

SUN Spots

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SPECIAL FEATURE:

Healthcare Under Pressure

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40th Annual Meeting Highlights

From April 30 to May 2 this year, SUN members and guests celebrated 40 years of strength and solidarity within our Union. Hosted by the Yorkton and area SUN Locals, the 2014 Annual Meeting provided 340 SUN members including 64 first time attendees, staff and guests with the opportunity to connect, share ideas, and voice concerns.

As she opened our Annual Meeting, SUN President Tracy Zambory, RN, spoke passionately of her Union — our Union — and how together we can create positive change.

“40 years is a major milestone and we certainly have achieved a lot together in those four decades — we have good reason to be proud!”

“Since 1974, SUN members have overcome adversity and we have accomplished so much together. We have fought hard for our patients, our profession and workplace equality — we have promoted healthy, strong communities right across this province; we have defended a publicly funded and publicly accessible healthcare system for everyone regardless of their economic or social background; we have been advocates for those that could not speak for themselves — and we have done all of this because first and foremost we are registered nurses. We are leaders and when we work together, we are a powerful force for positive change. ...

In a recent interview I was asked to reflect on when I first became a SUN member, what being a member means to me and what it felt like when I realized I was no longer alone in my workplace.

The feeling was one of freedom — a feeling of calmness in knowing I had the ability to follow-through on what I believed was right for my patients and myself — without fear of recrimination. The knowledge that I had the strength of thousands of other registered nurses behind me, and beside me, was liberating. I no longer felt isolated in my workplace and I did not have to worry about being disciplined for doing what I knew to be the right thing. I was now part of something bigger than myself — I finally felt protected and I finally had a voice. ...

This past year I have witnessed your engagement grow in strength and solidarity — we have built momentum that I know will flourish. So what will 2014 look like? The honest answer is that “it’s not going to be smooth sailing.” Our professional practice and ability to work to our full scope of education and experience remains under threat.

Practices such as the abolishment, replacement, vacancy management and the substitution of registered nurses continue to plague every corner of the system. You continue to have to adapt to changes happening as a result of Lean in your workplaces and SUN continues to navigate the complexities of a new labour environment in our province with the introduction of The Saskatchewan Employment Act.

But there is hope — I do feel optimistic because I have seen the seeds of solidarity beginning to grow this past year and I have seen what you have been able to accomplish by working together. SUN is strong and your unity has given individual Registered Nurses, Registered Psychiatric Nurses and Registered Nurses (Nurse Practitioners) in urban, rural and northern communities, right across Saskatchewan, a voice.

I challenge you all to examine how you can become more engaged and how you, as registered nurses, can continue to be leaders and a mighty force for change in our province.”

Following Zambory's opening remarks, SUN premiered a short film which highlighted 40 years of achievements and proud and emotional moments that have built SUN into the strong, respected, and powerful organization we are today. The 20 minute video featured SUN members talking about their firsthand knowledge and experiences during key moments in SUN's history such as the formation of SUN, the implementation of the Nursing Advisory Process and Independent Assessment Committee, the significance of the Strike of 1999, and how SUN's relationship with Government has adapted and grown to meet the needs of SUN members through non-traditional methods. This brief look into SUN's past, present, and future presents a very clear message — SUN's strength and solidarity is built on many principles but one passion — patient safety. With each challenge we have faced — and overcome — providing quality, safe patient care has always been the motivating factor.

The 40th Anniversary video can be watched on our website at sun-nurses.sk.ca/about-us/history. Copies of the DVD (\$5.00 each) can be ordered by contacting sun.communications@sun-nurses.sk.ca.

Donna Trainor, RN, Executive Director, reminded us all that there is a leader within all of us and that we must find the courage to lead if we are going to create positive change.

"One thing SUN members bring to the table is a history of leadership, as individuals and as a collective.

Whether you want to believe it or not — the ability to lead is within all of us. Being a leader is about being honourable, ethical and moral; it is about leading by example and inspiring people to be the best that they can be; it is about listening to and helping, guiding others. That is you ... SUN members, registered nurses!

So how do you encourage, motivate and inspire others to move from where they are to where they need to be — imagine the power of our voices to move forward in a positive way. How do we create the sense of conviction and the willingness to venture into new territories, to speak up and out even if it will be tough to do so?

One way may be by remaining true to our vision and its inherent principles — those of patient safety and safe workplaces. Registered nurses are effective leaders who have the empathy to see things from the perspective of the patient and their families, from the perspective of those directly impacted by their vision, actions or decisions. Registered nurses constantly adapt to changing situations and environments and they will exemplify high levels of emotional intelligence, inter-personal and intra-personal skills.

It is not merely enough to be a visionary, an idealist or an intellectual to define leadership. All of these creative and leadership ideals need to be molded with practical and realistic expectations — a forward thinking plan of action.

Leaders need to remain ever focused on what needs to be accomplished and they then give individuals or groups the support that they need to achieve these goals, even when mistakes are made."

Registered nurses are definitely leaders. They will embrace a campaign or message or idea; they add passion and conviction and take it to the next level. This is exactly what SUN members have done with the "Wear White Campaign" SUN launched in November 2013. To support SUN members throughout the campaign, SUN provided each member in attendance at the Annual Meeting with a FREE white scrub top (embroidered with their individual designation) as their conference gift. Recognizing not all SUN members work in an environment that requires a scrub top, there are other white options available on our website at sun-nurses.sk.ca/index/wear-white.

Rounding out Day One, Amber Alecxe, Director of Government Relations and Patients and Families First, reported on SUN's recent work and challenges through Government Relations.

"I must admit for me there have been some incredibly exciting highlights of Government Relations work from past year all stemming from the rapidly increasing and concerning trends in healthcare; specifically vacancy management, replacement, position abolishment, budget driven decision-making, lack of role clarity, model of care changes that are being implemented without evidence or evaluation.

The growing trends have given SUN reason to take stock and think about additional ways to express the significance of the trends members are experiencing, and one of the key factors — if not THE key factor — is how patient safety and your ability to provide expert care is impacted.

[November 2013] *We had already received a number of very moving stories with specific examples of how patients are being harmed and/or put at risk and*





saw how important it would be to share those stories with government as well. I cannot emphasize enough how crucial your stories were in getting the Ministry of Health to implement the pause on the abolishment and replacement of registered nurses earlier this year.

In February 2014, it was incredibly disappointing to not only hear that all of your efforts and SUN's efforts were overlooked and the pause on registered nurse abolishment was ended, but also to learn that the data review on the quality and safety issues in relation to registered nurse staffing complements and patient outcomes was abruptly ended.

We know a number of trends that have been identified continue — such as abolishment and replacement, lack of role clarity and models of care changes — and we know that a number of other complexities in your environment are impacting the work you do as well.

Something New: A Roving Reporter!

We tried something new this year, with our Roving Reporter and camera crew — the goal was to capture your thoughts and share them with your sisters and brothers as the meeting was happening. “I have to say, this was one of my favorite additions to the meeting,” said Zambory. “I learnt a lot from what the members shared.”

“To listen to members talk about what SUN means to them was particularly memorable for me,” added Zambory. “To hear things like: ‘security’, ‘companionship’, ‘friendship’, ‘united’, ‘uplifting’, ‘ability to provide safe patient care’, ‘dignified workplaces’, ‘safe staffing levels’, ‘professionalism’, ‘standing together’, ‘working together’, ‘patient advocacy’ and ‘solidarity’ — all used to describe their Union was amazing. It really resonated with me, as I am sure it did with the members as well. We are still as strong and united as ever and this makes me optimistic about the future.”

Video clips produced during the Annual Meeting were shared on SUN's Facebook page (facebook.com/SUNnurses) and YouTube channel (youtube.com/rndifference).

We have, at times, participated in conversations with Government around Lean and our message remains the same — making certain process more efficient is a positive thing and we support those efforts, but research does demonstrate that Lean is not a clinical tool and there is a gap between Lean improvement processes and the clinical nursing process. Again, our concern is to ensure that your voices are heard and that you feel like you can provide patients with the kind of expert, high quality, patient-centred care you want to provide.

Another key ongoing issue is role clarity — the SRNA is working on this, but SUN knows that this is a vital and urgent issue for members as well. SUN continues to advocate for role clarity and as you know, key components of the registered nurse process includes coordination of care, fulfilment of the nursing process, and assignment and delegation of the nursing care process to members of the nursing care team. Registered nurse legislation outlines this component and your responsibility for them — which means it is so crucial that this legislation and your ability to uphold it is not compromised.

We know these issues are ongoing, and they have also been reflected in very recent conversations that SUN has entered into with the Government and Regional Health Authority representatives around the potential of renewing another Tripartite Partnership Agreement. During these discussions a number of important items were discussed, including patient and healthcare provider safety, improvement processes, improved communications, respectful workplace cultures, and partnership governance. While we are in the early stages, progress will largely depend on whether SUN members' needs can be met — one great way for SUN to know if we are on the right track is for members to continue to communicate with SUN Provincial directly and let us know if your needs are being met and what is effecting you — both good and bad.”

Day Two – May 1

Day Two focused on the constitution and bylaw resolutions submitted for discussion and decision.

Starting Day Two, members and guests were presented with the first of two plenary sessions, titled “The Ripple Effect: The Social Determinants of Health & Nursing.”

Opening the day and introducing the panel, Zambory noted:

“In all countries, it is well-established that poorer people have substantially shorter life expectancies and more illnesses than the rich — inequalities that cannot be explained by differences in healthcare or by personal health behaviours. Studies have shown that these disparities are associated with structural differences, such as income, employment and working conditions, housing, education, food security, social inclusion and the environment — what we now consider the social determinants of health.

As registered nurses, we see firsthand how the social determinants of health (SDOH) impact the people in our communities and appreciate the importance of understanding the impact these factors have on the individuals and groups we work with and to include these factors in their assessments. This information may affect the choice of intervention and the need for other community resources. Not only is it important to understand the impact but to also continue to question what more can be done.

‘Why is Jason in the hospital? Because he has a bad infection in his leg. But why does he have an infection? Because he has a cut on his leg and it got infected. But why does he have a cut on his leg? Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on. But why was he playing in a junk yard? Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them. But why does he live in that neighbourhood? Because his parents can’t afford a nicer place to live. But why can’t his parents afford a nicer place to live? Because his Dad is unemployed and his Mom is sick. But why is his Dad unemployed? Because he doesn’t have much education and he can’t find a job. But why ...?’”

The Ripple Effect panel was comprised of individuals who also saw the need to continue to ask what more can be done. Moderated by Dr. Ryan Meili, from Saskatoon, the panel took a look at what research is indicating, what community projects in Saskatchewan are doing to address SDOH, and what registered nurses see from the clinical perspective. The panel members consisted of:

- Len Usiskin, representing Station 20 West in Saskatoon;
- Duane Guina representing Farmland Legacies in Wynyard; and
- SUN member Barb Abele, RN

Day Three – May 2

Nursing in today’s environment is anything but straight forward. Changes to models of care, government initiatives, legislation, staffing levels, employer policies and structures and so on — each has a direct relation to the environment in which we practice, each presents new challenges and pressures on our ability to deliver the safe, high quality care we strive to provide.

On Day Three our final plenary session brought together a panel of SUN’s expert staff to talk about some of these pressures, how they are affecting our professional practice and how we can effectively be heard when speaking out. The “Healthcare Under Pressure: Nursing, Patient Safety & Politics” panel was led by Amber Alexce, Director of Government Relations and Patients & Families First; Alexce was



joined by Beverly Balaski, RN BN MN, and Colin Hein, RN, Nurse Research and Practice Advisors for SUN, and Aidan Conway, SUN’s Research and Policy Analyst. An overview of the Healthcare Under Pressure discussion can be found in the special feature of this issue of SUNSpots.

Following the Healthcare Under Pressure panel, members were provided an update on negotiations from Paul Kuling, Second Vice-President and Chair of the Provincial Negotiations Committee, and Kelly Miner, Director of Labour Relations. Kuling started the update with a report on behalf of the Negotiations Committee:

“As we reported during the Bargaining Conference this past November, your Provincial Negotiations has been focused on developing a proposals package that will — in our mind — address member concerns around professional practice, workload, staffing and the delivery of healthcare, all the while creating a stable, professional environment that will retain and recruit registered nurses in Saskatchewan with competitive wages and benefits. These remain our priorities today.

Your Negotiations Committee has played a key role in the preliminary discussions around a renewed Tripartite Partnership Agreement — while they were not involved in the face-to-face discussions, their input, feedback and firsthand knowledge of what is happening in their practice environments has been vital in guiding these partnership talks.

