

SUN Spots

OFFICIAL NEWSLETTER OF THE SASKATCHEWAN UNION OF NURSES

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**Thank you for your
leadership, your knowledge,
and your dedication.**

39th SUN Annual Meeting, April

Enhancing the role of registered nurses, regressive labour legislation, the transformation of healthcare, unforeseen labour unrest, and new leadership can all be summed up in one word — CHANGE.

For four days in April, 330 SUN members — including 70 first time delegates — and guests discussed, questioned, challenged and embraced CHANGE within our labour environment, the healthcare system and our Union.

The last minute venue change from Evraz Place to the Turvey Centre and Conexus Arts Centre in Regina was a prime example of the flexibility and resilience SUN members have for change.

Education Day

On April 23, 2013, 252 SUN members from across the province came together for the Annual Meeting Education Day to discuss two key issues facing SUN members today — Labour Pains and Better Health, Better Care, Better Teams, BEST Nursing [enhancing the role of the registered nurse]. During the morning session, guest speakers Andrew Stevens, Assistant Professor for Industrial Relations and Human Resource Management at the University of Regina, Barb Byers, Vice-President Canadian Labour Congress (CLC), Ronni Nordal, Outside Counsel for SUN, and Kelly Miner, SUN's Director of Labour Relations, spoke of the history and potential impact of Saskatchewan's regressive labour legislation (recently passed in the Saskatchewan Legislature on May 15, 2013) and national perspective on creating a fair and balanced workplace for everyone.

Mahlon Mitchell, President of the Professional Fire Fighters of Wisconsin, shared Wisconsin's history, journey and struggles with their own damaging and regressive state labour legislation. Mitchell's message went beyond that of solidarity among workers; his message was that of strength and advocacy.

During Wisconsin's struggles, the firefighters were exempt from the legislation which limited the collective bargaining rights of unions – this did not stop the firefighters from getting involved and standing beside their union brothers and sisters in solidarity. It was one simple quote by a Pastor during the Nazi reign that motivated his members to join the protests.

“At first they came for the Jews and I did not speak up because I am not a Jew. Then they came for the Communists and I did not speak up because I am not a Communist. Then they came for the Socialists and I did not speak up because I am not a Socialist. Then they came for the Trade Unionists and I did not speak up because I am not a Trade Unionist. But then they came for me and there was no one left to speak up for me.”

“We need to stick together,” Mitchell reinforced. “We need to always be armed and equipped and ready for battle. I hate to call it a movement because movements end. I like to call it a way of life because we always need to be ready. Unions are the new way of life.”

23-26, 2013, Regina



Mitchell, who ran for political office in Wisconsin, finished his speech by saying, “I’ve been asked if I am finished running for political office, if I’m finished fighting against the injustices in Wisconsin. I’ve always replied very clearly that it has never been about political office or the ‘movement of Mahlon Mitchell’. It has always been about what the people wanted, about what our members wanted, what was right at the time. So no, I am not finished, I’ll never be finished and we cannot be finished.”

“We cannot be finished fighting for our children, our grandchildren, our members and for what everyone deserves — decent wages, hours and working conditions. We cannot be finished fighting for good jobs, quality healthcare and education. We cannot be finished but we need to be ready, armed and equipped for battle. We cannot be finished because this is a fight and this is a battle. Public sector unions may be down but we are not out. We did not ask for this fight but if it is a fight they want, it is a fight they are going to get. We cannot be finished.”

Rebecca Cheatle, the Primary and Community Care Adviser for the Royal College of Nursing in the UK, played a dual role at this year’s Annual Meeting as a valuable panel member during the afternoon session during the Education Day (April 23, 2013) as well as our keynote speaker on the first business day (April 24, 2013). During Education Day,

Cheatle spoke of the innovative shift in the delivery of healthcare in UK through specialized nurses. Due to their focused training and caseloads, Specialist Nurses are able to provide high quality tailored care and education to patients, assist in reducing hospital admissions/re-admissions, and have the ability to diagnose, prescribe and discharge patients autonomously.

During her keynote speech, Cheatle spoke of the success the UK is having with their RN Prescribing Program saying the research has shown it is positively viewed by patients, safe, cost effective and frees up doctors’ time for improved patient care.

“Patient satisfaction scores are extremely high when they’re able to see their specialist nurse who can then go on and prescribe,” Cheatle explained.

In an interview with the Regina Leader Post, SUN President Rosalee Longmoore noted SUN doesn’t expect Saskatchewan nurses will be prescribing medications in the near future, but said the benefits of registered nurses prescribing medication is something that should be explored to improve patient care and access.

Above left: Mahlon Mitchell delivers a passionate and inspirational speech encouraging SUN members to fight for what is right.

Above: Keynote speaker, Rebecca Cheatle, talks to Global News Regina about the positive outcomes connected to expanding the role of registered nurses in the UK.

Front cover: Tracy Zambory, President-Elect, thanks Rosalee Longmoore for her dedication and leadership throughout her 15 years as SUN President.



39th SUN Annual Meeting, April

Annual Meeting

In her final presidential speech, Rosalee Longmoore opened the 39th Annual Meeting (April 24) by sharing her memories as a SUN member and as our President, as well as her insight on registered nursing and healthcare in Saskatchewan today and in the future.

“Preparing today’s address has given me the opportunity to reflect on what being a registered nurse means to me personally and I would challenge each and every one of you to do the same. I asked myself the question — what are the “ideals and values of nursing” and are we as a profession striving to meet these in every professional interaction we have?”

“I believe these ideals and values are centered on delivering high quality, patient- and family-centred, holistic and evidence-based care. And, I truly believe they can only be upheld through unwavering professionalism and respect for each other, our patients and our colleagues.

