

SUN Spots

OFFICIAL NEWSLETTER OF THE SASKATCHEWAN UNION OF NURSES

VOLUME 39 ISSUE 1 | FEBRUARY 2013



EXPERT TRAINING

**Making the
Difference**

One year later

EXPERT CARE

MTD Campaign Showcases Priceless

Can you believe it has been a whole year already? On January 31, 2012, SUN launched our multi-year campaign, *Making the Difference (MTD)*, designed to spread the word as widely as we can about the ways in which registered nurses make a difference to patients, their families, and the system itself — and how important that difference really is.

“Each day is challenging, but there are so many rewards to being a Nurse Practitioner. My work is about the preservation of health and dignity for all of my patients and their families during some of their most challenging times.”

Michael McFadden, RN(NP)

Before launching into a complex public relations campaign, SUN conducted a public survey to determine the public’s understanding and perception of the role and value of registered nurses. The outcome — the public respects and trusts registered nurses more than any other healthcare professional. Unfortunately, the public did not see the full value and positive effect registered nurses have on the healthcare system; nor did they recognize the difference between registered nurses and other healthcare professionals.

With this information in hand, SUN set out to launch our MTD campaign with the goal of building public awareness, and increasing the understanding of the various roles for registered nurses.

Expert Training, Expert Care

This is what Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), and Registered Nurse (Nurse Practitioners) (RN(NP)s) possess and provide for their patients and we have the evidence to support it. The *makingthedifference.ca* website highlights research indicating the expert training and skill of registered nurses (RNs, RPNs, RN(NP)s) reduces rates of hospital deaths; increases patient safety and outcomes; improves patient access and satisfaction, and positively impacts healthcare costs.

Registered Nurses Make the Difference

In addition to the overwhelming amount of research based evidence to support the critical role registered nurses play on the healthcare team and

the positive impact they have on patient care, SUN’s MTD campaign focuses on patient stories and how their registered nurse made a difference in their lives. You can read these heartwarming stories and testimonials on the MTD website.

Where Have We Been Seen

Since January 2012, the MTD campaign has delivered our key message of expert care, expert training using a multi-platform approach. Campaign ads were seen in newspaper and print magazines, billboards across the province, provincial and local radio stations, Global, CBC and CTV television channels in Saskatchewan; plus an increased on-line presence through geographically targeted ads over the internet.

Due to strong, established relationships that have been built throughout year one with media suppliers we were able to secure bonus advertising by leveraging reduced rates. This translated into over 26% in bonus advertising in year one alone — an outstanding return on investment when coupled with public survey results that demonstrate campaign goals are clearly and successfully being achieved.

The Campaign is Working

A post analysis of year one of the *Making the Difference* campaign: benchmark numbers show our message is being successfully delivered and that the message uptake is having a positive impact on realizing campaign goals.

In October 2012, SUN conducted our second annual public survey with the goal of determining if the public’s understanding of the knowledge, skill and value registered nurses provide has improved.

The result — SUN has been successful in building awareness and understanding for who registered nurses are, and how their expert training and care makes a difference in the lives of Saskatchewan patients and families.

Campaign Ad Stats

- Television delivered our message over 40 times to 89% audience
- Radio delivered message approximately 10 times to 60% of audience
- Billboards delivered almost 20 million impressions
- Online ads delivered almost 6 million impressions

Value of RNs, RPNs and RN(NP)s

A total of 880 interviews were completed from September 20 to October 14, 2012. Most of the respondents (85.8%) rated the services of registered nurses to be important to the delivery of healthcare in their communities, with 73% being comfortable with the concept of registered nurse-led teams.

The majority of respondents (96.9%) said registered nurses performed their work professionally; listened carefully and answered questions (94.6%); explained what they were doing (89.7%); helped them understand their medical situation (83.9%) and made them feel like a partner in decisions about treatment (80.9%). However, more than two-thirds felt there were too few registered nurses working in their communities.

As a union SUN receives high marks for effectively representing nurses in the workplace, for being answerable and open to its members, for contributing to improvements in healthcare and for being open and honest with the public.

What's Next in Year Two?

Year two will continue to build on this groundwork and move our target audiences to a place of trust and support based upon their understanding of the role of the registered nurse.

