the legislated, professional role registered nurses play in providing safe patient care. It includes new and stronger language that will better facilitate the Nursing Advisory Committee (NAC) and Independent Assessment Committee (IAC) processes; and provide registered nurses with the autonomy to exercise their professional judgement and clinical expertise when it comes to coordinating care and calling in additional nursing staff necessary to ensure the safety of their patients.

“The removal of the term “Employee” which has been replaced with the term “registered nurse” is of

great significance. This ensures the personnel with the education, expertise and clinical knowledge are the ones making the staffing decisions — based on the needs of the patient,” notes Miner. *“In addition, [the negotiations committee] secured agreement from SAHO to develop a number of joint interpretation pieces that will ensure consistent implementation of the new language by employers across the system.”*

Kuling and Miner did, however, stress throughout their presentations that any improvements to the collective agreement are only as strong and as meaningful as members make them. They emphasized that members have a shared responsibility with SUN Provincial to ensure that any commitments that were agreed to are not only adhered to but correctly administered and applied.

“This will require diligence from all of us — individual members, Local Presidents and SUN Provincial,” stressed Kuling. *“As individuals, and as a collective, we need to protect our rights and the language that provides us those rights. The language we achieved can only make a difference in our workplaces if we use it and ensure it is adhered to.”*

“When the unexpected occurs, my knowledge helps you on the road to recovery.”



“My education and knowledge are key to recovery, no matter how long it takes.”

“A new journey is beginning. I’m here to help make it safer.”



Saskatchewan registered nurses
make a difference.

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RPNAS Special Member Meeting Highlights

In response to a petition submitted by Registered Psychiatric Nurses (RPNs) to their regulatory body, the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), a special meeting to discuss practice concerns was held on March 31, 2016 in Regina. Members had significant concerns with lack of role clarity and the expanding scope of practice of other health care providers, including Licensed Practical Nurses (LPNs), into the domain of psychiatric nursing.

Areas LPNs are providing care for which they do not have any foundational knowledge of include (not an exhaustive list):

- Alzheimer and advanced dementia units
- Addictions and treatment centres
- Correction facilities
- Acute psychiatric care units

RPNs provided examples of situations where lack of RPN presence had resulted in sub-optimum care for clients. Stories of avoidable poor care and negative outcomes for patients were described.

The replacement of RPNs with LPNs in complex mental health settings is increasing. This combined with a “developing” LPN competency profile by the Saskatchewan Association of Licensed Practical Nurses (SALPN) that clearly proposes functioning of its members beyond their foundational knowledge, and allows for the replacement of RPNs with LPNs, has members extremely concerned for patient safety.

Members who have attended SALPN “education” sessions on the developing competency profile report that SALPN is advising RHAs that there is

no longer a difference between LPNs and RPNs/RNs. SALPN is advising that it is up to the employer to determine this in policy, at the employers’ discretion. These actions by SALPN ignore their organizations mandate to protect the public, and encourage employers to contravene SUN’s collective agreement.

As a means of supporting members, RPNAS was called upon to:

1. Publicly advocate for RPN practice and formally register concern with the bylaw changes and LPN competency profile due to lack of formal education, an absence of supporting research and evidence, and a lack of attention to patient outcomes.
2. RPNAS develop interpretative documents that clearly outline and support RPN practice
 - a. Interpretation of the RPN scope of practice
 - b. Decision-making tool for Assignment and Coordination of Nursing care
 - c. Support the “Client Continuum of Care” framework
3. Write to the Minister of health and the Premiere of Saskatchewan calling for an end to replacement modeling

RPNAS was also strongly encouraged to continue working with SALPN and the SRNA to develop a role clarity document; but that it must clearly distinguish the differing roles and function of each nursing care provider. Specifics to include:

- RPNs coordinate care
- RPNs are responsible for appropriate assignment and delegation of patient/resident care
- RPNs care for clients from stable and predictable to highly complex and unpredictable
- RPNs are not able to be replaced with other care providers (LPNs, social workers, paramedics)

Several resolutions were passed at this meeting however, RPNAS clearly identified that these would need to be taken to their Annual Meeting in June 2016 for further discussion and voting. All RPN members are encouraged to attend this meeting to ensure your voice is heard and that your regulatory body supports you to provide safe, competent care to your clients.

In closing lets heed the wise words of a dedicated member, “as RPNs, we must be ultimately vigilant that standards of Patient Care are not eroded by SALPN’s proposed and stated Regulations and Competencies, as they relate to the Competencies and Practice of the RPN, which are attained by extensive hours of Education, Practice and National Standards and testing”.

Beverly Balaski, RN BN MN



SRNA Special Member Meeting Highlights

A special member meeting of RNs was held in Regina on April 29, 2016 in response to a petition submitted to their regulatory body, the Saskatchewan Registered Nurses Association (SRNA) regarding practice concerns. Similar to our RPN colleagues in the province, RNs had significant concerns with lack of role clarity and the expanding scope of practice of other health care providers, including Licensed Practical Nurses (LPNs), into the domain of registered nursing.