“I feel confident in saying that each and every one of us embraced these values and ideals when we became registered nurses. They are at the very core of our profession, entrenched in our standards of practice and code of ethics. But, perhaps more importantly, they live within each of us as individuals — they are a part of who we are and are the reason we chose this career path.

“There is no doubt that our ability to implement our nursing ideals and values are challenged on a daily basis as we are increasingly forced to work in an overburdened system that is faced with never-ending funding cuts, and transformational upheaval.

“In a climate of being understaffed and overworked there is little question our profession is changing. It is up to us to resist these negative forces and stay true to who we are as registered nurses. ...

“I leave you with a definition of nursing written by one of the foremost nurses of the 20th century back in 1960 — Virginia Henderson. This definition defines the essence of what it means to be a registered nurse and regardless of the scientific, social, demographic and technological changes happening at what seems like warp speed, around us, it still remains true today. We must never lose sight of the foundations of our nursing practice.

“NURSING is rooted from the needs of humanity and is founded on the ideal of service. And that, “the nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the mother and the mouthpiece for those too weak or withdrawn to speak.

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge.”

Over the next three days, SUN members learned about the achievements at the Tripartite Partnership table, the increased public awareness due to the Making the Difference campaign and improvements to SUN’s nursing advisory and professional practice work (see page 6 of this issue of SUNSpots for more information on the improvements to professional practice at SUN).

Leadership Awards
(from left to right):
Pauline Smith,
Janet Hammond
and Linda Fincaryk.



23-26, 2013, Regina (continued)

President's Address

On Friday, April 26, 2013, Tracy Zambory officially became SUN's 10th President. In her acceptance speech, Zambory passionately stated,

"I have seen that in times of change SUN members show incredible flexibility, resilience and most importantly solidarity.

"We are going to need all of these things as we work through provincial and federal legislative changes to protect our Union and our rights as working people. As we work through the Tripartite Agreement to develop safe staffing models that put our patients and their families first. And, as we ask "If registered nurses are not working to their full scope; why is that and how can we work collaboratively with our stakeholders to change that?"

"I feel confident our members will be ready to support SUN in being able to meet these challenges and whatever else may lie ahead.

"As your President I commit to always being approachable, thoughtful, vigorous and honest. My door is always open and you can call me anytime. I am looking forward to this new role and I will need all of your help. Let's move forward, in solidarity, as champions of fairness for our Union, our patients and the people of Saskatchewan."



Tracy Zambory closes the 39th Annual Meeting as SUN's 10th President on April 26, 2013.

See you in Yorkton!

SUN's 40th Annual Meeting will take place April 30 – May 2, 2014, at the Gallagher Centre in Yorkton, Saskatchewan. This 40th anniversary celebration is a fantastic opportunity for locals and SUN District Councils to encourage members to learn more about their Union and the work we do on your behalf. We love to see new faces at Annual Meeting and hear the fresh perspectives on the issues facing SUN members today.

Educate – Communicate – Participate

SUN has two exciting events lined up for the fall — giving SUN members an opportunity to learn about the environment impacting our democratic and collective rights, our profession and our future.

Each event is designed to provide SUN members with the knowledge and skills necessary for them to further educate their fellow SUN members; communicate and exercise their democratic rights; and to feel empowered to participate in their Union.

Education Conference – October 8 and 9, 2013 Radisson Hotel, Saskatoon

The 2013 Education Conference will provide SUN members with the chance to learn more about what is happening within and around our Union and what this means for SUN as we move into bargaining.

2013 Bargaining Conference – November 13 and 14, 2013 TCU Place, Saskatoon

Featuring keynote speakers to further educate attendees on the bargaining priorities set by the SUN Board of Directors, the 2013 Bargaining Conference offers SUN members an inside look at the principles which will guide us through negotiations with the Employer.

Watch for more information on these events and more in future issues of SUNSpots, on our website and social media channels – Facebook and Twitter.

SAVE THE DATES

Bridging Professional Practice & Labour Relations

At the 2010 Annual Meeting, members passed a resolution asking for an increased focus on professional practice. You spoke and we listened — since 2011 we have expanded our professional practice team to include two (2) Nurse Research and Practice Advisors in order to provide expert advice on professional practice issues based on research and evidence across the province and Canada.

In response to the increasing desire among members to have greater capacity for professional practice support at SUN, we have continued to take steps in developing this capacity and bridging professional practice with labour relations. Through consultation with staff and the Bridging Working Group, we have merged key aspects of the Nursing Advisory Officer positions and the Professional Practice Officer positions into the Nurse Practice Officer (NPO). **This merger builds a professional practice and Nursing Advisory capacity to serve members more effectively.**

The NPOs are responsible for the Nursing Advisory process as well as providing professional practice support to members in accordance with their geographical assignment. Those in the role with also work closely with the corresponding ERO in order to more effectively address the needs of our membership — many of whom are facing issues in their practice environments that are neither pure labour relations nor professional practice, but some combination of the two. The NPO role and the Bridging Procedure are designed to improve the level of support we are able to provide to the membership as well as the effectiveness and efficiency of the NAC process. With front-end support and a professional practice approach grounded in research and evidence, there is now much greater potential to resolve issues on the front end and with minimal escalation.

The goal of this work is improvement in our professional practice advocacy work, improvement in workplaces and ultimately a reduction of work situation reports and professional practice reports as there would be other mechanisms to address issues quickly. By pursuing this development, we can better meet the needs of members, ensure that the NAC process is proactive, evidence-based and support EROs when they encounter situations that involve professional practice aspects.

There is great deal of research and evidence available to support and address member concerns, and by applying such a lens on nursing advisory issues we can increase the number of successful outcomes and maximize efficiencies in the Nursing Advisory process.