While we are a long way from achieving a Partnership Agreement that we feel is acceptable for SUN members, each step gets us closer to addressing our priorities and your concerns. This round of bargaining will revolve around three key areas — protection of the bargaining unit, improving language within the collective agreement, and renewing the Tripartite Agreement. Since 2008, SUN has been open to addressing members concerns through a number of different avenues and approaches to ensure members’ needs are being met. As

you can see each area of significance during this round is connected — with each focus, priority and solution building off of one another.

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

The very foundation of who we are as registered nurses and as union members stems from our passion and desire to improve the quality of care our patients receive, to improve our working conditions and to improve our profession. With each challenge we faced, with each obstacle we overcame — we grew stronger and more confident as individuals, as a union, and as a profession. In the past 40 years we have made history more than once in the name of patient safety and we will do it again. Our strength is our unbreakable unity — we are stronger today than we were in 1974 because

of the commitment and dedication of the people in this room and in our places.”

Following Kuling, Kelly Miner took the stage to update the members on the strategic and operational components of bargaining:

“Your Collective [Bargaining] Agreement (CBA) is the direct result of your ability to negotiate. This ability comes from one critically important document — your Certification Order. This is what gives the legal framework to bargain and to represent registered nurses in all aspects of their work life.

It is this definitive document that gives us the ability to enter into Partnership and Tripartite Agreements. Those agreements may not be able to be enforced in the same way as the CBA — through grievances, arbitrations or IAC hearings — but they are guiding agreements nevertheless.

As Paul said the Government, including the Premier and Minister of Health, in the Legislative Assembly have spoken of the value of the Agreement and desire to negotiate a new Agreement. Your Committee recognizes the value of such an Agreement but also takes note of some of the limitations and challenges from the Tripartite.

We need to ensure that future agreements have an appropriate Governance structure and have sufficient resources to support the initiatives that we agree to. We need to have clearly defined goals attached.

When it comes to your CBA we have been clear — no roll over. We need to negotiate some improvements, maintain our competitive wages and benefits and strengthen the autonomy of RN/RPN practice, baseline staff levels, and address the replacement of registered nurses with registered nurses. But the most critical piece, that falls outside of either the CBA or any Partnership Agreement, is the new labour legislation which threatens to pull our “supervisory” members out of our current certification order and bargaining unit.

We know we have our greatest strength when we are united. Dividing us divides our voice and weakens our collective voice. We are best able to advocate for ourselves and our patients when we are united.

At the Bargaining Conference, the Committee added a new priority — protection of the bargaining unit. And we have ensured that the Ministry and the Regional Health Authorities (RHAs) understand the importance of this #1 issue. This has been discussed with the Ministry & RHAs as a first priority — how do we move forward in negotiations if we are uncertain about who we [SUN] are representing? This is a critical issue.

With the proclamation of The Saskatchewan Employment Act, April 29, 2014, became the second day of mourning this week as this new legislation sees the elimination of the almost 70 year old Trade Union Act and the groundbreaking Occupational Health and Safety legislation. These pieces of legislation, including The Labour Standards Act have been eliminated with the stroke of a pen.

What do The Saskatchewan Employment Act Regulations mean for SUN members?

On April 29, 2014, *The Saskatchewan Employment Act* was proclaimed, which was concerning to SUN as it carried a significant threat to those members working in a supervisory role and their ability to continue to be SUN members.

On May 1, 2014, the Minister of Labour Relations and Workplace Safety, Don Morgan, confirmed that all SUN members will be exempt from the supervisory language that indicated employees in a supervisory role cannot be in the same bargaining unit as employees in which they supervise.

On May 12, 2014, *The Labour Relations (Supervisory) Regulations* as they pertain to *The Saskatchewan Employment Act* were officially released for public access. The regulations specifically state (<http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/S15-1R4.pdf>):

Certain occupations not included (3) *For the purposes of clause 6-1(1 (o) of the Act, employees in the following occupations are not supervisory employees: (a) registered psychiatric nurse, as defined in The Registered Psychiatric Nurses Act; (b) registered nurse, as defined in The Registered Nurses Act, 1988. 9 May 2014 cS-15.1 Reg 4 s3.*

This language within the regulations indicates that all Registered Nurses, including Nurse Practitioners, and Registered Psychiatric Nurses, working in an in-scope supervisory role and under *The Registered Nurses Act* and/or *The Registered Psychiatric Nurses Act* will be excluded from the supervisory language under *The Saskatchewan Employment Act*. Specifically for SUN members, this means that all SUN members working in a supervisory role — or not — will not be affected by the supervisory provision of the new legislation and will remain within the SUN bargaining unit.

“This exemption is huge for SUN,” commented SUN President Tracy Zambory. “By keeping SUN members in one, solid bargaining unit we ensure SUN has the strength and the collective voice to continue to advocate for your workplace and professional rights.”

As you know, our greatest concern is with the new supervisory definition and the very real threat for SUN. You can well imagine that this was disappointing news but we have not accepted this lying down or silently. I have made our concerns heard in no uncertain terms.

Well, today I stand before you with good news. Our concerns in regard to this new labour legislation have been heard and more importantly acted upon. I am thrilled to inform you that SUN's 'supervisory' members have been excluded from the language in The Saskatchewan Employment Act as it pertains to supervisors.

Let me tell you more about why this has come about — partnership.

We are the only profession — and therefore union — that is fully exempt from this legislation and we achieved this by virtue of our relationship with government. And that relationship is only in existence because of our Certification Order as that gives us our collective voice. Our excellent research and skilled staff provide us the tools we need to make that credible voice for positive change for SUN members and, your patients.

Today we can leave this convention hall as a united voice and to do what we have done before — achieve positive results for you and your fellow SUN members. To advocate for your patients and to ensure that we have a strong voice for registered nursing.”

During her closing address, Zambory reflected on our 40 years of history and the past three days, stating:

“40 years was a major milestone for all of us. We have come a long way together in just four short decades and it feels like we have only just begun our journey.

We sure have a lot to be proud of and a lot to be thankful for. If there is one thing SUN has never lacked, it is solidarity. Registered nurses have always stood together and stood up for their patients and themselves.

But the amazing thing is that feeling — that same passion — that same solidarity — and that same resolve to fight for what you know is right, is very much alive in this room today — in all of you.

Another thing that struck me is that, even after 40 years, our struggle remains the same. We are still fighting for safe staffing levels so that we can safely do the job we are all so passionate about — and that's care for our patients in the best possible way by working to the full scope of our education and experience.

When we listen to Linda Silas, talk about how registered nurses have to work together to “collectively reverse dangerous healthcare trends” and we have to continue to “fight for safe staffing levels” right across the continuum of care, it's clear we have a lot of work still to do.

But do you know what? We are the right ones to lead this charge — registered nurses are a powerful force for change. If SUN's history tells us anything — it's that we will never stop advocating for safer, better healthcare in this province.

One of the things that stood out most for me this year was the energy and vibe in this room. Solidarity is very much alive!

I want to end with one call to action — find a way to be active and engaged in SUN's work — a way that fits with you personally. There are so many options for how you can choose to become involved. We need your support and you need each other's support — you are the foundation of SUN, and from what I heard over these past three days, you all believe this to be true — so, let's keep this momentum going.”

Provincial Elections

Prior to the closing of the 40th Annual Meeting, Garth Wright, Chair of the Nominations Committee, announced your 2014/2015 Board of Directors.

- Tracy Zambory, RN, President
- Denise Dick, RN, First Vice-President (acclaimed)
- Paul Kuling, RN, Second Vice-President
- Barb Fisher, RN, Region 1 Representative
- Lorna Tarasoff, RN, Region 2 Representative (acclaimed)
- Jason Parkvold, RN, Region 3 Representative
- Maureen Arseneau, RN, Region 4 Representative (acclaimed)
- Leslie Saunders, RPN, Region 5 Representative
- Pat Smith, RPN, Region 6 Representative (acclaimed)
- Fred Bordas, RN, Region 7 Representative
- Laurelle Pachal, RN, Base Hospitals Representative – Regina (acclaimed)
- Mark Henderson, RN, Base Hospitals Representative – Saskatoon (elected)

Due to the appointment of Pat Smith to the SUN Board of Directors, a by-election was held during the Annual Meeting for the remaining one-year term of Smith's position on the Constitution, Bylaws, and Resolutions (CB&R) Committee. Crystal Kuras, from Local 14 – Tisdale Hospital, was elected to the Committee from the convention floor.

A snapshot in time — the circles and photos seen throughout this article are elements from the 40th Anniversary banner presented during the Annual Meeting.



Social Media and Your Profession

These days, social media seems to play a part in almost every aspect of Canadian society. Everyone is engaged in some form of electronic communication or another. The use of social media such as Facebook, Twitter, Instagram, LinkedIn, Google+ or YouTube has certainly changed the way people build relationships, interact, and gather and disseminate information. Whether we are communicating with family, friends, colleagues or even sometimes complete strangers, this virtual world has become an accepted, and in many cases expected, part of everyday life.

Social media can be defined as a group of web-based and mobile technologies that allow people to create, share or exchange information and ideas using text, audio, photos and video. It is a highly interactive, fast-paced form of communication that relies on user-generated and driven content.

For registered nurses and other healthcare professionals, this ever-changing online-world can create a fair amount of uncertainty when it comes to appropriate online conduct. Arguably the greatest challenge being the ability to separate one's personal and professional lives — a foundational principle of the registered nursing profession.

Registered nurses share many happy and exciting moments with patients and their families as well as many of the most difficult and sad ones. These moments are tender, sacred and most importantly private. It is vital registered nurses always remember they remain bound by the same ethical and professional standards that have always applied — even when posting to their personal social media accounts.

The fact is registered nurses are now interlinked to patient communities, employers and the public more than ever. People are increasingly turning to the internet and social media to seek out information about their own health and care, and patients are progressively sharing more and more information with each other about their health conditions as well as their healthcare providers online.

Registered nurses must always be thoughtful about what they post and mindful of the potential serious consequences for using social media inappropriately. Online content and behavior has the potential to enhance or undermine not only an individual's career, but also the registered nursing profession.

Social media is a fantastic engagement tool for SUN members and registered nurses. It provides members with a welcoming space to interact with SUN, the public and each other. Members are always encouraged to participate in the SUN social media experience, by liking, sharing and contributing to the conversation through your comments and postings. Healthy debate and idea sharing will serve to benefit you, your profession and your professional environment. Social media is also a powerful advocacy tool and your engagement and online action will only serve to strengthen SUN's commitment to improving patient safety, enhancing your work lives and defending the registered nursing profession. Always remember though, think carefully about what you post and how you express your thoughts. This article's principles and tips for responsible and safe use of social media will guide you if you are ever in doubt.

Principles for Social Media:

1. Never transmit or place online any individually identifiable patient information.
2. Observe ethically prescribed professional registered nurse-patient boundaries.
3. Understand that nothing online is private and everything is potentially permanent — Anything you post becomes public information and may remain online indefinitely, even if you attempt to modify or delete your post. This means patients, colleagues, the public, and employers may view your postings.
4. Separate personal and professional information online by taking advantage of privacy settings.
5. Familiarize yourself with your employer's online and social media policies.
6. Remember that having an online profile or identifiable presence on social media can have the same degree of positive or negative impact on a registered nurse's reputation as being active in any other public venue.
7. Engage with SUN and all of your professional and regulatory bodies on their individual social media accounts wherever you can. It's a wonderful, real-time way to stay on the pulse of what's happening in your community and profession.

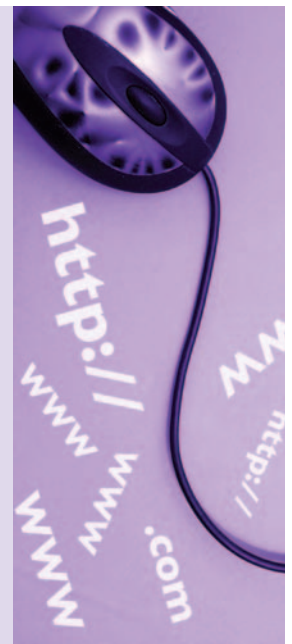
Take the plunge and join the conversation on SUN's social media accounts. It's a lot of fun and we welcome your participation!

Twitter: @SUNnurses

Facebook: www.facebook.com/SUNnurses

Tips to Avoid Problems Online

1. **Respect the confidentiality** of the registered nurse-patient relationship — many professional conversations you have with your patients and colleagues in the workplace should not 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. **Remember your options for reporting workplace, patient safety or nursing practice issues** — social media is not a place to vent about your work life. You can contact your Local Representative, call an Employment Relations Officer (ERO) on duty roster (Regina: 1-800-667-7060 or Saskatoon: 1-800-667-3294) or make use of the Nursing Practice Process in the Collective Agreement.
7. **Be responsible — THINK BEFORE YOU POST** — and if you ever have any doubt, please contact SUN Provincial with your questions.