We have some exciting new advertising initiatives in store for 2013. In February we will be filming the next round of TV commercials with a focus on Nurse Practitioners, community intervention and impact, a highlight of registered

nurse expertise (neonatal setting) and a story about the difference registered nurses make from a patient's point of view.

We will also be launching into some innovative and unique opportunities across the country online along with a social media strategy that will include multiple short clips of registered nurses and patients speaking from the heart about what drives them, how registered nurses make a difference, their passion for the profession, etc. To accompany this we will be releasing extended vignettes of real life stories depicting scenarios where the expert care of a registered nurse has positively impacted patient lives in the community.

“LIKE US ON FACEBOOK” and help make these amazing clips go viral — there is no better way to show your support for the campaign and pride in your profession!


Coming to a theatre near you! We will be showcasing some of the *Making the Difference* TV commercials in movie theatres across Saskatchewan during blockbuster season over the summer as another new addition to the campaign!

Don't forget to look out for the billboards, newspaper and online ads, and listen out for us on the radio, too!

The *Making the Difference* campaign has had a fantastic first year thanks to a great production and creative team. It was our members' stories and the overwhelming support of their patients that made the campaign a success.

“As a Registered Psychiatric Nurse you get to know an individual as a whole person and not just as a diagnosis.”


*Susan Larson, RPN
Psychiatric Care*



“ I am a coordinator of care, a patient advocate, a health educator, a counselor, a critical thinker, a care-giver and a researcher - I am a registered nurse. ”

Angie Achter, RN

facebook.com/rndifference



EXPERT TRAINING

EXPERT CARE

makingthedifference.ca

Registered Nurses Make a Difference in Long-term Care

As a registered nurse in long-term care I work on the dementia and Alzheimer's units. In long term care I approach my patients as if they were family — Grandmas, grandpas, brothers, sisters. They deserve the same respect, attention and care. Some of them don't have family and we are their family. It's the way I'd want to be treated. It's one of

the reasons I became a nurse — to give that kind of attention to people.

A lot of long-term care is about giving your time. Giving somebody some of your time means the world to a lot of people and I wish I had more of it to give — showing empathy, a smile or taking the time to explain what their medication is, time to listen, time to just sit there.

It's hard to explain why I love my job. I get to help people every day, whether it is in a small way or a big way. Whether they're sick or whether they just need that sweater or a genuine hug or they're feeling sad and they just need someone to listen.

I am proud to be a registered nurse. It's having the knowledge and the heart to care for people. I tend to wear my heart on my sleeve, and that's not always a bad thing. I'm not afraid to cry with somebody if they're upset and I'm not afraid to console somebody if they're upset. But I have the knowledge behind me to truly be able to help people.

Tina King, RN



Registered Nurse's Expert Care Makes the Road to Recovery Easier



Deb Link, RPN

I am an RPN with 30 years in the Sunrise Health Region. I recently was an inpatient in our hospital post cancer surgery. During my stay I had what I would need to describe as the absolute pleasure of being cared for by a registered nurse named Doreen Suschinsky, a lady I have seen in the cafeteria over the years but have never met.

She was the night nurse for two shifts and I have never been treated with such amazing skill and compassion. She was reassuring, educating and humorous. I had warm blankets, cold packs and constant monitoring of my pain. She was the only staff member that talked about my cancer and caring for my surgical wounds. She stopped at the beginning and end of her shifts and reassured me that no press of the call bell would be too small of a request.

As you can hear staff caring for others at night, her calm and reassuring voice could be heard during the coughing and moans of my hall mates. I cannot

say enough about the talent and compassion this woman demonstrates, but she is someone that should be recognized and commended for all the lives she has touched, including that of my own. I have been home one week post op, and know that she made my initial steps on this road so very much easier.

Deb Link, RPN

"I am honoured and humbled to have received this recognition from Deb but really and truly, this is how I do my job every day — I care for all my patients the same. I have seen many changes over the course of my career in both healthcare and nursing and truly I believe, as a registered nurse, the best way to navigate this is to continue to be strong advocates for patient care."