Combining the efforts and expertise of labour relations and professional practice, staff will also provide additional resources to address nursing advisory concerns in a proactive, timely and efficient manner — similarly so for labour relations issues.

Currently the NPOs are functioning in the new roles — information pertaining to their new roles can be found on SUN's website at <http://sun-nurses.sk.ca/professional-practice/bridging>.

To ensure the new professional practice process is meeting the needs of the membership, a three month review will take place in September 2013 in order to evaluate the effectiveness and efficiency of the Bridging Procedure and new NPO assignments.

Nurse Practice Officer Regional Assignments

As of April 2013

Bev Duncan (Regina Office)

- Regina Qu'Appelle Health Region
- Cypress Health Region
- Sun Country Health Region
- Five Hills Health Region
- All Nations Healing Hospital
- All Extendicare Facilities

Jan Murdock (Saskatoon Office)

- Saskatoon Health Region including St. Paul's Hospital (with the exception of Royal University and Saskatoon City Hospitals)
- Kelsey Trail Health Region
- Mamawetan Churchill River Health Region

Gwen Curtis (Saskatoon Office)

- Saskatoon City Hospital
- Heartland Health Region
- Prairie North Health Region
- Keewatin Yatthé Health Region
- Canadian Blood Services

Carrie Simpson (Saskatoon Office)

- Royal University Hospital
- Sunrise Health Region



Optimization of RN/RPN Practice: Implementation of Patient Care

Implementation of client care is probably the best understood component of registered nursing practice. Patients and families, other members of the healthcare team, and even RNs/RPNs themselves, can easily describe their practice in terms of the care implemented. It is during implementation that actual nursing activities are performed and documented and is action oriented, client centered and outcome directed.

During this phase of the nursing process, RNs/RPNs pride themselves on proficiently implementing care and feel a true sense of satisfaction from providing expert hands on care and contributing to positive patient outcomes. Implementation of care, however, is more than just the performance of tasks and takes place over the course of hours, days, weeks and even months depending upon the needs of the client (Nursing Process.org, 2013). RNs/RPNs implement care by first accessing information from the first two components of the nursing process; that being the assessment and planning phases of care. Based on information from the assessment and resulting plan of care, implementation may involve the RN/RPN performing the care themselves or supervising, delegating and evaluating the work of other members of the team as appropriate (Government of Nova Scotia, 2013). At this point RNs/RPNs are responsible to ensure all orders and interventions are appropriate and implemented safely.

Quality implementation involves the coordination and oversight of the overall care by the RN/RPN. As well as being responsible for possessing a high level of clinical competence and decision making. During the implementation phase RNs/RPNs are responsible to ensure care delivery is based on evidence, best practice guidelines and current professional standards of care. It is up to each individual RN/RPN to ensure their practice is current and that they are aware of potential side effects and complications, and possess the knowledge, skill and judgment to intervene should any adverse event occur. RNs/RPNs also recognize that the implementation phase is an opportune time to encourage the client to participate in care as appropriate, and to provide education, support and comfort.



As described, the implementation process is obviously so much more than the performance of tasks. While providing the actual client care, the RN/RPN continues to assess, validate concerns, modify the plan of care and identify priorities as needed. This requires utilization of cognitive abilities such as problem solving, decision making, critical thinking, creativity and superior communication skills. It is therefore of vital importance that RN/RPN practice is recognized as being based on knowledge and expertise and not simply in terms of task performance. While implementing care, ensure you take the opportunity to inform your clients of the depth and breadth of knowledge that is required of RNs/RPNs in order to provide their care safely and effectively.

References

- Government of Nova Scotia. (2013). Model of care initiative in Nova Scotia. Retrieved April 20, 2013 from <http://www.gov.ns.ca/health/mocins/>
- Nursing Process.org. (2013). An in depth look into the nursing process. Retrieved May 23, 2013 from <http://www.nursingprocess.org/>

Request for Photos: Saskatchewan Hospital Diploma School of Nursing

If you were a graduate from one of the following SASKATCHEWAN HOSPITAL DIPLOMA SCHOOLS OF NURSING (or know someone else who graduated from):

- Holy Family Hospital, Prince Albert
- Victoria Hospital, Prince Albert
- Regina General Hospital
- Regina Grey Nuns
- Saskatoon City Hospital
- St. Paul's Hospital, Saskatoon
- St. Elizabeth's Hospital, Humboldt
- Providence Hospital, Moose Jaw
- Moose Jaw Union Hospital
- Weyburn General Hospital
- Maple Creek Hospital Training School
- Victoria Hospital, Yorkton
- University of Saskatchewan/University Hospital diploma

We are looking for any photos and/or documents for a new book on **Saskatchewan Hospital Diploma Schools of Nursing** pertaining to any of the following themes:

- Hospitals and Schools of Nursing buildings
- Hospital units
- Student residences
- Graduation photos
- Events – capping and pinning, choirs, sports, graduation dances, etc.
- Informal photos of students or graduates (individuals or groups)
- Other – short narratives about history of the diploma school

Please send any photos/documents you have to us by September 1, 2013. We will accept scanned/ emailed copies, or originals that will be returned in the same condition as they were received. Please ensure that permission is obtained for all individuals in each photo.