MAKING THE DIFFERENCE CAMPAIGN

Registered nurses are vital to patient safety

Lights! Camera! Action! It may have been gloomy, cold and rainy on June 14 and 15, 2014, but inside the simulation labs at SIAST Wascana in Regina, there were smiles, bright lights, and lots of live action scenes as SUN filmed our newest set of commercials for the *Making the Difference* campaign.

This newest set of TV commercials will take to the airways on CTV, Global, and CBC this September 2014 during the hottest shows on TV.

Don't forget to listen to our radio ads on "Rider Radio" (stations vary based on location) throughout the 2014 CFL Season.

The exposure doesn't stop there — billboard locations have also been secured on major Saskatchewan highways. Keep your eyes open for the *Expert Training Expert Care* billboards on a highway near you.

Online takeover — once again, SUN's social media channels (Facebook, Twitter and YouTube) will play a role in reaching our target audience. Watch for SUN's *Making the Difference* commercials and social media clips on all three social media channels to share with your friends, families and/or followers.



Supreme Court of Canada: SUN Takes Labour Legi

On Friday, May 16, 2014, lawyers for the Saskatchewan Union of Nurses (SUN) stood in Canada's highest court to make their final arguments in a six-year legal battle against the provincial government's *Public Sector Essential Services Act (PSESA)*, which deprives nurses of the ability to bargain collectively. It was a historic day as seven judges sat to hear what has been described as "the labour case of the decade".

In fact, the impact of the decision will likely be felt for more than a decade, as the Supreme Court is expected to use the case as an opportunity to update its positions on key labour issues for the first time since the Labour Trilogy of 1987. Before going that far back in history, though, it's necessary to skip forward 20 years to 2007, when SUN's journey to the Supreme Court began.

Just a few weeks after forming government in November 2007, the Saskatchewan Party introduced Bill 5, the PSESA, which deprived nurses of the freedom to strike, and effectively rendered collective bargaining impossible. During the government's so-called "consultation", SUN was provided only one 45-minute meeting, and despite the fact that virtually every SUN member would be affected, none of SUN's questions were answered, and none of SUN's suggestions to the government received a response. When the PSESA became law in early 2008, it was almost identical to the version the government had introduced before "consultation".

Then the legal battle began.

In 2008, SUN asked its lawyers to file a statement of claim against the Government of Saskatchewan seeking a declaration that the PSESA is unconstitutional as it violates SUN members' freedom of association as guaranteed under s. 2(d) of the *Charter of Rights and Freedoms*. A few weeks before the SUN claim was ready for filing, the Saskatchewan Federation of Labour also filed a statement of claim against the Saskatchewan government, challenging the constitutionality of both the PSESA and *The Trade Union Amendment Act (TUAA)*. Both cases ran as separate and parallel legal actions until August of 2010, when the province's Chief Justice, Laing CJQB, ordered that all legal challenges against the government's labour laws should proceed as only one case. He named the *Saskatchewan Federation of Labour v. Gov't of Saskatchewan* case as the "lead case" and SUN's claim was attached to it.

The trial of *SFL v. Gov't of Saskatchewan* took place over 13 days in November of 2011 in front of Justice Dennis Ball, a former Chair of the Labour Relations Board, and from the beginning, the argument put

forward by SUN stood out. First off, SUN's lawyers rarely used the word "right" or the phrase "right to strike", referring instead to the "freedom to strike" and "freedom of association". The distinction is a key one for judges, because a "right" is something which demands government action, while a "freedom" is something which demands that the government *not* act. Just as limits to freedom of expression are constitutional so long as they are reasonable, such as libel, defamation and anti-hate laws, SUN argued that the freedom to strike must be found to be constitutionally-protected so that any limits on that freedom would have to be measured against the same standard as the limits on freedom of expression.

SUN's position was also unique because it did not tie the freedom to strike to the right to collective bargaining. SUN argued that workers are inherently free to withdraw their services — free to not go to work — for reasons other than collective bargaining, including personal safety, union recognition, or even political protest. While lawyers for the government and employers argued that the ability of union members to go on strike was created by labour legislation, SUN argued that the freedom to strike predates all labour laws, and that the freedom to refuse to work is a core common law freedom.

SUN was also the only party at trial which argued that the government owed Saskatchewan's nurses a duty to consult in advance, because nurses' constitutional rights were so adversely affected by the legislation. While ultimately the trial judge did not agree, the issue of consultation remained alive right up to and including at the Supreme Court.

Evidence was led at trial which confirmed some of SUN's worst fears about the PSESA. The trial judge learned, for example, that the University of Saskatchewan had declared "rat handlers" for experimental lab rats to be essential because of the trauma the rats would suffer if they were not cared for by their regular handlers during a strike. One health region declared 120 of 127 laundry workers to be "essential", while another declared their music therapists "essential". If these workers were "essential" under PSESA, it was clear that health regions intended to declare 100% of nurses essential.

Throughout the trial, the government argued that the freedom to strike is not constitutionally-protected, and even if it is, the limits on that freedom in the PSESA are reasonable ones.

In February 2012, the trial judge ruled that strike activity is constitutionally-protected as part of the collective bargaining process, writing:

slation Concerns to the Top

“I have determined that the rights to bargain collectively and to strike are protected by s. 2(d) of the *Charter*. The *Public Service Essential Services Act* infringes on those rights by empowering all public sector employers to make non-reviewable decisions that can effectively preclude the capacity of their employees to engage in meaningful strike action, and thus to engage in meaningful collective bargaining.”

Of course, the government appealed that decision and in November 2012, one year after the trial, the parties were back at it for three days in front of the Court of Appeal.

Once again, SUN argued that workers had the freedom to strike long before there were labour laws, and that the freedom to strike goes beyond the right to collective bargaining. SUN also pursued its alternate argument that nurses were owed a duty to consult because the Government knew that its legislation would infringe upon nurses’ rights and freedoms to a greater extent than almost any other worker.

While ultimately ruling that the *PSESA* was constitutional, the Court of Appeal accepted SUN’s argument that the freedom to strike is “pre-statutory” and even acknowledged that strike activity may be constitutionally-protected, but decided that it was up to the Supreme Court of Canada, not the Saskatchewan Court of Appeal, to make that decision:

“Accordingly, none of what I have written above is to suggest or presume that, if again confronted directly with the issue, the Supreme Court would not bring strike activity within the ambit of s. 2(d). Such a conclusion can certainly be reached, as indeed it was reached by Dickson C.J. in the *Labour Trilogy*. My point is no more than that, in light of *Dunmore*, *Health Services* and *Fraser*, the outcome of any deliberation by the Supreme Court on this issue is not wholly clear.”

There’s that phrase “Labour Trilogy” again, and as SUN, the SFL, and several other labour groups prepared to take their arguments to the Supreme Court, the three 1987 labour decisions were very much on everyone’s mind.

Here’s why: The Supreme Court hearing for *SFL v. Gov’t of Saskatchewan* was originally scheduled for October 2014, but earlier this year it was unexpectedly bumped forward to May. In February, the same seven judges who heard arguments in this case heard two other major labour cases: *Mounted Police Association v. Canada* (which deals with the right to collective bargaining) and *Meredith v.*

Canada (which deals with the freedom to form a union). Because all three were heard by the same panel of judges, it is thought that the Court may be writing a new Labour Trilogy, and that the Saskatchewan case, including SUN’s role in it, will form the guiding labour law in Canada for many years to come.

That’s why it was so important for SUN to use its time in front of the Supreme Court judges effectively. Presented by Gary Bainbridge, lead counsel for SUN, SUN’s oral argument zeroed in on just three points:

1. The freedom to strike pre-dates labour laws, and is therefore a stand-alone freedom;
2. The government had a duty to consult nurses before passing legislation which would limit that freedom; and
3. The *PSESA* is not a reasonable limit on the freedom, a fact proven by the government’s introduction of alternate — and less-offensive — legislation.

SUN’s argument that the freedom to strike is free-standing appeared to be heard clearly by the Court, and received strong support in arguments by lawyers for the Public Service Alliance of Canada, the B.C. Teachers’ Federation, Canadian Union of Postal Workers, and the *Confederation des syndicats nationaux*, the Quebec counterpart of the SFL. A number of the most difficult questions which the Government’s lawyers had to face from the seven justices were based on this theme. At one point, when unable to answer a judge’s tough question about the *PSESA*’s impact on the freedom to associate, the Government’s lead counsel simply asked for a lunch break.

While the line of questioning posed by the justices made it clear that they had heard and understood SUN’s argument, that doesn’t mean they agreed with it. It is always dangerous to try to guess how a judge or arbitrator will rule based on their questions and attitudes during a hearing. That said, SUN’s lawyers and others on the union side felt confident that the labour movement had had a better day in Court than the Government.

With three major labour cases to wrestle with, it will likely take the court several months to write their decision, and given the diversity of views represented by the seven judges, it’s possible that there will be more than one opinion released. While unions and governments across Canada await the landmark decision, and possibly the next Labour Trilogy, SUN members can know that they played an important and effective role at every step of Canada’s labour case of the decade.

Guest Contributor, Marcus Davis, SUN Co-Counsel

CLC Convention, May 5-9, 2014

During the first week in May 2014, thirteen (13) SUN members descended on Montreal for the 27th Convention of the Canadian Labour Congress (CLC) as part of the Canadian Federation of Nurses Unions (CFNU) delegation. With all members easily visible wearing white CFNU jackets, nurse unions were a force to be reckoned with at the Convention.

Unlike the SUN Annual Meeting, CLC Convention only happens every three years and with over 4,500 delegates in attendance by the end of the fourth day of the 2014 Convention, it's also a lot bigger. One SUN member mentioned that "the

CLC is like the SFL on steroids." Despite the size, one of the highlights for Shauna Hugg, an RN from Regina, was the chance to get to know other SUN members better. "I think

the best part for me was meeting new people, inside SUN, and reconnecting with others!"

The Convention theme was *Together Fairness Works*. CLC's welcome email emphasized that "Unions and their members play a positive role in society, standing up for fairness in ways that benefit people whether they belong to a union or not. We push for better laws, safe workplaces, good health care and pensions that benefit everyone. We know that when we act together, everyone benefits." CLC used the occasion to launch its newest television commercial to tell the public about the important role that unions play — you can see it at www.youtube.com/canadianlabour.

For Janis Hall, an RN from Lanigan, the panels and debate at Convention reinforced this message about the importance of unions. "I was impressed with the delegates who spoke to the resolutions because they were all very well prepared," Hall related. "It was an opportunity to learn by just listening to their positions, both pro and con. There is a true commitment to make Canada (and the world) a better place, for all. That message resonated throughout the convention. We can be proud to be union members."

Pat Nykiforuk, an RN working in Hafford, was impressed to see how SUN fits into the broader union movement. She found the convention gave her insight into how she fits as a member. "What did I learn? That I am a vital part of the bigger whole. My voice, SUN's voice, and that of the CFNU do matter within the huge network of labour."

Several moments stood out at Convention, including a rally, a moment of unexpected solidarity, and CLC elections.

"My best moment was joining hundreds of people carrying banners and flags during a rally on Montreal streets to Victoria square," says Linda Shyluk, an RN from Hafford. "This was a march against government austerity measures." Over lunch on Thursday, SUN members carried CFNU flags with thousands of union members and representatives of Quebec student and anti-poverty movements. "When thousands of people unite to walk the streets in solidarity it is simply a sight to behold," according to Leslie Saunders, an RPN from Fillmore. Speakers at the rally denounced an austerity agenda that is having a huge impact on public services such as health, safety and the environment, which is being felt by all Canadians. Shyluk adds, "Never in my life would I have thought I would be participating in a march of this size!"

For Nykiforuk, the most unexpected moment was the "spontaneous generosity of fellow unions to assist our sister from Alberta." When a delegate from United Nurses of Alberta (UNA) suffered a stroke,

When thousands of people unite to walk the streets in solidarity it is simply a sight to behold ...



the story was told to the convention floor and union after union stood up at the microphone to pledge resources to bring the nurse's family to Montreal to be at her bedside. Within a matter of minutes, unions had pledged \$31,000 and collection boxes raised hundreds more from individual members. The next morning, a proud union local president was pleased to announce that his employer, a unionized airline, would contribute the plane tickets to bring the family to Montreal. "I am encouraged to know we do not stand alone," said Saunders. "The money raised to bring a nurse's family to the conference after she suffered a stroke is an example of the compassion of those gathered. It was a goose pimple moment. This experience connects me with others that share my passion and reminds me what it is that we stand for and everyone should stand for together to make our world a better place."