Doreen Suschinsky, RN

Health and Safety Management System

Safety Management System (SMS) is a framework for your workplace OH&S program. For any Safety Management System to be effective, management must show leadership and commitment to the program. Worker participation in the development of the Safety Management System will help ensure a better fit with the culture of the organization. Healthcare workplaces around the province are required by the Ministry of Health to perform a self-assessment of their SMS by March 2013. The Saskatchewan Association for Safe Workplaces in Health (SASWH) is providing guidance to the healthcare employers while they institute or improve on their safety management system. SASWH has created the SMS Tool for use around the province and they obtained input from unions, managers and OH&S practitioners during this development process.

SMS is the foundation of your health and safety program at your workplace. This affects the culture of safety at work and will help us eliminate workplace illnesses and accidents. Workplace safety is vital.

Once the SMS is in place there will be a self-assessment in a variety of facilities/agencies in each health region. A team of surveyors will carry out the self-assessment and may approach any manager and/or worker and ask them questions. The surveyors will be interviewing board and staff members and checking written documentation as well, such as OH&S Committee meeting minutes, Health Region Board meeting minutes, unit staff meeting minutes, training records, orientation and fit-testing records. The self-assessment is a snap shot look at the SMS. You may be called upon to assist in the development and review of the SMS in your workplace.

The SMS has six elements:

- Management Commitment and Leadership
- Hazard Identification and Control
- Training and Communications
- Inspections
- Investigations
- Emergency Response

Element 1 – Management Commitment and Leadership has eight sub-elements, the most sub-elements of any of the elements. This recognizes that without leadership support and resources it would be very difficult to develop a meaningful and successful safety management system. The eight sub-elements are Governance; Senior Management

Involvement; Policy Statement; Workers' Rights; Responsibilities; Accountabilities; Safety Rules and Measurement.

Sub-element **Workers' Rights** in the SMS audit tool will identify if managers and workers know the three legislated rights of workers. The right to know, to participate and to refuse must be included in orientation, training and posted prominently in the workplace. During the audit the interviewees must be able to list the three rights when asked by surveyors.

For any Safety Management System to be effective, management must show leadership and commitment to the program.

Element 2 – Hazard Identification and Control

includes the following sub-elements: Risk Assessment; Safe Work Practices and Procedures; Personal Protective Equipment and Procurement. Every job within the workplace needs to include a risk assessment and include all hazards possible in that job. The SMS must include a process of purchasing supplies and equipment that ensures products are safe for workers to use, as well as include training and maintenance plans. This is particularly important when bulk purchasing is in place such as 3sHealth Services. Front line workers need to be testing products and ensuring they are safe and easy to use prior to purchasing contracts being put into place.

Element 3 – Training and Communications includes Training; Orientation; Occupational Health Committee; Communication and Document Development, Review and Communication; and Employee Involvement. You can see how important front line workers and OH&S Committees are to the SMS.

The other three elements include **Element 4 – Inspections**; **Element 5 – Investigations** and **Element 6 – Emergency Response**.

This overview of the Safety Management System points out the need for involvement of all staff at all levels of the organization. Let's continue to work together to ensure the health and safety of all healthcare workers.

MHCC Launches Standard to Promote Psychological

In any given year, one in five people in Canada experiences a mental health problem or illness, with a cost to the economy estimated to be in excess of \$50 billion annually. To help Canadian workplaces address this, the Mental Health Commission of Canada (MHCC) and its partners have released a voluntary Standard focused on helping organizations promote psychological health and safety and prevent psychological harm in their workplaces.

The National Standard of Canada is titled *Psychological Health and Safety in the Workplace – Prevention, promotion and guidance to staged implementation*.

Canadian Federation of Nurses Unions' (CFNU) president, Linda Silas, who participated in the launch and round table discussions, commends the Mental Health Commission and all the project partners on advancing this important work which recognizes the importance of both physical and psychosocial influences on the psychological health of the workforce.

"Nurses have been advocating for healthier workplaces and workload control for years and we feel that the development of the Standard is a definite step in the right direction toward positive change," commented CFNU via their website. "The CFNU is now calling on all healthcare stakeholders to show responsible leadership and take actions now to implement the Standard."

"We all have a stake in striving for improved psychological health and safety in our workplaces, no matter who we are," says Rosalee Longmoore, SUN President. "The Standard gives hope and a roadmap for how employers can work with their employees to make the positive changes needed to achieve this."