For more information email:

Sandra.bassendowski@usask.ca or phone 306-798-0735

Grey Nuns' Hospital – Regina



Saskatchewan's Nurse Practitioners Address, Improve and Facilitate

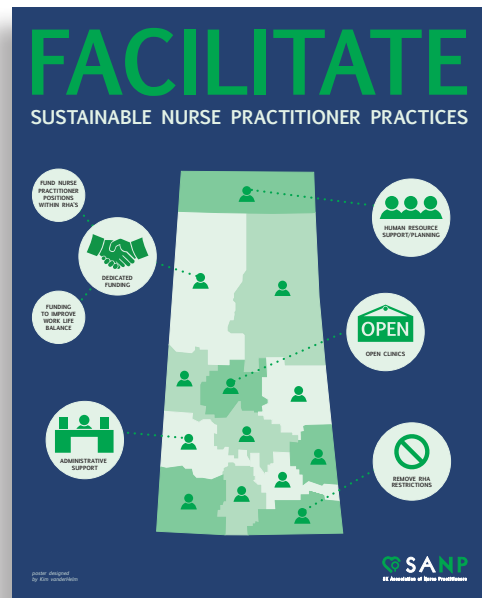
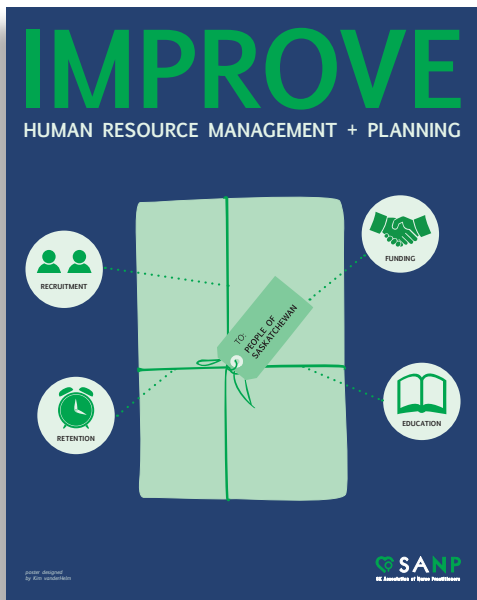
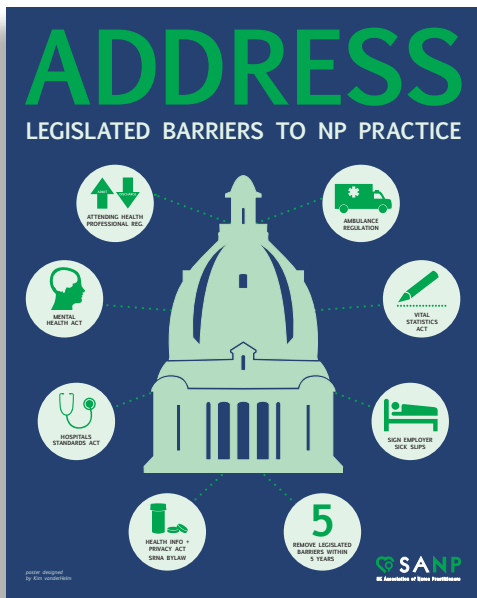
On Monday, May 6, 2013, the Saskatchewan Association of Nurse Practitioners, (SANP), hosted a successful MLA Reception in room 208 of the Saskatchewan Legislative Building, Regina. The aim of this advocacy event included obtaining commitment from the Ministry of Health and the Ministry of Advanced Education to work with Nurse Practitioners (NPs) to find meaningful and useful solutions to the problems of recruitment, retention, and providing high quality, accessible, affordable and sustainable primary healthcare services in Saskatchewan.

Ten SANP members came prepared with specific requests to address three areas to achieve sustainable primary healthcare. These were graphically portrayed on discussion posters. The first poster, "FACILITATE Sustainable Nurse Practitioner Practice," highlighted potential government solutions to poor work-life balance and lack of administrative support. A second poster titled, "IMPROVE Human Resource Management and Planning," highlighted government role in supportive funding for recruitment and retention

of Nurse Practitioners in Saskatchewan. The final poster, "ADDRESS Legislative Barriers to Nurse Practitioner Practice," portrayed the Saskatchewan Acts and Regulations which await amending and approval by the legislature. SANP asked all 30 MLA's present at the reception to support these legislative changes.

All MLAs in attendance were provided a leaflet and personal discussion with NPs which expanded on SANP's mission outlined on the posters. The leaflet also compared/contrasted the roles of RN, NP and Family Physician and reminded them which Acts and Regulations that NPs need their vote.

Initial action coming out of the SANP MLA Reception is that Honorable Minister of Health, Dustin Duncan, committed to meeting with SANP executive at a table including Honorable Minister of Rural Health, Randy Weekes, and Honorable Minister of Advanced Education, Don Morgan to discuss meaningful and useful solutions to the problems identified by SANP. A second commitment by Minister Duncan is to a meeting between SANP Executive and the Saskatchewan Legislative Standing Committee on Human Services. An excellent Action Plan! A successful advocacy event!



CFNU Biennial Convention June

Taking The Lead ■ ■ ■ ■ ■ ■ ■ ■

On Monday, June 3, 2013, 69 SUN members joined 800 nurses from across Canada in Toronto, Ontario, to take part in the Canadian Federation of Nurses Unions (CFNU) 2013 Convention.

Convention kicked off with a 7.8 km Healthy Walk through downtown Toronto giving members a chance to get to know their fellow SUN members, make new friends, take in the beautiful view and check out the restaurant and shopping options nearby.

Over the next two days (June 4 and 5, 2013) SUN members took part in a variety of workshops — 15 in total to choose from — discussing topics such as End the Silence on Bullying: Standing up for a Healthy Workplace; Looking Back and Moving Forward: Celebrating Nurses in the Labour Movement; Like This, Tweet This: Using Social Media Responsibly; Beyond Acute Care: What Would an Ideal Health Care System Look Like?; Safe Staffing: Enough

Talk, Let's Make It Happen; Leadership-35: Change Today, Lead Tomorrow (for youth delegates), and so many more fantastic sessions.