The most dramatic moments of the Convention throughout the week came from the elections happening on Thursday. For the first time in twelve years, a serious challenge was being mounted against the sitting President of the CLC. Lorna Tarasoff, an RN from North Battleford, describes experiencing the drama of the elections as a highlight and seeing "how united in solidarity we were."

CFNU chose to strongly support Barb Byers in her run for Secretary-Treasurer. Byers has a long history in the labour movement. Since she hails from Saskatchewan and is a familiar face to SUN members — she presented at Education Conference this past year, for example — SUN members could speak convincingly of her leadership, intelligence, and commitment. Throughout the week, SUN worked with members from many unions to persuade people to support Byers. They got up ridiculously early to greet Convention-goers each morning, handing out "Team Barb" scarves, buttons and noisemakers. They chatted, cornered and persuaded delegates that Byers was the right woman for the job.

With the hotly contested elections, attendance at Convention kept rising. On the first day, there were 2,000 delegates in attendance. By Election Day on Thursday, thousands of additional delegates had arrived, pushing the total number well over 4,500. The trade show space at the far end of the convention hall was taken down, and the wall opened up to provide additional seating for all the new faces. Excitement and energy rolled through the room as people filled time between speeches

and before and after ballots with songs, applause, and impromptu cheers for various candidates.

"The room felt electric when I walked into the convention hall the morning of elections," recalls Hall. "There was so much excitement and so many people!" For Hugg too, the elections were a vibrant culmination of the Convention. "It was truly amazing watching the election process," she remembers.

Thanks in part to CFNU, the voting process was changed to secret ballot for each position. With so many delegates, elections took from mid-morning until 7:00 in the evening, but the energy in the hall kept everyone wide awake. As results were announced, SUN delegates were proud to see their work succeed. Barb Byers won convincingly to become Secretary Treasurer, joined by Hassan Yussuff as the new President, and Donald Lafleur and Marie Clarke Walker as Executive VPs. With only forty (40) votes separating the presidential candidates, out of over forty-five hundred votes cast, it is hard to deny that every vote mattered and every delegate influenced the outcome.

"We were able to see firsthand the results from our [CFNU's] advocacy for a secret ballot, the passionate campaigning on behalf of all candidates, the buzz on the floor during voting and the outcome of the election," says SUN President, Tracy Zambory, RN. "It was completely exhilarating to see a time real time picture of democracy in action."

Of course, it wasn't all business. Delegates also enjoyed touring Montreal and heading out to see the city on foot, by horse carriage, and learning to navigate on the Metro. Lorna Tarasoff was moved "experiencing the magnificence of the Notre Dame Cathedral and seeing where the Grey Nuns originated. I feel truly blessed to have experienced this CLC."

If you want to read more about all the excitement at the CLC Convention, you can check out the convention hashtag #canlab2014 on twitter.com to read the real-time, moment-by-moment comments of thousands of delegates at the convention — including your SUN members!

And in the words of Nykiforuk, "Do what it takes to get involved. Take the chance and attend a CFNU or CLC event."

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*Do what it takes to get involved.
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Our Union. Our Voice.

Inspires. Guides. Supports. Encourages.

These are only a few words to describe SUN leaders of today, tomorrow and yesterday. SUN leaders are also cautious, strategic, respectful, ethical, moral, collaborative, solution-minded, and professional. Each of these words describes each and every SUN member — we all possess these qualities and traits. We all have the ability to become a leader within our Union.

SUN is a Union built upon the strengths, dedication and conviction of our members. Our successes have not come from the success of any one individual. Our successes have been just that — **our** successes. Our successes have been our successes because of our collective and individual leadership.

SUN has grown into a well-respected, trusted, strong, force to be reckoned with because of our members and those that have taken an active role at all levels of the Union — local, regional and provincial. Whether it is on their Local Executive, a member of their SUN District Council (SDC), on a Provincial Committee or as a member of SUN's Board of Directors — each member has become a player in creating change, advocating for their fellow union members, fellow registered nurses and their patients/clients.

"I like to be 'in the know' so for me being involved with the Union means I have a firsthand track of being able to find out the most current information and being able to share that with others," says Maggie Hancock, RN. "My mother was a huge union advocate and was the president of her CUPE local. She would be the inspiration for me. Knowing all the hard work that went into the things we have in our agreement or any agreement

for that matter, I feel it's important to be involved and advocate for all those things."

A member since 1999, Hancock has been an active member of her Local and has held a number of positions ranging from Ward Rep, to Local Secretary, to Vice-President to her current position of President of Local 43 (Yorkton Regional Hospital).

"I am a huge advocate for unions and encourage people to get involved," commented Hancock. "Nursing isn't a job. It's my career, my love. I love what I do. I want to be able to help all the wheels turn in the same direction, by being a Union leader and working with our management team I think I help that process."

For Rikki Skiffington, an RN working in Public Health in Prince Albert, it was her Local President who encouraged and inspired her to get involved.

"Prince Albert hosted SUN's Annual Meeting in 2008 and our President at that time encouraged me to attend," says Skiffington.

"Attending the Annual Meeting sparked an interest in me to find out more about what my Union did for me, what we were working towards and what I could do to become involved," added Skiffington. "Our President made sure to involve me in planning meetings and carrying out the strike voting process over the next year. When we had our next Local elections she was wanting to step-down as President, so I ran and was elected into my very first position within the Local."

There are many opportunities for members to get involved in their Union at any level and to help shape the future of the organization. For Rachel Hyatt-Hiebert, RN, it was the support of her Local as a grad nurse that motivated her to get involved and advocate for her profession. "After my Local stepped in and helped me get a position that was rightfully mine, I started to get more involved and took on my first role as the Nursing Advisory Committee (NAC) Chair."

"The best part of being involved in my Union — SUN, is the increased professionalism, the relationships and the outlet for advocacy," says Hyatt-Hiebert. Since taking on the role of NAC Chair, Hyatt-Hiebert grew into the position of Local President for Local 69 (Cypress Regional Hospital, Swift Current), as well as recently taking a position on the Provincial Constitution, Bylaws and Resolutions (CB&R) Committee.



Left to right:
Maggie Hancock, RN
Rikki Skiffington, RN

Our Time to be Involved

Influences. Motivates. Advocates.

"I decided to run for a position on the CR&R Committee because I wanted to get more involved at the provincial level. I view it almost as a class in theory which then informs my work in the union," added Hyatt-Hiebert. "I think my involvement — as a member — is important because this ultimately is a grass roots organization. When you have members from all over the province and from different demographics then you end up with better representation and a SUN Provincial that is more in tune with the general membership."

Getting involved in your Union means there is nowhere to go but up — and for Leslie Saunders, RPN, in Fillmore, that's exactly what happened.

"My first role in my local was that of President. I work in a small long-term care facility and the previous President was retiring after numerous years of being in the position. No one wanted the job so I took it," stated Saunders. "I was not anti-union but I also wouldn't say I was an active member. I really didn't know that much about SUN. I may not have been an active member but I knew how the Union had benefited me and that it needs the members to be involved in order to be a successful Union."

After a number of years as an SDC Chair, Saunders decided it was time to take the next step and was acclaimed to the position of Region 5 Representative on the SUN Board of Directors. "I thought I knew quite a bit about the Union but I had no idea how the organization worked at the Board level. By being a Board member I participate in major decisions that allow me to be an advocate for our members, our patients and our communities. I have always been made to feel welcome, supported and been shown respect in all aspects of my union life."

"There are a number of things that I enjoy about being involved in my Union but I have to say that the knowledge I've gained is the best part," said Skiffington, who is currently the SDC Chair for the Prince Albert district. "I have my thumb on the pulse of what is happening around labour relations both provincially and federally. I'm able to discuss these issues with my co-workers, family, friends and other community members so that they have a clear understanding of what is going on and the impact that provincial and federal labour changes will have on not only them personally but future generations of workers."

Taking the Next Step

Over the past year SUN has seen our strength and our solidarity grow with a dramatic increase in member engagement in our public relations campaigns, government relations efforts, and attendance at the 2013 Education and Bargaining Conferences, as well as the 2014 Annual Meeting. This increased involvement has begun to not only change the face of SUN and strengthen our foundation for tomorrow but it has also started to change the conversation among the membership. With each event and/or initiative SUN hosts, we see new faces, we hear about new experiences, and learn of new solutions. This increased involvement has given a solid understanding of what is happening within your workplace.

But the involvement can't stop there. The Union is you and me — **we are the Union**. It is our involvement at the local, district, regional or provincial level that strengthens our Union, gives us a voice, and creates change.

This coming Fall SUN Locals and SDCs will be holding their annual general meetings and elections. Members are encouraged to consider how they can get involved in their Union, what role on their Local and/or SDC Executive(s) they can take on, and what they can comfortably do to help our Union flourish. Accepting new challenges is what helps us grow as individuals, as professionals and as a Union.

"You will never regret your union involvement," says Hyatt-Hiebert. "The opportunities that SUN provides you with will grow your career and develop you as a person."

"SUN has introduced me to some of the most passionate people one could hope to know," commented Saunders. "I was — and still am — amazed at how SUN Provincial Directors, staff and Board work tirelessly to affect change for our members. I encourage all members to become more engaged and involved with our Union and become a part of something wonderful that has the potential to change your life from making new lifelong friends to making change that can be beneficial to those that come after us and share our passion for nursing."



Left to right:
Leslie Saunders, RPN
Rachel Hyatt-Hiebert, RN

Message from Your Negotiations Committee



It has been sometime since the Provincial Negotiations Committee provided the members with a detailed update on our progress. The truth is there has not been a great deal of details to share.

Over the past few months the parties — SUN, Government and representatives for the Regional Health Authorities and SAHO — have been involved in discussions concerning an improved Tripartite Partnership Agreement. Through these discussions, SUN has been clear in that there are a number of outstanding items and concerns that have the potential of being resolved through the Tripartite and until these concerns are addressed discussions around improving the language within the contract cannot be spoken to.

Your Committee recognizes the process has been slow, however we strongly believe that your concerns — our concerns — are significant and should not be overlooked nor should be rushed to resolve the matters without a proper and thorough review and careful consideration.

The fact of the matter is our concerns remain the same — first and foremost we are advocating for the safety of our patients. With each concern we raise, with each resolution we present, we have the care and safety of our patients' top of mind. Along with the safeguard of patient safety comes the protection of our bargaining unit work and our profession. Registered nurses play a critical role on the healthcare team and your Committee and Government Relations team is working endlessly to ensure that role is recognized and respected.

With the introduction of the new labour legislation, the protection of our bargaining unit was a huge concern to SUN members, and as Kelly Miner, Director of Labour Relations, reported at the 2014 Annual Meeting, this concern has been addressed through the regulations associated

with the new *Saskatchewan Employment Act*, which excludes registered nurses from the supervisory language. (See page 6 for further details.)

This exclusion comes as a relief for SUN, however, the protection of the bargaining unit goes beyond the new labour legislation, it also encompasses the protection of our profession. Since last summer, SUN Provincial has been sharing with the Committee hundreds of stories which outline your concerns around role clarity, patient safety, abolishment/replacement/vacancy management of registered nurses, and Lean initiatives. Your concerns go far beyond that of a wage increase or improved benefits, your concerns and ours, focus around safe and appropriate staffing levels, workload, the direct impact on the nursing process and patient care, and your professional and legal obligations.

Working closely together, your Committee and Government Relations team, continue to work towards achieving a renewed Tripartite Partnership Agreement and in turn an improved Collective Agreement — our commitment to our patients and our profession remains strong. Your feedback and input into SUN initiatives and campaigns also provides the Negotiations Committee with valuable, real-time accounts of the issues facing registered nurses at the bedside.

Thank you for your continued support and feedback; knowing we have the strength of 9,000 registered nurses behind us is encouraging and reassuring. We encourage you to remain vigilant and vocal in regard to your professional standards, role clarity and patient safety. Your engagement provides the Committee and Government Relations team, with the insight and evidence required to achieve a meaningful partnership and collective agreement.

In solidarity, Your Negotiations Committee

Feature Section:

Healthcare Under Pressure



Healthcare Under Pressure

In 2004, a 10-year Health Accord was negotiated between the federal and provincial governments to provide stable and predictable federal funding for healthcare, to ensure equity among regions, and to develop national healthcare strategies around wait times, pharmacare, homecare, and primary care reform with the goal of ensuring a sustainable public healthcare system across Canada. In early 2014, the Harper government in Ottawa allowed the Accord to expire and adopted a new “take it or leave it” approach that will significantly reduce federal funding and abandon federal leadership and national standards. The new approach will involve:

1. **An end to the “equalization” formula in federal transfers to compensate for regional differences** in resources, population profiles, and healthcare needs to ensure some measure of equality of services and access across the country;
2. **A major long-term reduction in federal funding for healthcare** and further downloading of financing responsibility to provinces;
3. **Abandoning national strategies** to ensure sustainability, and the erosion of national standards and the ability of the federal government to enforce the *Canada Health Act* principles of public/non-profit, comprehensive, universal, portable, and accessible healthcare available to all Canadians.