The CFNU, with contributions from Nancy Johnson from the Ontario Nurses' Association (ONA), has prepared a review of the Standard citing some priority issues for nurses and provides a brief overview of how they are addressed in the 75 page document. The remainder of this article has been taken from the CFNU's review.

The National Standard of Canada for Psychological Health and Safety in the Workplace – Prevention, Promotion, and Guidance to Staged Implementation

General Observations

Importantly, the Standard includes "prevention" as one of their strategic pillars and working conditions such as recognition/reward and workload as important factors in psychological health and

safety. Also, the document is founded in "evidence-based research from numerous scientific and legal disciplines and identifies several workplace factors that alone, but more typically in combination, can contribute to either the promotion or defeat of psychological health and safety" (p. 2). Overall, it takes great strides to name and address many of the issues affecting the nursing workforce.

Priority Issues

1. Joint Health and Safety Committees

The Standard identifies a need for worker participation in psych. Safety management systems and also encourages the removal of barriers to that participation. It mentions health and safety committees and the need to clarify the JH&S committee's role in psych safety management systems. We feel they could have been more clear that organizations should be using existing JH&S committee infrastructures to address these workplace hazards, instead of creating new committee structures.

JHSC's are legally required in almost all Canadian jurisdictions, and employers are required to support and facilitate their operation. In Ontario for example, healthcare facilities are already legally required to consult with the JHSC's in developing, revising and reviewing health and safety policies and programs.

Related note: the Standard advocates a hazard identification approach incorporating the hierarchy of controls which is positive. Section 4.3.4.1.

2. Workload and safe staffing

In the report the term "workload management" is used when dealing with workload issues. We would have preferred the use of the term "workload control". As we strive to eliminate/reduce psychosocial hazards, we need to challenge users to determine whether the workload in question is indeed manageable. The goal should be to control workload so that it is appropriate as opposed to just managing what is presented. However, the Standard does explain the value of worker control over their work and providing them with the support to do it.

It cites the biggest workplace stressor as having too much to do and not enough time to do it but also acknowledges the need for workers to have the resources (time, equipment, support) to do the work well.

It also addresses the need to ensure workers can take breaks, etc. This is closely tied to staffing complements — we know all too well that chronic understaffing in healthcare settings, paired with long hours and insufficient support has caused many nurses to suffer psychological consequences.

Health

3. Safe return to work programs

Members returning to work must be met with sensitive and safe reintegration as opposed to being pressed into premature/unsafe working arrangements. Inattention to the mental and physical health and safety needs of vulnerable returning workers can lead to exacerbation of psychological symptoms or emergence of new ones including depression. The Standard does acknowledge the importance of return to work programs in the document and that improving the return to work strategy is important. I would say though, although it is acknowledged, the issue is not as prominent in the report as we might have liked.

4. Psychosocial vs. psychological

The Standard addresses psychosocial hazards and not just a biomedical model (psych disease proceeds from individual to environment). The social epidemiological model (psych disease due to impact of social epidemiological factors, including psychosocial hazards at work) is preferred. Although the Standard did not take labour's recommendation to use the word psychosocial instead of

psychological in the title, it does appear that the document applies an overall psychosocial approach to the issue.

5. Responsibility for psychologically safe workplaces

There is concern that the document placed too much emphasis on "shared" responsibility for creating psychologically healthy and safe workplaces. In Canada, most OH&S laws are top down driven. Everyone in the workplace has a role to play but ultimately the employer has the most control in the workplace and they should be assigned the most responsibility for this. We do not condone a "behaviour based safety approach" which blames the worker (ex. a worker who identifies a hazard has a responsibility for controlling it). The Standard places more emphasis on shared responsibility than labour would like but we are pleased that it does acknowledge that "Psychological health and safety is a shared responsibility among all workplace stakeholders and commensurate with the authority of the stakeholder".

To learn more about the Standard, visit www.mentalhealthcommission.ca.

Did You Know? Flu

There has been widespread and localized influenza activity reported to the Public Health Agency of Canada. The influenza-like-illness (ILI) rate is above the expected norm for this time of year.