On both June 4 and 5, CFNU delegates gave up their lunch breaks to take the lead in addressing two significant issues facing Canada today — accessibility to community clinics and improving mental health services for those in need. During the June 4 rally organized by the Ontario Nurses' Association (ONA) and the Ontario Health Coalition, nurses from across the country gathered to reinforce direct correlation between safe staffing levels, positive patient outcomes and improved healthcare for all.

On June 5, 2013, CFNU delegates walked to Queen's Park for a noon hour rally to address the social stigmatism around mental health issues in support of the Partners for Mental Health Campaign: Not Myself Today. SUN was honoured to be acknowledged as the first CFNU member organization to donate \$2,500 to CFNU's fundraising efforts in support of mental health and one of the first organizations in Canada to sign on to the mental health charter in Canada. In total, CFNU members raised over \$30,000 for mental health services in Canada.

Fact: Nurses are more likely to suffer from mental health issues such as depression than any other worker; one in five nurses suffers from some level of depression.

"We have all had one of those days, where we didn't want to go to work or get out of bed — can you imagine feeling like that every day?" questioned Jeff Moat, from Partners for Mental Health. "We need to catalyze a movement for mental health in Canada. Individual Canadians must come together to advocate for change."

During the Wednesday morning plenary session, Kelly Miner, SUN Director of Labour Relations, participated in a panel discussion "Fairness at Work and in Society". Specifically, Miner discussed Saskatchewan's challenges as the first province with regressive labour legislation and what these drastic changes will mean for unions and our members. Fellow panel member Ken Zinn, from National Nurses United (USA), stated "Nurses can't be effective advocates if we aren't also social advocates; we need to treat the root causes. Who better to create a movement for real change than nurses?"

"... These conferences remind a person that our rights have to be fought for and not a given right. Without our Union and standing together we have and

"Not only is this my first time at a CFNU convention, it's my first experience attending a conference as a SUN member or even as a Registered Nurse. I decided to apply for funding to attend so I could experience a true sense of collaboration and really get a feel for the collective experience ... It's a tad unnerving to attend an event for which you have no prior comparative experience but knowing those [SUN] members I meet will make an effort to be inclusive makes this event a comfortable one to not only attend, but also participate actively in."
— Melissa McGillivray, 1st time CFNU delegate



SUN nominated Lynn Digney-Davis (middle-right), Chief Nursing Officer for the Ministry of Health, for the Bread and Roses Award in recognition of her work in advocating for the nursing profession. Also in photo (l-r) Pauline Worsfold, CFNU Secretary-Treasurer, Tracy Zambory, SUN President, Linda Silas, CFNU President.

3-7, 2013, Toronto, Ontario

get nothing.” — Lori den Brok, 1st time CFNU delegate
CFNU delegates had the opportunity to hear inspirational speakers and discuss key issues of concern, such as labour legislation, safe staffing, scope of practice and professionalism, during the business days on June 6 and 7, 2013.

SUN President, Tracy Zambory, rose to the microphone to address a resolution close to our hearts in Saskatchewan — “Attacks on Unions Are an Attack on Workers”. Zambory outlined the impact Bill 85 — *The Saskatchewan Employment Act*, will have on all working people in the province. Zambory stressed Saskatchewan may be the first province in Canada to have sweeping and regressive changes to labour legislation but everyone needs to be on guard as the federal government has plans to do the same nationally with the introduction of the federal private members bill C-525, *An Act to Amend the Canadian Labour Code*, on June 5, 2013, in the House of Commons.

“You might be wondering what we can do to resist these regressive forces for change and reverse some of the damage that has already been done? The answer is simple and is part of who and what we are as trade unionists — we need to stand together — a united labour movement with a common goal to strongly defend our labour rights and the rights of all working Canadians and their families. And, we need to take action now, before it’s too late,” stated Zambory.

“In Saskatchewan we have had some success in ensuring amendments were made to the damaging Bill 85 before it was passed. This is something that could not have happened if all unions in our province had not rallied together — and I am proud that Saskatchewan’s nurses played a leadership role

in being the unifying voice we needed to achieve this,” continued Zambory.

As nurses, we need to be using our unique position of influence to unify and mobilize the labour movement in defense of the social programs and government regulations that are important to so many Canadians. When nurses speak out people WILL listen,” Zambory concluded.

Former Governor General, the Right Honourable Michaëlle Jean, shared with delegates her passionate and personal memories of her own mother’s journey and triumphs as a nurse in Haiti and in Canada. Jean’s deep connection and respect for nurses across Canada was evident as she spoke of the impact nurses have on the wellbeing of society, their influence in evoking change, and their tireless efforts in advocating for those without a voice.

“If you want to know how society is doing, ask a nurse — because you have your finger on the pulse of society,” commented Jean. “Nursing is a profession steeped in humanity — nurses are on front-lines of everything that moves and shapes our society.”

Nurses unions play a critical role in our labour movement.”
Ken Georgetti,
CLC President

“The camaraderie and solidarity that I felt at this convention was awe-inspiring!! My biggest hope is that I can take this home with me and instill these same feelings in my coworkers so they too can enjoy going to work like I do. And not only to stop at work but see this reflect in everything I do. There is no better feeling than being supported in what you believe in. I thank all my co-convention delegates for giving that to me and everyone here!!” — Suzanne Karpinka, Local 107, 1st time CFNU delegate



Mental Health is One of the Last Social Taboos

We don't talk about, understand it, support it.