A Slow Death for Medicare? Undermining National Standards and Cutting Funding

The new per capita funding formula that ends equalization will reinforce inequalities between provinces based on resources and population characteristics (density, demographic composition, disease incidence, etc.). This undermines the principle of national standards backed up by federal funding support. Only Alberta will gain from the new formula. **Saskatchewan is set to lose \$40 million per year** in equalization transfers. Even more significant is that under the new arrangement, Ottawa has only agreed to maintain a six (6) percent annual increase in transfers until 2016, after which time these increases will be reduced to a minimum of three (3) percent. **This will add up to a \$36 billion cut in federal funding for healthcare over the next 10 years, with Saskatchewan losing a total of \$1.1 billion, or more than \$100 million per year.** The Saskatchewan government and many of our federal Members of Parliament have been troublingly silent about this.

Just as important as the funding cuts is the decision to abandon federal leadership in ensuring a cost-effective and sustainable public health system across Canada. Previous federal commitments around pharmacare, homecare, and primary care redesign are being dropped, despite the mountain of evidence that these are the areas where significant cost savings can be found at the same time as pressing needs are met. To take just one example, a universal pharmacare program offering full coverage would not only improve equity and access (1 in 3 Canadians goes without needed medications), but generate savings of between 10% and 41% on prescription drug costs, saving up to \$11.4 billion each year in Canada and up to \$321 million in Saskatchewan. Instead of taking this long-overdue step of extending universal health coverage to drugs, the federal government is walking away from its National Pharmaceuticals Strategy.

The retreat of the federal government and the “no strings attached” approach to transfers will mean provincial governments will be free to do whatever they want, including choosing tax cuts and privatization over adequate funding for universal care. Faced with a shrinking federal commitment to health funding, provincial governments will use the opportunity to step up their experiments in privatization and justify them as necessary to meet tightening budgets, despite the overwhelming evidence that privatization doesn’t work.

Rather than helping to take pressure off the public system or reduce costs, the expansion of private and for-profit alternatives will make matters worse. Private providers are focused on profit-maximization not quality or cost containment. This is why the United States spends about twice as much per person on care without a universal public system (\$8,895 versus \$4,676 per capita in 2012), and why it is the costs in the private components of the Canadian system that are growing most rapidly. For example, prescription drug costs have been rising at an average of between 7.5-10 percent per year over the long term, while Medicare costs have risen more modestly in the 5-7 percent range.

Privatization doesn’t expand access: it takes professionals and providers out of the public system and makes waiting lists longer for the majority who cannot afford to pay to jump the line.

Privatization drains resources: it picks and chooses the healthiest, easiest, and most profitable patients to care for, leaving the sick, the elderly, the poor and the marginalized, and those with chronic diseases, for the public system to care for.



Privatization leads to poorer outcomes at a greater cost: private and for-profit alternatives have worse patient outcomes, more unnecessary and expensive tests and procedures, and less accountability to the community.

We know what we need to do to take Medicare into the 21st Century as a sustainable, universal, public, and high quality system: we need national evidence-based strategies to tackle the main cost drivers in the system, innovative and cost-effective initiatives to improve and expand long-term and home-based community care and take pressure off the acute care system, measures to tackle over-investigation and over-treatment or profit, and a meaningful commitment to building healthy societies by addressing the root causes of ill health. This work needs to be supported by national institutions gathering evidence and disseminating best practices, and it needs to be backed up by stable, predictable, and equitable funding mechanisms.

The current approach of the federal government and many provincial governments is taking us backward, not forward. If we continue down this road, the result will be an increasingly fragmented, costly, and two-tiered system. The changes we desperately need will become even more difficult to implement.

Where the Rubber Hits the Road: Registered Nurses Under Pressure

On the current track laid down by the federal government, healthcare will be faced with a period of declining funding, tightening budgets at every level, and the fragmentation of universal public provision as provinces go it alone and encourage increased for-profit delivery of health services.

Registered nurses act as an early warning system in healthcare. They are the largest provider group and are involved in virtually every aspect of the system, and in virtually every stage of a patient's journey through that system. If something is happening in the healthcare system, registered nurses will have seen it and felt its impact.

There is another reason that registered nurses are where to look if you want to take the pulse of the healthcare system: they have always been and will continue to be the main target of efforts by employers and governments to reorganize, rationalize, and renege in the system.

This is **not** because registered nurses are the main driver of escalating healthcare costs. They're not. The share of registered nurses' salaries in hospital costs

has not changed much overall in decades. Getting a handle on the main drivers of rising healthcare costs in Canada would mean taking a hard look at the fee-for-service model, the pharmaceutical model, and trends in diagnostics and treatments.

But as we have seen, today's decision-makers do not have the political courage or will to take on the inefficient fee-for-service system and its related problems. Decision-makers don't currently have the courage to take the long-overdue step of creating a universal pharmacare program to control costs and ensure evidence-based prescribing, or to tackle the questionable relationship between pharmaceutical research and the for-profit industry. And governments certainly haven't shown the political will to address in a serious way what many people call the "upstream" causes of "downstream" healthcare needs and costs — adequate and more equally distributed income, housing, social integration, and food security, for example.

Nursing becomes the target for cost cutting not because it is one of the main cost drivers, but because the political will does not currently exist to tackle these other things. Nursing also becomes the target because even though it does not represent a main driver of escalating costs, it is one of the largest ongoing cost items. Healthcare is an intensive human service, it deals with complex individual bodies and minds, often when they are in crisis. As the core of the healthcare workforce, the compensation of registered nurses makes up a large part of this intensive human service almost by definition.

One obvious strategy to reduce costs is old-fashioned cuts and understaffing, and those have returned to the table as budgets tighten and the search for savings intensifies. Making registered nurses do more with less is the easiest way to find short-term budget savings. It is also the most short-sighted and irresponsible budget strategy since it very directly puts patients at risk. Unfortunately, we have seen it before and we are seeing it again.

Another strategy is workforce substitution, where a lower cost provider is substituted for a higher cost provider. According to this logic, many of the "tasks" performed by registered nurses, for example, could be done by others if they are given some additional training. Why pay top dollar for a registered nurse when a social worker, a licensed practical nurse, or an unlicensed care provider can do it? This strategy is based on a view of the nursing process and registered nurses' work as being made up of discrete, fragmented tasks that can be separated, standardized, and farmed out to the lowest cost employee.



This strategy raises two related concerns. The first is that it can undermine professional practice and nursing standards by de-skilling and inappropriately delegating registered nurses' work. The second is that it erodes the integrity of the nursing process and threatens to fragment care, with serious implications for the quality and safety of patient care. A dangerous experiment is underway throughout the healthcare system based on budget-driven "task" fragmentation and workforce substitution that puts both providers and patients at risk. In places where this strategy has been followed to its logical conclusion, such as the United Kingdom, major scandals involving revelations of sub-standard care and unnecessary patient harm and deaths have forced a re-evaluation.

Another strategy for cost cutting is to bring in what are called "business process redesign" methodologies to rationalize the system through the elimination of waste and "non-value added" activities. The current Lean initiative is only the latest in a long line of "quality improvement" and redesign systems that have been shopped around to government and employers — ISO 9000, Six Sigma, and Total Quality Management are just some of the previous versions.

In the early stages when these strategies are applied to things that look very much like business processes — the ordering and organization of supplies, the redesign of physical spaces to minimize wasted movement, the reorganization of routines to streamline them and eliminate unnecessary steps — the results are maybe not so controversial, although a number of problems have been identified in these areas around the quality and availability of supplies, for example.

But once these obviously "business-like" processes have been reorganized and "leaned," attention will turn to the nursing process and direct patient care, and here is where we've heard the early warning system going off — SUN members have been identifying very serious concerns with the limits of Lean and its application to nursing work.

SUN President, Tracy Zambory, RN, summarized some of these concerns in an editorial piece published in Saskatchewan newspapers on March 24, 2014. She pointed out the dangers of applying business process methods in areas requiring professional expertise and clinical judgment and note that "[u]nlike supply management, the registered nursing process is not linear and predictable and cannot be reduced to bundles of tasks and rationalized on business principles."

Nursing is an intensive human system in terms of its inputs and its outputs. It is a world of uncertainty,

of unpredictability, of critical thinking, of professional judgment based on education and experience, and of constant evaluation and re-evaluation. This should not be a surprise. Healthcare is about real living bodies and minds in all their variety, often under stress and in crisis.

Business process redesign, if it is used to fragment care and de-skill the nursing process based on an agenda of short-sighted cost savings, will become part of the problem rather than part of the solution. If employers use Lean to redesign scopes of practice and models of care based on business principles (combining workforce substitution with business process redesign) rather than evidence of clinical appropriateness and patient needs, important questions about professional nursing standards and safe, quality care are raised.

Standing Up for Standards and Safety

Each of the budget-based strategies we have identified — understaffing, workforce substitution, business process redesign — have one thing in common: they have very serious implications for the practice of registered nurses and the quality and safety of the care they can provide to their patients.

To monitor the situation and figure out how to respond, SUN relies on our members. We have been hearing from you. Earlier this year we submitted a patient safety report to the Minister of Health that communicated SUN member concerns about patient safety and included details about nearly 100 documented instances when patients were put at risk or harmed by inappropriate and unsafe staffing situations. In addition, we shared results of our member survey on Lean that clearly demonstrated that a large majority of members have serious concerns about how Lean is being implemented and its impact on your professional practice and the quality and safety of patient care.

Registered nurses are well placed to act as healthcare's early warning system. They also have a professional and ethical responsibility to stand up for professional nursing standards and to advocate for their patients. Registered nurses' practice conditions are patients' care conditions.

We need to continue hearing from members whenever they see policies, procedures or changes in their workplaces and practice environments that run contrary to nursing standards and patient safety. If registered nurses don't stand up and raise their collective voice, who will?

Valuing Patient Safety: Responsible Workforce Design

The Canadian Federation of Nurses Unions (CFNU) has just published a new report prepared by Dr. Maura MacPhee, RN, PhD which calls for nurses, patients and their families to safeguard our healthcare system and to reject irresponsible workforce redesign. *Valuing Patient Safety: Responsible Workforce Design* provides stark evidence of the effects of ill-considered experiments in the delivery of patient care.

In a message introducing the report, Linda Silas, RN, President of the CFNU emphasized the responsibility of registered nurses to speak out and act to advocate for patients' quality of care:

"As nurses, we can no longer stand by as witnesses to irresponsible workforce design. We must act now to protect our patients. [...] Collectively, we must act to reverse the dangerous trends in patient care delivery. It is up to us to make our voices heard so that the public, governments, healthcare administrations and our colleagues understand what is at stake." (p. vi)

Workforce redesign refers to restructuring of nursing care delivery, and changes to staff mix and staffing levels are the two most common signs it is underway. The report argues that patient care needs must be at the forefront of any redesign decisions. Care needs must be properly assessed using real-time tools based on factors such as acuity, stability and complexity. Once patient needs are determined, nurses and their managers should base staffing assignments on the best fit between patient needs and nurse competencies.

In the Preface to the report, Dr. MacPhee also emphasized the need for unity in defending professional nursing practice and the importance of role clarity as the basis for effective collaboration: "We have to respond as a unified voice to others who want to control our practice. I see this most clearly in scope/role blurring that is going on within provinces/territories. Our scope of practice is what defines what we can do legally, and each nurse classification (registered nurses, licensed or registered practical nurses, registered psychiatric nurses, nurse practitioners) should have clearly defined legal boundaries so that we can better appreciate how each classification can optimally contribute to care delivery."

Below is the Executive Summary and Recommendations. Read the full report on the CFNU website at <https://nursesunions.ca/publications/reports-studies>

Executive Summary

Over a decade ago, a government task force in Ontario commissioned nurse researchers to analyze the public needs for nursing care and make evidence-based policy recommendations related to safe, quality patient care delivery. The researchers' report focused on the impending shortage of nurses to care for our Canadian population — a population with growing complex care needs. Their policy recommendations included several strategies to address the critical nurse shortage. In particular, they highlighted the importance of thoughtful workplace and workforce design.

This paper is a re-evaluation of where we are now. Are working conditions better for nurses? Is the nursing workforce being supported? Are nurses being appropriately utilized to meet patient needs?

There is no doubt that nurses' workplaces make a difference. A great deal of nursing research has documented those components necessary for healthy work environments: excellent nurse leadership, adequate staffing, effective communications, collaborative work relationships, organizational supports (such as professional development opportunities and continuing education), and nursing control over their own practice.