Of specific concern is a developing competency profile by SALPN for LPNs. SALPN has been holding “education” sessions for employers and clinical nurse educators on the developing SALPN competency profile. Members who have attended these education sessions report that SALPN is advising RHAs that there is no longer a difference between LPNs and RPNs/RNs. SALPN is advising that it is up to the employer to determine this in policy, at the employers’ discretion. These actions by SALPN ignore their organizations mandate to protect the public, and encourage employers to contravene SUN’s collective agreement.

Proposed competency areas for LPN expanded practice include (not an exhaustive list):

- Post-Partum Hemorrhage
- Neonatal Resuscitation
- Managing care for a successfully resuscitated newborn
- Assisting with insertion of chest tubes
- Complex wound therapy including Vacuum Assisted Closure (VAC) dressings

These competencies are a direct replication of RN practice and in some instances include functioning beyond that which an entry level RN practices. Of further concern is that there is no mention or consideration of client acuity and complexity, nor how this role works with RNs/RPNs as a team. Role clarity is not discussed.

A spirited debate on the above issues ensued with members feeling disregarded and disrespected. The members requested that SRNA advise the Minister of Health that they do not support the SALPN bylaws of January 2016 that include Advanced Orthopedics, Hemodialysis Care and Perioperative Care, and that the SRNA speak out against the developing SALPN competency profile. After hours of members requesting the SRNA commit to establishing role clarity and upholding the legislative role of the RN, the members were extremely frustrated and a motion from the floor asking for the termination of the Executive Director, Carolyn Hoffman and immediate resignation of the entire SRNA council was presented to the assembly. Following lengthy



discussion on the motion, it was voted on and passed. As this motion took a prolonged period of time, there was not time for other important resolutions to be presented.

RNs left the meeting feeling angry, confused and unsupported by the SRNA.

Following the meeting a President’s message was issued declaring the motion was non-binding. They denied the membership request for a judicial review and have committed to “achieve a resolution for role clarity and employer accountability in other ways”. Specifics as to how they intend to achieve this have not been shared with the membership.

While specific SRNA actions to address member concerns remain unknown, we need to continue to advocate for safe patient care based on evidence and research and the need for role clarity. You are encouraged to document all concerns on SUN Work Situation Reports, communicate issues with SUN NPOs and EROs and most importantly communicate with the SRNA practice team as well as document and send concerns to SRNA Council members. It is important that they hear your concerns directly.

Beverly Balaski, RN BN MN

Social Media and You



The power of social media is hard to ignore. We live in an era where this incredible ability to reach the world is literally always at our fingertips. Almost everyone we know has a smart phone with them 24/7. What was once an easy and fun way to stay in touch with friends by sharing pictures and jokes, has now become a powerful tool for social change. In fact, social media has actually become an important medium for fuelling and spreading democracy.

Social media has given individuals a platform to express their viewpoints independently, while hashtags have given them the ability to find a community of like-minded people who share these views from around the globe. From governments and businesses to unions, not-for-profits and individuals, everyone is clamoring for space to shine a spotlight on the issues of greatest importance to them.

When a group speaks together about a common cause on social media it very quickly becomes more than just “cyber-noise”. Take the #IceBucketChallenge and its record-breaking success in raising funds for and awareness about ALS.

Individuals can use social media to boost exposure of important issues in politics, health, social justice and more, amplifying the need for change in a matter of hours, and inspiring people to take real-life action. But, as with anything, there are dos and don'ts. Here are 10 tips to becoming social media experts:

1. **Respect the confidentiality of the registered nurse/patient relationship.** Many professional conversations you have with your patients and colleagues in the workplace should never be communicated publicly.
2. **Never make disparaging remarks about employers, patients or co-workers,** even if they are not identified.
3. **Avoid harassment, intimidation, abuse, fights or threats** (both when posting and responding to posts). Some conversations are just not worth participating in.
4. **Maintain professional boundaries** in the use of electronic media. Online contact with patients blurs this boundary.
5. **Do not take photos or videos of patients** on personal devices, including cell phones.
6. **Social media is not a place to vent about your work life.** Remember your options for reporting workplace, patient safety or nursing practice issues. You can contact your Employment Relations Officer, call duty roster (Regina: 1-800-667-7060 or Saskatoon: 1-800-667-3294) or make use of the Nursing Advisory Committee and Nursing Practice Process in the Collective Agreement.
7. **Familiarize yourself with your employer's online and social media policies.**
8. **Understand that nothing online is private and everything is potentially permanent** — Anything you post becomes public information and may remain online indefinitely.
9. **Remember that your social media persona is a reflection of who you are in real life.** It can have the same degree of positive or negative impact on your reputation as being active in any other public venue.
10. **THINK BEFORE YOU POST** — and if you ever have any doubt, please contact SUN provincial with your questions.

Take the plunge and join the conversation on SUN's social media accounts. It's a lot of fun and we need your support!

Twitter: @SUNnurses

Facebook: www.facebook.com/SUNnurses

The Saskatchewan Special Support Program (SSP)

The Special Report Program (SSP) was introduced by Saskatchewan Health Services in 2002 to help people who have high prescription drug costs in relation to their income. Saskatchewan residents must apply to the SSP to receive coverage under the plan.