Poster images source:
www.notmyselftoday.ca

Mental health is not only the avoidance of serious mental illness. Your mental health is affected by numerous factors from your daily life, including the stress of balancing work with your health and relationships. Mental health means striking a balance in all aspects of your life: social, physical, spiritual, economic and mental. Reaching a balance is a learning process. At times, you may tip the balance too much in one direction and have to find your footing again. Your personal balance will be unique, and your challenge will be to stay mentally healthy by keeping that balance. (Canadian Mental Health Association, June 2013)

Mental illnesses can take many forms, just as physical illnesses do. Mental illnesses are still feared and misunderstood by many people, but the fear will disappear as people learn more about them. If you, or someone you know, has a mental illness, there is good news: all mental illnesses can be treated. (Canadian Mental Health Association, June 2013) Stress has been reported by 23.5% of Canadians as the most common mental illness. Other common mental health illnesses include anxiety disorders, depression, bipolar illness, eating and mood disorders, self-injury, violence, and addictions.

As leaders in our workplaces, SUN members need to be aware of the underlying mental health issues when we encounter work performance or situations where a co-worker or member is experiencing difficulties.

In January 2013, Canada launched the world's first National Standard on Psychological Health and Safety in the Workplace. The standard is intended to help prevent harm to all members of the workforce, whether or not they have had experience with mental illness, and its launch brought business, labour, and government stakeholders together in a national call-to-action for organizations of all sizes and all sectors.

The national standard's goal is to help prevent psychological harm from workplace conditions and help promote psychological health in the workplace. Mental health problems and illnesses account for nearly 30% of short- and long-term disability claims in Canada, and more than 80% of Canadian employers rate mental health problems and illnesses among the top three drivers of employee short- and long-term disability claims. (Mental Health Commission of Canada, June 2013)

Mental illness still is connected to many stigmas — 60% of people suffering from a mental illness won't seek help due to fear of being labelled. Individuals suffering from a mental illness say such stigmas include, but are not limited to: negative views about mental illness; negative opinions of any work performance issues; fear to address the situation because of the potential negative reactions from others; and direct blame on the person with the disability.

Before we judge or conclude that a co-worker or member is at fault or is uncooperative, consider if a mental illness exists. Be supportive of your colleague and offer assistance, be patient, and encourage them to talk to someone or seek medical assistance.

Providing a safe and supportive environment for registered nurses and our patients is of significant importance to SUN — new and innovative ways to support fellow SUN members dealing with a mental illness may involve accommodating the situation in a less than traditional format.

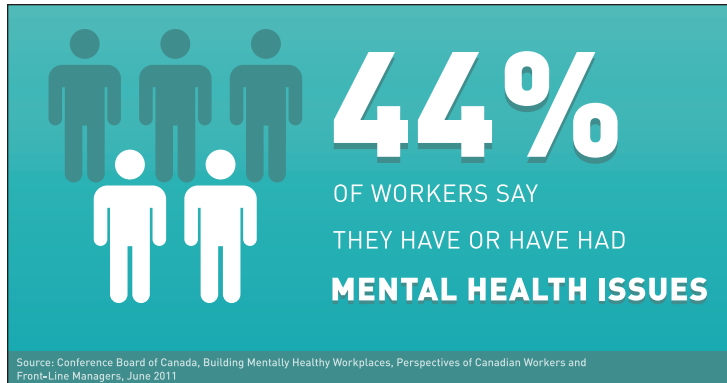
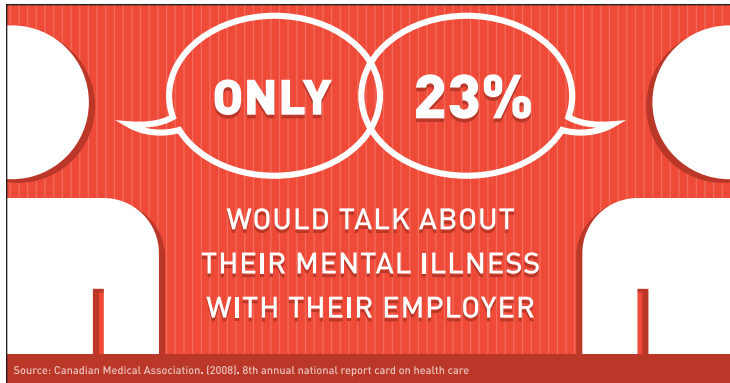
Accommodations for mental illness may incorporate: reduced tasks, one task at a time to increase ability to focus; reduction of stimuli; working in a quiet area; not working with individuals who are the source of anxiety/stress; tolerance to allow longer periods to complete tasks; working closely with a supportive co-worker; etc.

SUN members should give due consideration, support and be patient with those who may have mental illnesses. Organizations such as **Partners for Mental Health**, the **Mental Health Commission of Canada**, and the **Canadian Mental Health**

Association have a vast amount of information to educate and support options for those suffering from a mental illness and those who love them. Public awareness campaigns such as *Not Myself Today* are designed to improve understanding, reduce stigmas within the public eye, and support enhanced access to mental health services within our communities.

References

Canadian Mental Health Association; www.cmha.ca; June 2013
 Mental Health Commission of Canada; www.mentalhealthcommission.ca; June 2013
 Not Myself Today; www.notmyselftoday.ca; June 2013
 Partners for Mental Health; www.partnersformentalhealth.ca; June 2013



Mental Health and Addiction Services Fun Run

Saskatoon Health Region's Mental Health and Addiction Services is proud to be organizing our second annual MHAS Fun Run. The event will promote the benefits of being active, setting training goals and eating healthy as well as raise awareness of mental health and addictions.

We all know the benefits of a healthy lifestyle. Unfortunately, for those dealing with mental health concerns and addictions issues, as well as chronic illnesses like diabetes, each day is a challenge. Healthy lifestyle practices contribute to our quality of life and assist in improving our ability to cope with everyday stressors. Physical activity is recognized as a key element in building and maintaining our emotional and mental health. Exercise has been proven to help reduce depression and anxiety; even five minutes of aerobic activity can stimulate anti-anxiety effects. Alterations in our mood, including tension, fatigue and anger are all positively affected by exercise. Other positive effects include a boost in self-esteem, an increased ability to think, reason and an improvement in memory.