Workforce design refers to nursing care delivery. Many care delivery changes or workforce redesign initiatives have been, and are, underway in Canada. Redesign needs to be done thoughtfully within complex health care systems because one small change can have a domino effect. This paper includes workforce redesign examples from Canada, other Commonwealth countries, the U.S. and Europe.

One of the most publicized examples of dangerous workforce redesign occurred in the National Health Service (NHS) England, the public health care system of the UK. Nurse staffing levels were dramatically reduced and nurses were replaced with unregulated care providers. Despite ongoing documentation of substandard care and high patient mortality rates, NHS administrators in one Trust, the Mid-Staffordshire Trust, refused to listen. It took a very public inquiry to finally force change.

This paper also discusses responsible workforce redesign that values patient safety. Some key ingredients include systems-level planning (to avoid negative domino effects), stakeholder engagement (including nurses, patients and their families), and data usage (to responsibly track outcomes).





Redesign goes on at many levels, and is often driven by executive-level, administrative decisions. Higher level decisions, however, impact what happens at the bedside. What do direct care nurses need to do to provide quality, safe patient care?

The patient must be front and center — that is what we mean by patient-centered care. To properly assess patients' needs, based on factors such as acuity, stability and complexity, real-time tools need to be used to determine patients' priority care needs. Once patient needs have been determined, nurses and their managers should make staffing assignments based on the best fit between patient needs and nurse competencies. This paper includes examples of tools that have been successfully used to guide real-time staffing decisions, such as the Synergy Model patient characteristics tool which was successfully piloted in BC and Saskatchewan.

Nurse competencies are synonymous with the knowledge, skills, attitudes and professional judgments nurses possess. These competencies are acquired through accredited or approved educational programs. The depth of educational preparation should be reflected in nurses' scopes of practice and provide clear legal boundaries for nurses of different classifications. Scopes of practice should also act as a guide for the creation of job descriptions and nurses' roles and responsibilities in different health care settings. Scope/role clarity enhances collaborative teamwork.

Another nursing workforce issue is replacement strategies. In Australia the language "like for like" was adopted through the nurses' collective bargaining agreement in one state, New South Wales, to prevent the replacement of registered nurses with non-registered nurses during registered nurse unplanned absence, such as unexpected sick leave. In these instances, a registered nurse must replace a registered nurse. If a registered nurse replacement is

not possible, and another classification of nurse must be used, the nurse manager is expected to consider if a non-registered nurse replacement will influence workload and patient safety: Staffing accountability is a requirement. "Like for like" replacement language is appearing in Canadian nurse collective bargaining language, such as in BC. It is similar to pilot replacement policies and legislation in the aviation industry.

Aviation and health care are both considered high reliability industries. High reliability implies that health care organizations, for instance, must provide highly reliable, consistent and effective service to prevent serious public harm. High reliability organizations are known for having quality/safety checks and balances to reduce the possibility of human error. In aviation, strict regulatory replacement policies for pilots ensure that the right pilot is flying the right aircraft at the right time. "Like for like" language will hopefully provide similar quality/safety controls for nursing.

Collective bargaining agreements, nursing policies and related legislation in many parts of the world demonstrate how we, as nurses, value patient safety. The most notable workforce redesign safety changes have come from the NHS England — following the Mid-Staffordshire public inquiry. The NHS England recently began to reinvest in RNs after cutting their positions over several years. English NHS hospitals are required to maintain evidence-based nurse staffing levels and publicly report staffing levels.

This paper may seem like a broken record. In 2012 Berry and Curry produced a CFNU document on evidence (and policy recommendations) related to nursing workload and patient care. Safe staffing, nurses' workloads, healthy practice environments and workforce design/redesign are closely connected. Taken together, the Berry and Curry document, this paper and many other nurse reports should be a wake-up call to use evidence in ways that truly value patient safety.



Recommendations

1. Patient needs assessment tools (e.g., Synergy Model patient needs assessment tool) must be used to make evidence-based determinations of patient needs, and to support collaborative staffing decisions between nurses and nurse managers on a real-time, shift-by-shift basis.
2. Health care organizations and their leadership must strive to ensure Magnet-like work environments for best possible quality, safe care delivery. Magnet-like environments are known for effective nursing leadership at all levels of the organization (i.e., front-line, mid-level, executive), collaborative teamwork, staffing adequacy, effective communications, and nurse control over practice (e.g., clinical autonomy, shared governance).
3. Once patient needs are known, care needs should be determined based on nurses' formal educational qualifications and competencies. Nurses' scopes of practice should clearly distinguish between the three regulated groups' educational attainment, foundational knowledge and skills.
4. After nurse qualifications and competencies have been matched to specific patient needs, nurses should only be replaced with nurses with similar formal educational qualifications and competencies. "Like for like" replacement policy should ensure that RNs are replaced with RNs, LPNs/RPNs are replaced with LPNs/RPNs, and registered psychiatric nurses are replaced with registered psychiatric nurses.
5. The delivery of education associated with regulated nurses' scopes of practice must take place within formal, accredited or approved educational programs.
6. Inability to replace "like for like" should be a rare event (e.g., unusual amount of sick calls). Replacing care providers with a different classification (LPN/RPN replacing an RN) should not be a typical staffing solution. If this does occur, the in-charge RN should be required to document evidence to support the decision, and provide evidence that patient safety is not being compromised.
7. Scope of practice clarity avoids role confusion, fragmentation of care, and inappropriate use of nurses. Regulatory bodies, unions and nurse education program coordinators must work collaboratively to ensure scope of practice clarity.
8. Scope and role clarity should be enhanced through employer policies and job descriptions that make explicit the regulatory and educational distinctions between RNs, LPNs/RPNs and registered psychiatric nurses, and the distinctions between regulated and unregulated health care providers.
9. Patients and their families must be present, powerful and involved with quality/safety initiatives at all levels of the health care system.
10. Standardized patient adverse events data (e.g., nurse-sensitive structure-process-outcomes indicators) need to be collected, reported and acted upon in a timely manner. These data should be transparent and publicly accessible.
11. Data related to nursing care delivery, such as staffing levels and staff mix, must be publicly available to ensure organizational transparency and accountability. Unit-based patient adverse events data must be linked to nursing care delivery data.
12. There must be regular, formal reviews of administrative data (e.g., overtime, absenteeism, vacancies, staffing levels) and patient adverse events data at all levels of the organization. Nurse leaders at all levels must be engaged in these reviews and have the power to adjust nursing care delivery to ensure patient-centred, quality, safe care.
13. The review process for professional responsibility forms (PRFs) and critical incident reports needs to be carried out within a mandatory time period, and similarly, recommendations need to be enacted within a mandatory period of time.



Lean: A Safe and Effective Tool for Registered Nursing?

Most SUN members have felt the introduction of Lean in some form, with direct or indirect impacts on their patients and practice environments. Described as an approach to “reducing waste by identifying and eliminating activities that do not add value,” Lean originated in the manufacturing sector and is now being applied to other areas, including healthcare. As part of this broader experiment, Saskatchewan is the first jurisdiction in Canada to implement Lean on a system-wide scale. Over 700 Lean projects are currently underway in Saskatchewan’s health system and according to the literature, one of the elements necessary for the success of Lean is supposed to be genuine employee engagement and employee-driven solutions to problems. Disappointingly, there are growing indications that this isn’t always happening.

When a rapidly growing number of registered nurses began contacting SUN to share their stories about Lean over the past year, it became apparent that an avenue was needed for members to share their experiences with Lean and its impact on their ability to provide high quality patient care. This past spring, SUN responded by commissioning a survey by Praxis Analytics to take the pulse of the membership on this important issue. The poll reflected the views of 1,500 randomly selected registered nurses who took the opportunity to have their voices heard. Preliminary results from the survey on Lean were presented to close to 350 members at the Annual Meeting in Yorkton this past May and another 300 members at the Patient Safety workshops in June.

What are Registered Nurses Saying about Lean?

Results of the survey revealed, that SUN members have some serious concerns about how Lean is being implemented and the effect on their workplaces, professional practice, and direct patient care. While some members did share positive opinions, an overwhelming majority of respondents whose workplace had gone through a Lean process reported concerns about the quality and availability of supplies, the effects of new policies and procedures, the time available for direct patient care and clinical education, and declining staff engagement, morale, and patient safety.

The results in the following table were reported when respondents were asked if the following areas had improved, declined or stayed the same as a result of Lean initiatives.

	Declined	Improved
Quality of supplies	42.2%	9.9%
Availability of supplies	50.5%	17.9%
Time available for direct patient care	41.4%	10.4%
Workload and stress	49.5%	7.9%
Patient safety	31.0%	10.6%
Time and opportunity for clinical education	35.0%	7.5%
Staff morale and engagement	58.2%	7.8%

Respondents, who had direct personal involvement in Lean initiatives, raised serious flags about how safe and supported SUN members felt about raising their concerns about Lean, about whether or not registered nurse input was meaningfully incorporated into Lean processes, and about the role of Lean as a useful support for the nursing process, or a driver of improvements in direct patient care. The graphs, presented in the sidebars, show the percentage of respondents who answered with different levels of Agreement/Disagreement.

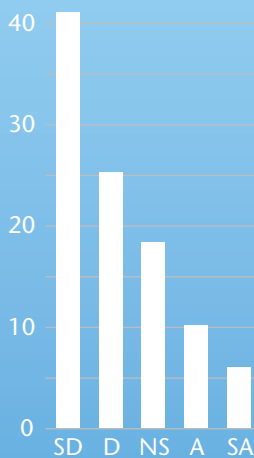
No healthcare system is ever completely free of workload issues or stress, and in Saskatchewan these issues certainly pre-existed the Lean initiative. However, following the roll-out of Lean, **49.5% of members whose workplace had gone through a Lean process say that workload and stress has actually gotten worse**, while only 7.9% indicate improvements in these areas. Similarly, **58.2% of survey respondents report a decline in staff engagement and morale** in relation to Lean, with a mere 7.8% answering positively. One registered nurse from Saskatoon summarized her concerns by saying:

“I don’t feel that I am allowed to practice to the best of my abilities and provide the care I should because of staffing issues and because I feel like we are running an assembly line of admitting, discharging, and admitting new patients as quickly as possible, at the expense of proper care and assessment.”

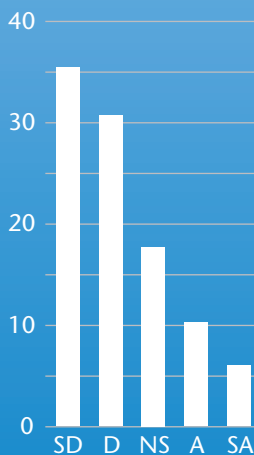
The results of the SUN member survey were mirrored by a recent survey commissioned by the Saskatoon Health Region (SHR). Employees and physicians said that not only do they not see effective leadership in the region, but even more concerning

SD = strongly disagree
D = disagree
NS = not sure
A = agree
SA = strongly agree

RNs Feel Safe and Supported in Voicing Criticisms and Concerns About LEAN Initiatives



RN Input is Meaningfully Incorporated into the LEAN Process





is the fact that only 28% of employees and 19% of physicians feel they have the “tools and resources to be effective and productive”.

To be clear, all healthcare systems and regions have a complex set of pressures and needs. To simply chalk up the results of the SHR survey to Lean would be unfair. Even so, with the province three (3) years into a four (4) year Lean management contract, it would be safe to say that there is some connection between the two. In the June 26, 2014, Star Phoenix article reporting on the SHR survey, SHR CEO Maura Davies called the results “troubling” and acknowledged that “[c]learly, many things need to change”. What should be apparent from these combined results, is that healthcare providers, registered nurses in particular, are not feeling that they are being heard or that their voices are valued.

Perhaps even more troubling is what the SUN member survey results say about patient care. When it comes to the issue of patient safety, **31% of respondents said that patient safety has declined under Lean**, with 10.6% indicating it has improved. Further, the **quality and availability of supplies for patient care also seems to have declined according to a respective 42.45% and 50.5%** of SUN members. And while all registered nurses support the idea of having more time for direct patient care, the majority report experiencing the opposite trend under Lean, with **41.4% saying their time for patients has declined** while only 10.4% reported an improvement.

Evidence and experience clearly show that whatever Lean is or does, it is not a clinical tool. Lean cannot tell practitioners or system leaders anything about the medical needs of patients, nor can it indicate the appropriate roles of healthcare practitioners for safe patient care. It does not and cannot inform us about registered nursing standards, clinical evidence and research, best practices or the nursing process.