It is not too late to obtain your flu shot. Please contact your employer to arrange for your immunization as soon as possible. The immunization is free, the time is work time and the time is now. <http://www.health.gov.sk.ca/influenza-vaccine-fact-sheet>

Some health regions are surveying their staff regarding flu shots. This should be done when you are at work and this should be an anonymous survey. One of the questions being asked is — if you do not have your flu shot, what are the barriers in obtaining your flu shot? This is valuable information so that employers can make adjustments to the immunization program for staff.

In accordance with Article 61.04 of the SUN/SAHO Collective Agreement, in the event of an outbreak in your facility, those nurses who have

not received the influenza vaccine have these options:

- Take unpaid leave or use vacation or banked time;
- Take antivirals and return to work;
- If the vaccine is medically contra-indicated the nurse will be re-assigned.

Regardless of your vaccination status — please utilize personal protective equipment.

The Canadian Federation of Nurses Unions' and SUN do not agree with mandatory immunization policies. The CFNU Position Paper states: *Further, employers in conjunction with joint occupational health committees, and direct care nurses should develop comprehensive influenza prevention and control strategies that include an evaluation component. Influenza immunization is one element of such strategies but other key components should include **hand hygiene, personal protective equipment, adequate staffing and isolation policies.*** (http://www.nursesunions.ca/sites/default/files/postition_statement_mandatory_immunization.pdf)

FluWatch
Sign up today
for your
weekly report!
[fluwatch@
phac-aspc.gc.ca](mailto:fluwatch@phac-aspc.gc.ca)

Optimization of RN/RPN Practice: Effective Planning for Patient Care

Planning is an essential part of a registered nurses practice and is the culmination of the registered nurse's patient assessment into an organized, documented plan of care. Based on an analysis and synthesis of the assessment data, planning activities for registered nurses encompass identification of patient care priorities. The registered nurse brings the depth and breadth of nursing knowledge to the planning process and incorporates a variety of evidence-based options and resources, regardless of patient complexity and predictability (College of Nurses of Ontario [CNO], 2011).



The importance of planning cannot be underestimated. A well developed plan of care facilitates a coordinated approach by all care providers involved in the delivery of a patient's care, and is essential to the provision of safe, quality care. In the absence of a documented plan of care, important aspects of patient care are at risk of being omitted.

While registered nurses routinely plan care in great detail, the translation of that plan into a well organized, comprehensive written care plan may not always occur. This may be due to the perception that care planning is unnecessary, the unit has "standardized" careplans or simply as a response to lack of time. For these reasons it is vital to safe, professional practice that registered nurses recognize and enact their responsibility for ensuring the planning component of the nursing process is formally translated into a written plan of care.

Your role as the registered nurse on the team involves the coordination and planning of care, with your primary focus on identifying with the patient and the physician the desired outcomes for your patient (Hansten and Jackson, 2011). This includes developing "care plans focusing on day-to-day, medium and long range plans for care" (Association of Registered Nurses of Prince Edward Island, nd). While other care providers may participate in many aspects of the care planning process, the RN cannot delegate patient care-planning to other healthcare providers (SRNA, 2004a; SRNA, 2004b).

The registered nurse must not forget the importance of patient- and family-centred care when creating nursing care plans. To reiterate, planning must involve a collaborative approach between the registered nurse and the patient. This includes ensuring that patients are aware of and involved in the development of their plans of care and as a result may require the modification of the plan, based on collaboration with the patient (CNO, 2011). The registered nurse is also responsible for modifying the plan of care through recognition, analysis and interpretation of deviations of predicted client responses (CNO, 2011).

In your practice, ensure that your role is optimized by leading and coordinating the development of patient' care plans, that are comprehensive and inclusive, and that are regularly updated and accurately documented. Developing plans of care is a leadership responsibility of RN/RPN practice and directly contributes to positive patient outcomes.

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Joint Job Evaluation

In order to establish a consistent, fair and equitable manner to assess payment for positions, SUN negotiated a Letter of Understanding – Joint Position Evaluation, in the 2002 Collective Agreement. It was subsequently incorporated into the body of the 2005 Collective Agreement and can now be found as Article 32 – New or Changed Classifications – New Positions.