Saskatchewan Health Services determines your family's deductible and co-payment amounts for prescription drugs based on your family's annual adjusted income. Income adjustments are made by deducting \$3,500 for each dependent child under the age of 18 from your combined annual family income. Your family's co-payment amount is determined by the amount your family drug costs exceed 3.4% of your adjusted combined family income.

There are two types of SSP Applications:

- The Special Support Annual Application Form, and;
- The Special Support – CRA Application/Consent Form (one time).

The annual application must be completed each year. The CRA Application/Consent Form ensures automated renewal so that families are not required to reapply to the SSP every year. When the CRA Application/Consent Form is completed, an SSP approval letter will automatically be sent each year when income tax is filed.

SSP Application Forms are available at any Saskatchewan pharmacy, or on line at <https://www.saskatchewan.ca/live/health-and-health-living/health-benefits-and-prescription-drug-plans/extended-benefits-and-drug-plan/programs/special-support-program>.

[saskatchewan.ca/live/health-and-health-living/health-benefits-and-prescription-drug-plans/extended-benefits-and-drug-plan/programs/special-support-program](https://www.saskatchewan.ca/live/health-and-health-living/health-benefits-and-prescription-drug-plans/extended-benefits-and-drug-plan/programs/special-support-program).

Receiving your Approval Letter

Once SSP has received and processed your application, they will send you an SSP Approval Letter. The SSP Approval Letter will state your deductible and co-payment amount for your family's prescription drugs for the year.

You may be asked by Great-West Life to provide your SSP Approval Letter

On 3sHealth's behalf, Great-West Life reviews all prescription drug reimbursements. Once you and your family reach \$1,200 in drug claims in a year, a copy of your SSP Approval Letter will be requested. You will be given 30-days from the date of the letter to provide Great-West Life with your SSP Approval Letter.

What happens if I don't submit the Approval Letter in 30-days?

If you do not respond to Great-West Life, your prescription drug coverage will be suspended until Great-West Life receives your SSP approval letter. Your coverage will not be terminated; it will only be suspended.

Marg Romanow, SUN Benefits Officer

Source: 3S Health Services Employee Health Benefits Newsletter Nov 2015

3SHealth Employee Benefit Plan: Improvements in 2015

Effective January 1, 2015

- The vision maximum was increased from \$200 to \$300 every two years.
- The "better than" benefit for Extended Health Care was introduced for the plan members of CUPE, SEIU-West and SGEU.

Effective July 1, 2015

- The hearing aid maximum was increased from \$500 to \$1,500 every five years.

- The dependent child orthodontic lifetime maximum was increased from \$1,500 to \$2,500.
- Adult orthodontic treatment was added with a lifetime maximum of \$1,500.

If you have questions about the benefits available to you, please call a 3sHealth Benefits Officer at 1-866-278-2301 or email them at ebp@3shealth.ca.

Marg Romanow, SUN Benefits Officer

Source: 3S Health Services Newsletter November 2015

SUN/SAHO Collective Agreement Key Implementation Dates

The following information relates to some key dates for the implementation of the renewed SUN/SAHO Collective Agreement (2014-2018).

- May 20, 2016 has been determined as the date of signing for implementation of the amendments to the Collective Agreement.
- The adjustments to the wage rates occurred on May 24, 2016 but will be effective as of May 15, 2016 to correspond to the pay period. Employees should have seen the new rates of pay on their pay slips on June 3, 2016.
- Retroactive payments for both the lump sums payment for 2014-2015 and 2015-2016, as well as any retroactive payment for the general wage increase that was effective April 1, 2016, will be paid on June 17, 2016.
- The new Charge Pay rate was effective as of Sunday, May 22, 2016.
- Adjustments to non-SHEPP pension plans will be effective as of May 15, 2016 to correspond to the pay period.
- Northern Allowance adjustments will be made by the three (3) Regional Health Authorities that these provisions pertain to. Employees eligible for adjustments should contact Payroll in the Regional Health Authority.
- The new Casual Availability Form is to be completed by October 1, 2016. Full implementation of the new form will be by October 31, 2016. This time frame is to accommodate operational considerations and Employer specific scheduling processes.
- SUN and SAHO are in the final stages of completing a number of joint interpretations to assist the Employer, Employee and Local with the application of new language. These will be circulating to all parties upon completion and may precede the printing of this publication.
- Local Presidents will have or will be receiving communication with respect to the new language in Article 9.03. As you are aware, there are a number of significant changes to this provision and therefore, we will be asking our Local Presidents to provide us with some important information to assist us with the streamlined transition and application of this new language.

We are also in discussions with SAHO about Joint SUN/SAHO Educational(s) on the new NAC/IAC provisions of the collective agreement. New Work Situation Forms (WSRs) are being developed to assist in supporting this work and it is hoped that the Forms and the educational will be rolled out in the early Fall.

The renewed SUN/SAHO Collective Agreements are at the printer but we do not have a firm date of delivery. Members will be able to access the renewed Collective Agreement on our website at: <http://sun-nurses.sk.ca/labour-relations/collective-agreements>

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