The nursing process itself involves assessment, planning, implementation and evaluation. These are applied to every patient through critical thinking, clinical reasoning and decision making based on a high level of knowledge and expertise regarding patient acuity, complexity, predictability, and variation. It is when the practice environment and organizational environment and culture do not support these elements that problems arise.

For example, registered nursing is defined in legislation and through the interpretive documents of the professional regulatory body. The type of

staff required to care for patients is a matter for clinical judgment not appropriate for determination or modification by a business process or 3P event. This is a discussion that should occur with clinical staff and the regulatory bodies based on legislation, educational preparation, and research and evidence.

Another area of concern involves the utilization of time and motion studies to create “buckets of work.” This is not compatible with the knowledge application of registered nursing. Assessment, critical thinking, decision making, teaching, monitoring, and discharge planning cannot be monitored on a stop watch or reduced to time-measured “tasks.” These important elements, which help clients understand their condition, prepare them to leave the healthcare facility, and support them to successfully maintain their care plan, are at risk of being fragmented and eroded within this approach adapted from manufacturing.

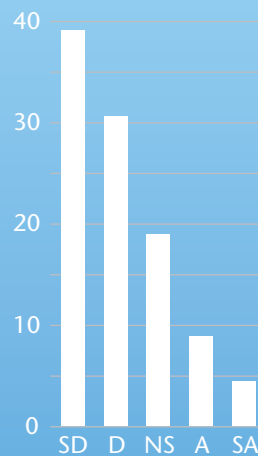
Evidence consistently demonstrates that positive patient outcomes are strongly correlated with, and dependent upon, the right provider and right number of providers, in accordance with the needs of the patient population. Lean does not provide tools for taking into account the complexities of the nursing process or the clinical needs of patients. Without a consistent, provincially applied approach to making evidence-based determinations about patient acuity and complexity or a framework for evaluating outcomes, quality and patient safety is at risk. As SUN President, Tracy Zambory, RN, rightly pointed out in her March 2014 LeaderPost op-ed, **“When Lean moves from supporting the nursing process (by freeing up time and resources for direct patient care) to re-engineering it in its own image, it is inappropriate and unsafe and threatens to erode quality care by providers treating the ‘whole patient’ and ensuring the continuity and co-ordination of care.”**

Registered Nurses’ Experiences with Lean

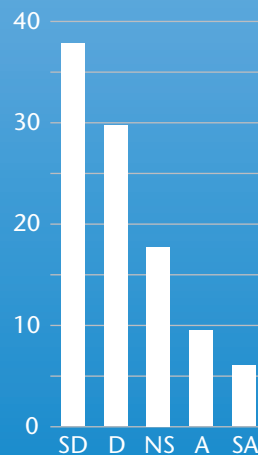
Over the past year, SUN members have contacted [SUN] Provincial with both positive and negative comments in regard to Lean initiatives. Some members remain optimistic and look forward to an opportunity to share their concerns, experiences, and ideas about solutions; others support the emphasis on quality improvement. Certainly, that is something SUN also appreciates and supports. When applied

SD = strongly disagree
D = disagree
NS = not sure
A = agree
SA = strongly agree

LEAN is a Useful Support for the Nursing Process



LEAN Leads to Improvements in Direct Patient Care





Any potential adjustments to the contract do not mean the Government is scaling back on Lean

appropriately, Lean methodologies can help to identify efficiencies. Looking for ways to find cost-effective solutions and improve healthcare is vitally important. What SUN has said, and insisted on repeatedly, is that the primary focus must be on high quality, safe patient care. And when registered nurses say this isn't happening, it should provide us all with an opportunity to step back and take a second look.

SUN has received a number of examples of Lean's "just in time" approach to supply management resulting in supplies not being available or lower quality products being chosen to keep in stock. On the face of it, this may not seem significant but the impact to patients is already being felt. With no margin for error in ordering and inventory, registered nurses say they are frequently being left without the necessary supplies or equipment for patient care. SUN members have reported being directed to tell patients' family members that they will have to go out and purchase needed supplies.

The burden again falls on the patient when less expensive supplies are chosen over higher quality products. Depending on the situation, a less costly option may make some sense, but this is where flexibility and clinical judgement should be taken into consideration. Choosing lower quality equipment that does not last, is more painful for patient use, or putting narrow parameters on the purchase of wound dressings to the extent that patient care is compromised and the risk of infection rises, hardly seems to be either efficient or patient-centred.

The need for increased emphasis on quality and safety becomes especially evident when registered nurses report being pushed to speed up the discharge of patients without adequate consideration of the patients' condition. Rather than the intended goal of enhancing patient flow, this threatens to increase the number of readmissions along with the potential for needless pain, anxiety, and suffering on the part of the patient, not to mention unnecessary additional costs to the system. The problem is not in searching for cost-effective alternatives. Instead, the concern arises when reducing healthcare expenditures appears to be the driving factor in decision-making without adequate consideration of the short and long-term impact on patient care.

Looking Ahead

There is now a window of opportunity in the province. The CEO of the province's largest health region (SHR) has stated the need to "do a better job" and "act on employee feedback". She acknowledges that the SHR survey "sends a strong message to health leadership". Following the public release of SHR's survey, the Government of Saskatchewan announced that it is looking at scaling back its contract with Lean management consultants, John Black and Associates (JBA), in order to "ensure maximum value for money for the taxpayer". However, the Ministry of Health is quick to point out that any potential adjustments to the contract do not mean the Government is scaling back on Lean. And while there may be some modifications to how workers are oriented, at this point there has been **no indication that meaningful changes to the approach, content, or processes being considered Lean would change.** (Leader-Post June 28)

Although revisiting the final year of the JBA contract may be the fiscally responsible thing to do, it also provides an opportunity to step back and rethink the broader direction of healthcare transformation in Saskatchewan. It is a chance to ensure that healthcare decision-making is grounded in evidence; frameworks for collaboration and evaluation are put in place registered nursing processes designed to prioritize patient safety are not undermined; and that the voices of registered nurses are valued. The survey results clearly indicate the urgency of addressing member concerns in a sustained and meaningful way. The question remains how this message will be heard, and more importantly, how it will be acted upon.

What Can SUN Members Do?

- 1 **Advocate for your practice and your patients by sharing your stories about the impact of Lean with SUN.** Call the Member Voices Hotline 877-644-8448 or use the on-line form at sun-nurses.sk.ca/member-voices.
- 2 **Document incidents of concern through the Nursing Advisory Process and Work Situation Reports (WSRs)** with a focus on the impact to patients and your ability to meet your own professional standards.
- 3 **Follow SUNurses on Facebook and Twitter and get engaged in the conversation.**

Standing Up for Registered Nursing Care

Significant changes are occurring within registered nursing (RN, RN(NP) and RPN) practice and we are hearing loud and clear that you, our members, are distressed. Not only are you worried about patient safety and your inability to uphold professional standards, accountabilities and obligations, but when raised, your concerns are not being acknowledged or meaningfully addressed. Despite repeated attempts to raise concerns, change appears to be proceeding without any basis in evidence or best practice.

New initiatives are being introduced at an increasingly frequent rate, with attempts to measure workload and change staffing based on timed observation studies, the creation of assignment tools without any supporting evidence, and RN/RPN nursing processes being reduced to “buckets of work”. Members are being told not to worry, that these changes are fine and they are simply “model of care changes”. Frankly, **many of these initiatives are not “model of care” changes at all.** First and foremost nursing models of care always consider patient safety — not financial implications. Instead, these changes lack evidence, evaluation, and often have the effect of blurring professional roles and replacing registered nurses with other healthcare providers.

SUN is actively working to resolve these issues in order to protect patient safety and to protect you, our members. RNs, RN(NP)s, and RPNs have professional accountabilities and it is vital that you as registered nurses are able to enact these in your practice settings. RNs are legislatively responsible for coordination of care, full implementation of the nursing process, and assignment and delegation of patient care to members of the nursing team. If you are not fulfilling these responsibilities you are in breach of your professional standards and this could result in negative consequences for your patient and for you professionally. **The decisions you make every day in your work are directly tied to your legal and professional responsibilities.** Therefore, the changes that are happening within the healthcare environment affect each and every one of you.

Employer policies and directives do not and cannot supersede professional requirements. Employer directives that registered nurses are not responsible for patient information they don’t know about, or that registered nurses are not responsible for the care LPNs provide, or don’t provide, is being taken out of context, and are not an accurate interpretation of the legislative accountability of

registered nurses for coordination of care and assignment and delegation responsibilities. These are the reasons why clear roles and responsibilities are needed.

Notwithstanding focused work on behalf of SUN with key stakeholders to develop role clarity for nursing care providers, the registered nurse role is becoming even more blurred, with key RN and RPN roles and responsibilities being performed by LPNs and other care providers such as social workers and paramedics. For example, cardiac monitoring, IV push medication administration, immunization administration, hemodialysis care, resuscitation teams including for neonates and pediatrics, and coordination of admissions and discharge planning are now being performed by non-registered nurses in many settings. We have seen an erosion of the registered nurse role on medical and surgical units, within long-term care, home care and mental health. And the list goes on. We are hearing too often that employers are not recognizing the difference between the registered nurse and LPN role and patient care is being reduced to performance of tasks. Conflicting messages on role clarity and scopes of practice to employers from regulatory bodies is putting members in a precarious position, caught between following employer directives and upholding professional accountabilities.

SUN Provincial has been hearing concerns from members and takes these threats to patient safety, through erosion of the registered nurse role, very seriously. We have approached all of these issues from the perspective of evidence, research and best practice information. We have met with key stakeholders (Regional Health Authorities, SRNA, RPNAS, Ministry of Health, etc.) to highlight the evidence suggesting these changes are not good for patient care and that they are negatively impacting the ability of registered nurses to fulfill their professional responsibilities. We have utilized issue-specific research (on hemodialysis, IV push, cardiac monitoring, for example). We have obtained expert analysis of Saskatchewan curriculum content comparing foundational knowledge of the Registered Nurse Program in comparison to the Practical Nursing Program. We have gathered and presented research that shows registered nurses have better patient outcomes and are cost effective to the healthcare system. All the information highlights that registered nurses have the most in-depth knowledge base and are the sole nursing group prepared to take on specialty practices.

The decisions you make every day in your work are directly tied to your legal and professional responsibilities



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SUN continues to advocate that research and evidence, as well as adherence to legislative and regulatory frameworks, must form the foundation of policy development and decision-making in health-care if Saskatchewan's system is to provide safe, high quality, and patient-centred care.

Unfortunately, the research has not been effectively incorporated into decision-making and policy and practice decisions appear to be based primarily on financial factors, rather than on best practice and patient outcome information. Registered nurse practice and professional standards are being overlooked and undervalued. We are being viewed as too expensive, with no real distinctive functioning and impact. Registered nurse positions are at risk, new graduate RNs are not getting positions, and scopes of practice of other care providers are being expanded inappropriately, in an attempt to substitute for registered nurses.

Time to Take Action

Now is the time to act. We cannot be silent any longer. We cannot sit back and hope that someone else will fight this battle for us. We need to be confident in our knowledge and what we contribute and speak out. SUN is here to support the registered nursing profession. We are here to advocate for the delivery of safe patient care through support for registered nurse practice as part of collaborative teams made up of members with clear and complementary roles and responsibilities. We need your assistance. We are calling on you to:

- 1 Contact the SRNA or RPNAS regarding your legislative responsibilities.** SUN encourages members to feel empowered to contact their regulatory body to encourage the Associations to stand up for your legislated responsibilities. Members are encouraged to contact SUN following your conversation with the SRNA/RPNAS so that we may further support you and assist in addressing your concerns.
 - a. Contact the SRNA at 800-667-9945 or practiceadvice@srna.org; keisler@srna.org
 - b. Contact the RPNAS at 306-586-4617 or rallen@rpnas.com
- 2 Advocate for your practice and your patients and share your stories** about the troubling trends in healthcare and/or registered nursing.
 - a. Send us your story on-line at sun-nurses.sk.ca/member-voices

3 Fill out SUN Work Situation Reports (WSRs).

These need to be completed each time conditions on your unit are unsafe. This includes lack of appropriate registered nurse staffing, replacement of registered nurse staff with other care providers, too many patients to provide safe care to, lack of equipment and resources to do your work safely.

Reminder: When completing a WSR, focus on the impact to patients and your ability to meet your own professional standards.

4 Contact the SRNA or RPNAS regarding a breach of your professional standards.

It is vital that the regulatory bodies know the practice issues that you are facing and work with you to effectively resolve these issues. You cannot get in trouble for communicating with your regulatory body. They are there to ensure protection of the public and that is through highly functioning registered nurses working in practice environments that allow them to meet their standards and responsibilities. They are there to support you.