Our diet supplies the nutrients necessary for our body's health — both physically and mentally. What we put on our plates is the building blocks for our overall health. Vitamin deficiencies can present as depression and cause mood swings, agitation and anxiety as well as numerous physical problems — and exacerbate symptoms for those who are already experiencing mental health and addiction issues.

The Fun Run is scheduled for the morning of Sunday August 25, 2013, beginning and ending at Diefenbaker Park and heading north along the river. Distances range in length from two kilometers to a half marathon; all fitness levels are welcome! The half-marathon begins at 8:30 am and the remaining races begin at 9:00 am.

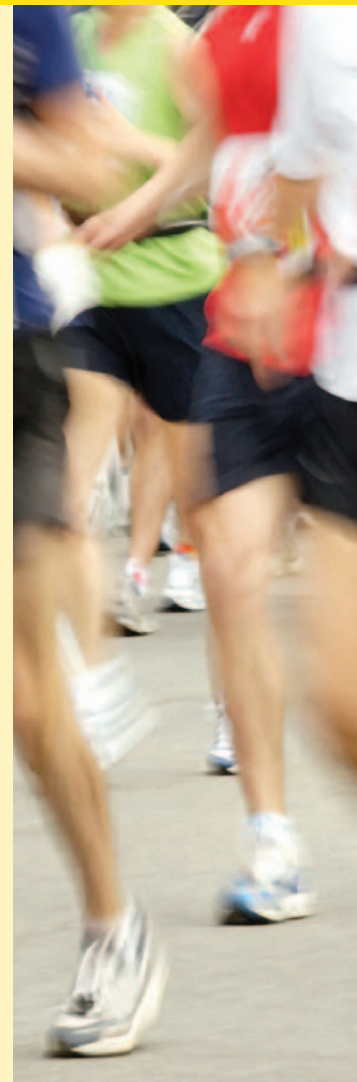
Last year we had 200 registrations, 30 of whom self-identified as mental health and addiction services consumers. We are hoping to have those numbers increase this year! Participants who self-identify as consumers are able to participate at no charge.

There are opportunities for everyone — from volunteering to participating. Volunteers are welcome to assist with the event planning as well as on the day of the walk/run event.

We would like to welcome community organizations who work with clients with Mental Health and Addictions Issues to consider setting up a promotional booth on site, on the day of the event.

For more information and registration forms, please check us out at www.mhasfunrun.ca. If you have any questions, ideas, or would like to volunteer, please contact either of us at: eileen.zaba@saskatoonhealthregion.ca, phone 655-0899, or dawn.mueller@saskatoonhealthregion.ca, phone 655-0887.

We invite you to challenge yourselves and each other to “Step up and Walk the Talk” — come volunteer, come run!





Your Role – Ensuring the Health and Safety of Workers

As you are aware, the Saskatchewan Government has revised legislation governing the occupational health and safety (OH&S) of workers in the province. More information about the new legislation can be found in past issues of SUNSpots (November and December 2012) or on our website.

Section 3.1 of *The Occupational Health and Safety Act* and section 17(2) of the Regulations, requires supervisors to ensure the health and safety of all workers and guarantee that workers comply with the *Act* and *Regulations*. Although this is not new language in the OH&S legislation there is additional emphasis being placed on the supervisory role. Violation of Section 17(2) “Failing to ensure workers comply with the *Act* or *Regulations*” could result in a Summary Offence Ticket (SOT) of \$400 to the Charge Nurse/Supervisor.

A survey of 200 SUN members at our Annual Meeting held in April 2013 revealed 84% of those surveyed have a supervisory role in their workplace and 70% of those responding have never received supervisory OH&S training.

If you act in a Charge Nurse/Supervisory role, you need to be aware of the following information and processes.

1. At the beginning of your Charge Nurse/Supervisory shift, or time frame when you are in charge, the employer is responsible to provide you with a written document with the names of any staff members working that shift who are **NOT**

appropriately trained in occupational health and safety, any safety equipment or personal protective equipment (PPE) not in adequate supply or in good working order.

- a. If you are not provided with written documentation listing the staff who have NOT received training from the employer, then you would be correct in assuming that all staff has received the proper training.
 - b. If you are not provided with written documentation setting out a lack of equipment or lack of training on equipment, then you may proceed on the basis that staff have access to, and have been trained on, the necessary equipment and that equipment is maintained and in good working order.
 - c. If you are not provided with written documentation setting out the lack of personal protective equipment (PPE) available, lack of training on PPE, or lack of fit-testing in the past two years, then you may proceed on the basis that staff have been fit-tested, trained and that PPE are available to all workers. Charge Nurses and all workers will be advised of the location of all PPE that may be necessary in the course of their work.
2. If there is an expectation that Charge Nurses/Supervisors will provide meetings or huddles, you are entitled to work time in order to prepare and deliver such content.

3. Every nurse placed “in charge” or in a supervisory role will receive the Ministry of Labour Relations and Workplace Safety’s Safety for Supervisors training in addition to the standard OH&S training.

To ensure our members acting in a Charge Nurse/Supervisory role are not vulnerable to being ticketed, on June 25, 2013, SUN Provincial sent communication to each Health Region outlining the above information, processes, and their responsibility to guarantee their staff is properly trained in accordance with the new legislation.

If you have any questions regarding the information provided in this article or the new OH&S legislation, please do not hesitate to call SUN provincial.

CHANGE IN LEGISLATION

The sections and clauses referenced in this article refer to the current *Occupational Health and Safety Act*. However, please note, that upon the proclamation of *The Saskatchewan Employment Act* during the fall 2013 sitting of the Saskatchewan Legislature, this current piece of legislation will no longer exist as it has been re-written and incorporated into Part III of the new legislation.