Your employer is obligated to submit any new or changed positions to the SAHO Job Evaluation Department for evaluation using the agreed upon Position Evaluation Tool. The tool will determine whether the position is rated as a Nurse A, B, or C. The Position Evaluation questionnaire can be found at <http://www.working-for-health.ca/sunje/>

If the employer or member affected disagree with the evaluation when it has been received back from SAHO, a reconsideration request can be made to the Joint Job Evaluation Committee within sixty (60) days of being notified of the placement.

Once the position has been occupied for six (6) months the incumbent(s) and employer are required to complete a new questionnaire. Local

Presidents who are aware of new positions in their facility should check to make sure they have been submitted to SAHO and then can diarize for six months so they can remind the incumbent and the employer to redo the questionnaire. It is important to remember about the six month reevaluation as duties and responsibilities can change from the original job description, once the member starts to work in the position, and this could potentially change the pay rate.

Any decision made by the Committee that results in the Employee being placed in a higher paid classification is made retroactive to the Employee's start date in the new position or to the date the position changed. If the position is reclassified to a lower rate of pay the incumbent's rate of pay is red-circled (i.e. s/he remains at the current rate) until the rate of pay in the new classification exceeds the red circled rate.

Melanie Kenny, Employment Relations Officer, is the provincial co-facilitator to the SUN/SAHO Position Evaluation Committee and can be reached in the Saskatoon office if you have any questions regarding this process.

Regional Workshop: Optimizing the Role of RNs, RPNs & RN(NP)s

Beverly Balaski RN, Nurse Research/Practice Advisor, will be traveling across the province between February 2013 and May 2013 to further discuss *Optimizing the Role of RNs, RPNs and RN(NP)s*.

This one-day workshop will focus on empowering registered nurses to utilize their expert training and knowledge, provincial legislation, and the nursing process to enhance the role of registered nurses.

During this interactive session participants will identify components of their professional role and responsibilities as outlined in legislation and professional accountabilities; strive to understand and clarify these roles; and compare and contrast how current practice supports the role of the registered nurse — in addition to learning tips and tools for addressing and resolving conflict.

REGISTER TODAY — Registration is free! Registration is quick and easy. Visit the Education section of our website today to register. www.sun-nurses.sk.ca/education

| Location | Date |
|---------------|------------------|
| Moose Jaw | February 6, 2013 |
| Regina | February 7, 2013 |
| Rosetown | March 5, 2013 |
| Saskatoon | March 6, 2013 |
| Yorkton | March 14, 2013 |
| Lloydminster | April 18, 2013 |
| La Ronge | May 7, 2013 |
| Prince Albert | May 8, 2013 |
| Melfort | May 9, 2013 |

Long Term Disability Plan – Knowing and Understanding Plan Provisions

The Health Shared Services Saskatchewan (3s Health) Disability Income Plan is a cost shared plan between eligible SUN members and Employers. The plan is designed to protect plan members from a complete loss of income, due to a total disability, when SUN members are unable to work for an extended period of time. The Plan is self-insured and is managed by 3s Health.

The plan requires a member to complete a “waiting” or qualifying period before payment of benefits will be disbursed. After an initial 119 days qualifying period, long term disability (LTD) benefits — equal to 75% of the member’s pre-disability regular gross monthly earnings, less income tax and any benefit reductions — will commence and are payable starting on the 120th calendar day of the disability. During the 119 calendar day qualifying period, a member who is unable to work, can access their sick leave credits. If the member does not have sick leave credits, the member can apply for Employment Insurance Sickness Benefits (EI) <http://www.servicecanada.gc.ca/eng/sc/ei/benefits/sickness.shtml>.



Stock photo credit: iStock

To qualify for benefits during the first two years and 119 calendar days, the member must be totally disabled as defined in the plan — this means an individual is unable to perform the duties of their own occupation due to an illness or accidental bodily injury. This claim for benefits must be supported by medical evidence. Note: This is called the “own occupation” period of disability.

After the first two years and 119 calendar days, and until the age of 65, a member must qualify for disability benefits by demonstrating they are unable to perform the duties of any occupation for which you could be reasonably fitted by education, training, or experience, due to an illness or accidental bodily injury. Again this claim for benefits must be supported by medical evidence. Note: This is called the “any occupation” period of disability. It is important to note that if a member with a disability returns to work for more than 10 shifts, excluding a gradual return to work shifts/programs, the qualifying period will start over.