SUN is actively taking a role in this issue because we are dedicated to the delivery of safe patient care. We believe the evidence that shows patients have better outcomes when cared for by a registered nurse. It is important to understand that regardless of the type of nursing model or staff and skill mix being proposed in particular places, the **evidence repeatedly demonstrates that registered nurse care is correlated with better clinical and financial outcomes.** Higher levels of direct patient care provided by registered nurses results in fewer deaths, pressure ulcers, pneumonia, post-operative infections, urinary tract infections, upper gastrointestinal bleeds, DVTs, and cardiac arrests. Registered nurses play a crucial role as the healthcare monitoring and surveillance system. They are able to detect changes and complications early and intervene in a timely manner to avoid deterioration of the client condition. Thus, a higher proportion of registered nurses have been linked to shorter lengths of stay and a reduction in failure to rescue. In short, registered nurses are proven to have a positive impact on patient outcomes.

We are at a tipping point — stay silent and face the erosion of your profession or speak out and ensure the ongoing delivery of safe patient care by registered nurses. The time to act is now.

A Nurse is a Nurse — Not According to the Law It Isn't



Members have repeatedly been asking, “How is it that the Licensed Practical Nurse (LPN) association can replicate registered nurse practice without having the appropriate foundational education and validation of knowledge through the national registered nurse exam?” “Doesn’t this contravene legislation establishing appropriate provider scopes of practice and infringe on the practice of ‘registered nursing’?” These are very logical questions and warranted investigation.

In response to an increasing number of member concerns about patient safety, the lack of role clarity between registered nurses and LPNs, and the increasing replacement of registered nurses with LPNs in the practice environment, SUN received a legal opinion from lawyer James Ehmann, Q.C with respect to the legislation that determines LPN Scope of Practice. This work was intended to support a clear understanding of role and legislated professional responsibility and determine differences between the RN and LPN legal functioning. As well, it was hoped that this legal opinion would supplement the work that has been undertaken with stakeholders and decision-makers to ensure role clarity and quality practice environments that support professional nursing practice. SUN provincial is providing this information in an attempt to support you in your practice.

According to the legal opinion:

The council of the association of LPNs has the authority to designate education programs, successful completion of which qualify one for membership in the profession, and that the scope of practice is statutorily defined to consist of those services taught in such an education program, it is apparent that various limitations are implied.

The statutory bylaw making powers in the LPN Act do not include a specific power to approve an education or training program [except for the purpose of registration set out in 14(2)] that would effectively expand the authorized scope of practice of members.

What does this mean? According to the legal opinion, the LPN scope is limited to what is taught in the basic education program and must be within reason, based on the intent of the role of the LPN. Moreover, LPN scope cannot be expanded or altered beyond the basic program. If there was to be an adjustment to the basic education program, approval has implied limitations and ministerial approval is required through bylaw creation, which has not occurred. For

example, it would be inappropriate to contain within an LPN basic training program the role of prescribing medication. Similarly, it would be inappropriate for the Minister of Health to approve such a request.

The Licensed Practical Nurse (LPN) Act also does not include the power to expand the scope of practice beyond the basic education program. Nor does the *Act* allow for the creation of a bylaw that would enable expansion of LPN knowledge beyond the basic education program, nor creation of LPN specialty practice categories.

The information contained in the legal opinion is supported in a government document. When legislation is being changed a three column side-by-side examination is conducted. This is laid out in terms of “existing legislation”, “proposed legislation changes”, and an “explanation” column outlining the reason and intent for the changes. In the proposed *Licensed Practical Nurses Act* side-by-side document, dated December 9, 1999 from Drew Johnson, Health Professions Consultant, Ministry of Health, the explanation for the change provided is as follows:

“Definition is amended to delete the reference to LPNs working under the direction of other health providers. LPN practice is defined by their educational program”.

The intent of the legislation change from 2000 is clear and supports the legal opinion that the LPN scope of practice is defined by their education program, not additional ad hoc education acquired post-program completion.

These two pieces of information make it clear that the intent of the Practical Nursing Program was to care for clients with stable and predictable needs and based solely on what is in the approved education program. Unfortunately, adherence to the legislative intent of the LPN role has not occurred. Over the past 10-15 years LPN practice has been supplemented in ways **not supported by legislation or bylaws** with post program completer courses. This has resulted in LPNs performing functions and working in areas where they are not suitably educated or trained to competently provide safe care based on the acuity and complexity of patients. The consequence of putting LPNs in these roles is a serious compromise of patient safety and well-being.

To be clear, this means that LPNs are only able to practice according to what was in their basic education program. It is important to note that Practice Guidelines also do not alter the scope of practice. This includes most of the Practice Guidelines



as published by Saskatchewan Association of Licensed Practical Nurses (SALPN), as they increase the scope of practice, and are therefore not valid. This calls into question the legitimacy of numerous activities that LPNs are currently being assigned.

The following are examples of where LPNs are caring for patients with complex needs despite minimal basic education in anatomy, physiology, assessment and overall care responsibilities, and despite a lack of evidence to support this practice: Operating Room Circulating role; Recovery Rooms; Emergency Departments; Resuscitation Teams including neonatal and pediatric patients; Psychiatry and Mental Health units; Pediatric in-patient units; Hemodialysis — acute care and satellite units; Telemetry Unit at Royal University Hospital in Saskatoon; Electro-Physiology Lab at the General Hospital in Regina; Orthopedic Specialty including adults and children with multiple trauma and complications; autonomous practice in long-term care facilities caring for extremely complex geriatric populations with multiple co-morbidities; in-charge assignments; and management positions that are directly responsible for registered nurses and their practice.

Examples of tasks being performed without the depth and breadth of knowledge required to manage the overall client condition include: IV push medications, immunization administration, caring for Ports, PICC and CV Lines, administering oral chemotherapy to pediatric patients, administering blood and blood products, insertion of nasogastric tubes, and management of TPN.

Client care cannot be reduced to the performance of tasks. It is reasonable to expect that almost all patients requiring the type of care described above are complex. Employers are attempting to get around this concern by further reducing patients' care needs down to the "most stable" of the "complex" and assigning those patients to LPNs with a proviso that they work "more closely" with the registered nurse. Complex patients cannot be further assessed into sub-categories of complexity. This practice is inappropriate and puts patient safety at risk. Employer policies and directives should not, and cannot, supersede professional legislation and standards and competencies.

While the Saskatchewan Registered Nurses Association (SRNA) was required to create a rigorous process to define, educate and ensure competence for Specialty RN Practice and RNs with Additional Authorized Practice, SALPN is creating guidelines that permit LPNs to practice in this same manner without any evidence to demonstrate either the need for

alternate providers, or the safety to clients. How is it that practices recognized as "RN specialty practice" and clearly beyond the basic RN role are recognized by SALPN as being within the LPNs role? How is it that policy-makers and decision-makers are misinterpreting the law, overlooking the evidence and the research, and condoning this level of unauthorized LPN practice?

The Impact on Your Profession

While this information may appear to be high level "legalese" and irrelevant, it is vital that every registered nurse realize how this information impacts their individual professional practice. As a registered nurse you are expected to know your professional accountabilities. As stated in *The Registered Nurse (RN) Act, 1988*, the performance and co-ordination of healthcare requires the knowledge, skill and judgement of an RN. RNs are required by legislation to coordinate, assess, plan, evaluate, implement, council, teach, educate, and supervise.

Registered nurses that supervise, manage or educate LPNs to practice outside of their legally authorized practice may be unintentionally breaching legislation. Additionally, direct care registered nurses, managers and educators who do not fulfill their legislated obligations to coordinate care and ensure full implementation of the nursing process may also be legally accountable.

In the event of a negative patient outcome, the unauthorized scope of practice of the LPN could have legal implications for the employer, the registered nurse, the LPN, the agencies that provide liability insurance, and the professional regulatory associations. Registered nurses are responsible for assessing what they teach and to whom.

Insufficient attention to these legal issues could result in potential risks, not only for employers who make staffing skill mix decisions, but to registered nurses who are responsible for the coordination of care and for making patient care assignments. It is the RN who ultimately bears personal and professional responsibility for adhering to the RN legislation and for upholding their Standards and Foundational Competencies. This includes direct care registered nurses, educators and managers. The information outlined in the SRNA assignment and delegation document must be utilized by RNs to determine when it is appropriate to assign and delegate. In situations where RNs are unsure they should contact the SRNA for further information and support. You cannot get in trouble for communicating with your regulatory body, and in

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fact both SRNA and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) encourage this kind of communication from members.

SUN understands that registered nurses may unknowingly be breaching their legislation and standards and foundational competencies. We also understand that registered nurses in some situations are being directed to assign inappropriately, or that they are not being given the appropriate human resources to fulfill their professional accountabilities. Members have identified that they have sought assistance from their regulatory bodies regarding clear scopes of practice and what is and isn't appropriate to be teaching LPNs and other healthcare providers, but the responses have been less than clear.

The SRNA is aware of this legal opinion and is in the process of developing a position. However, they want to hear questions and concerns on these issues directly from SUN members so that they can be in a position to support you as well. These practices put the patients — as well as the registered nursing staff — at risk and the situation must be addressed. SUN urges members to continue to communicate with their regulatory body until a satisfactory response is obtained.

While we are well aware that the legal opinion has specific RN implications, SUN recognizes that RPNs are also facing substitution, replacement, and encroachment on the RPN scope of practice by other healthcare and non-medically trained providers. SUN continues to communicate concerns on the matter and is attempting to work with the appropriate stakeholders to advocate on behalf of RPNs.

SUN Provincial approaches these issues based on the view that there is an important role for every provider; however, role clarity is vital to establishing collaborative practice and safe patient care. This information is not being shared with the intention of causing a disruption in your place of work. SUN continues to make every effort to work collaboratively with the professional associations to clarify the RN, RPN and LPN scopes of practice. **SUN Provincial is working to ensure that this occurs on a provincial level so that relationships will not be damaged at the unit level.** There is a role for every provider, we just need clarity to ensure patient safety and that we have the right provider providing the right care.

It is important to remember that **SUN is not engaged in “turf protection” and highly values all members of the healthcare team** for their important and unique roles. However, SUN members must be supported in ensuring that they are able to practice within their legislation, professional standards, and

ethical commitments. SUN is continually meeting with key stakeholders — including the three (3) unions representing the LPNs — to address this issue and is seeking a resolution. Role clarity and mutual respect are the keys to genuine collaboration.

SUN needs to hear from members about inappropriate situations or trends in their workplaces and practice environments that may compromise your profession and the safety of your patients — through Work Situation and Professional Practice Reports, the Nursing Advisory Process, and communication with SUN Nursing Practice Officers and Employee Relations Officers. Additionally, members need to communicate their practice issues to the SRNA and RPNAS. These agencies are there to support you in your practice and ensure that patients are receiving safe care. It is their responsibility to ensure no one other than a registered nurse is practicing at that level.

There are certainly a number of troubling trends currently impacting SUN members. The larger risk is that these new trends will simply become entrenched in the way health regions operate. SUN members are committed advocates for both their patients and their profession, and when registered nurses raise their voices it has the potential to effect powerful change in the system.

What Can Members Do?

- 1 Contact the SRNA and ask what they plan to do to act in accordance with the legislation and the legal opinion.**
 - a. Contact the SRNA at 800-667-9945 or practiceadvice@srna.org; keisler@srna.org
- 2 Call the SRNA/RPNAS and let them know when your practice is being compromised.**
- 3 Continue to fill out Work Situation Reports (WSRs) and Professional Practice Reports (PPRs).**
- 4 Provide SUN with specific details of situations where patients are being harmed or patient safety is put at risk** as a result of employers assigning registered nurse work to other healthcare providers, or substituting other healthcare providers in place of registered nurses (either shifts or positions).
 - a. Call the Member Voices Hotline at 877-644-8448
 - b. Send us your story on-line at sun-nurses.sk.ca/member-voices

SUN Provincial is working to ensure that this occurs on a provincial level so that relationships will not be damaged at the unit level

SUN is not engaged in “turf protection” and highly values all members of the healthcare team for their important and unique roles

EDUCATE • COMMUNICATE • PARTICIPATE

Education Conference October 1 & 2, 2014 Queensbury Convention Centre at Evraz Place, Regina

SUN firmly believes that knowledge is power, builds confidence and generates solidarity — with each education session provided, SUN continues to build a strong, vibrant membership that is vigilant in advocating for their patients, their profession and their collective rights.

As part of SUN's Education Program, our Annual Education Conference is dedicated to providing members with current, relevant and engaging opportunities to learn more about the issues facing SUN members as a collective and as a profession, as well as the base knowledge to build a strong Union.

The 2014 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 and our profession.

Watch for more information coming to your mailbox in August, as well as on our website and social media channels – Facebook and Twitter.

www.sun-nurses.sk.ca/education

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