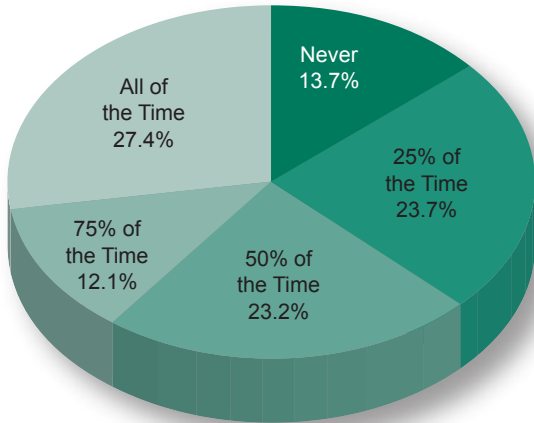
Further details and information concerning how to reference and enact the new OH&S legislation will be provided to SUN members in an upcoming issue of SUNSpots. For example how do we refer to a “section 23 – unsafe work environment” under the new legislation?

Your Health and Safety Survey: Here is What You Told Us ...

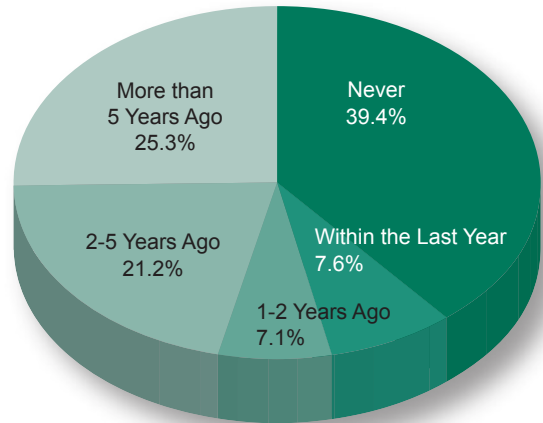
During the Annual Meeting in April 2013, SUN surveyed the members in attendance regarding their knowledge and understanding of OH&S as a Charge Nurse.

The following are only a few highlights from this survey.

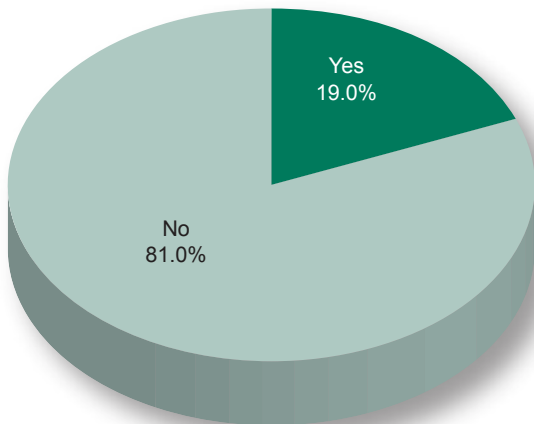
I supervise others (supervisor is defined as “a person who is authorized by an employer to oversee or direct the work of the employers’ workers” OH&S Act):



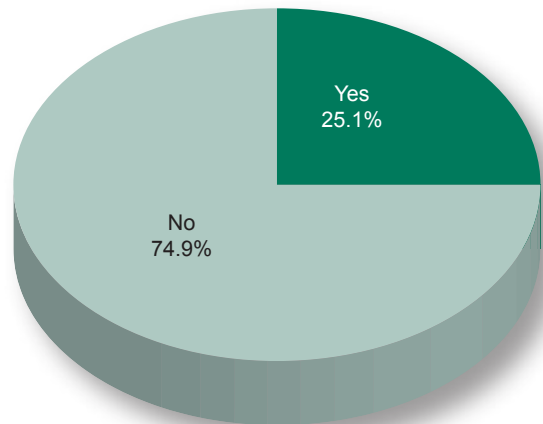
I received Supervisor training:



As a Supervisor/Charge Nurse, I am required to ensure those I supervise comply with OH&S Legislation. Do I believe I have enough knowledge regarding OH&S legislation to ensure compliance?



If I was the Supervisor/Charge Nurse and a Section 23 was called, do I know what to do and what process to institute?



2013 Innovators Conference: Measuring the Impact of PFCC

September 30 and October 1, 2013 | Delta Regina Hotel, Regina

How do we know PFCC is making a difference? What are key indicators like patient outcomes, re-admissions and morbidity rates, or systemic and administrative costs, telling us about the impact PFCC is having on our healthcare system? During the 2013 Innovators Conference, participants will discuss how quantitative, qualitative and anecdotal data regarding PFCC can reinforce healthcare transformations such as reduced wait times, overcapacity issues, or quality improvements.

Who will find value in attending?

Basically anyone and everyone interested in improving healthcare — individuals engaged in advancing patient- and family- centred care including, researchers, programme directors and implementers, experts in measurement and evaluation, patient advocacy groups, healthcare professionals, those involved in policy work, governance, and system management.

Keynote Speakers include:

- Steven Lewis, President, Access Consulting Ltd.
- Hugh MacLeod, CEO, Canadian Patient Safety Institute (CPSI)
- Andre Picard, Journalist, Globe & Mail
- Patricia Rutherford, Vice President, Institute for Healthcare Improvement (IHI)

For more information on the Conference, visit:

<http://sun-nurses.sk.ca/communications/events-calendar/2013-innovators>



Return Undeliverable Canadian Addresses to:

2330 2nd Avenue
Regina, SK S4R 1A6
Telephone: 306-525-1666
Toll Free: 1-800-667-7060
Fax: 306-522-4612
E-mail: regina@sun-nurses.sk.ca
Web site: www.sun-nurses.sk.ca

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