Adhering to Timelines

Members who are disabled must apply to the plan within the time limits. The plan requires that an application for disability benefits be submitted within six months of the last day of work. The plan can deny disability benefits based on late application.

SUN members who have been off work due to a disability and who anticipate they will continue to be off work for an extended period of time can, and should, initiate an application prior to the completion of the 119 calendar day qualifying period.

Planning to Return to Work?

SUN members who are attempting a return to work within the first 119 calendar days of disability should ensure that those hours worked are considered as part of a formal graduated return to work program sanctioned by their physician. This will ensure that their return to work will not jeopardize their disability claim if the attempt to return to work is not successful.

To ensure SUN members fully understand the provisions of the plan, and are able to access the plan properly, members should obtain and review the plan booklet by contacting 3sHealth or visiting the Pension and Benefits section on SUN’s website www.sun-nurses.sk.ca/pension-benefits/disability-plan.

SUN Stakeholders Breakfast: Transforming Healthcare Together

The Saskatchewan Union of Nurses (SUN) hosted our first Stakeholders Breakfast — Transforming Healthcare Together — on November 21, 2012 in Regina. It was an honour to welcome Honorable Dustin Duncan, Saskatchewan Minister of Health and many other government and healthcare stakeholders from across the province.

Guests had the pleasure of hearing Dr. Marlene Smadu, Co-chair of the Canadian Nurses Association (CNA) National Expert Commission on the Health of the Nation and the Future of the Health System (2011-2012), speak about the Commission's final report — A Nursing Call to Action.

In May 2011, the Canadian Nurses Association (CNA) launched its independent National Expert Commission — the first of its kind to be spearheaded by registered nurses (RNs), Canada's largest group of healthcare professionals — to engage Canadians in transforming our country's healthcare system. Led by Maureen McTeer and Marlene Smadu, the Commission engaged and consulted RNs and other healthcare providers, the Canadian public of all ages, educators, policy- and decision-makers, while spanning provinces and territories, to learn their views on the most pressing healthcare issues and to discover their possible solutions.

The Report's Nine-point Plan of Action

1. The Commission challenges all Canadians to ensure our country ranks in the top five nations for five key health outcomes to mark that milestone.
2. Set pan-Canadian goals that can be achieved through local solutions tailored to communities and the people who live in them.
3. Implement primary healthcare for all by 2017 by merging health and social-services workers in multidisciplinary teams, working in consultation with the citizens they serve.
4. Invest strategically to improve the factors that determine health, focusing particularly on poverty, inadequate housing, food insecurity and social exclusion.

5. Identify the health and care needs of vulnerable and marginalized people and communities at increased risk of health problems (e.g., aboriginal people, those with low incomes, seniors, etc.), then focus health resources where they will do the most good.
6. Governments should integrate health in all policies and create processes to support healthier lives for all Canadians.
7. Health professionals, healthcare organizations and governments must be accountable for meeting common national high standards that are based on evidence with their measures tracked.
8. Prepare the service providers differently with new topics, teaching methods, science and research in order to match the system's transformation.
9. Use technology to its fullest, because when properly used it can provide rapid access to evidence and best practices for providers, to information and education for citizens, and tools for communication and collaboration among healthcare providers — all of which will enhance patient safety.

An enhanced electronic version of *A Nursing Call to Action* is available online at <http://expertcommission.cna-aiic.ca>. The website provides everything you need to know about the Commission, its report and the nine-point plan of action, including:

- Videos
- Fact sheets
- Public polling reports
- Related research
- References and bibliography

This first Stakeholders Breakfast was a great success. Our goal was to bring key provincial healthcare partners; including policy and decision makers, educators, regulatory bodies and experts together to begin examining evidence-based opportunities for collaboration on system transformation. We believe we achieved this goal and are looking forward to hosting more events such as this in the future.

Saskatchewan Union of Nurses

39th Annual Meeting

April 23, 2013 | Education Day
April 24-26, 2013 | Business Days

Queensbury Convention Centre
at Evraz Place, Regina

April 24, 2013 | Banquet

RIDER NATION ON LOCATION:

Bring Your Rider Gear for the Annual Meeting Banquet

Watch for your Annual Meeting Workbook in the next issue of SUNSpots
for more information and details on registration.

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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

Publication Agreement Number – 40065076