In Touch
Newfoundland & Labrador Nurses’ Union

NEWFOUNDLAND AND LABRADOR NURSES’ UNION NEWSLETTER
WINTER 2010

UPCOMING EVENTS

NLNU Shop Steward Training
January 25-26, 2011 (Region 9)

CNA Leadership Conference
February 13-15, 2011 – Montreal, QC

NLNU Board Meeting
March 2-4, 2011 – St. John’s, NL

NLNU Shop Steward Training
March 8-9, 2011 (Regions 5 & 6)
March 22-23, 2011 (Regions 2, 3, & 4)
April 5-6, 2011 (Regions 7 & 8)
April 26-27, 2011 (Region 1)

National Day of Mourning 2011
April 28, 2011

CLC Triennial Convention
May 9-13, 2011 – Vancouver, BC

National Nursing Week 2011
May 9-15, 2011

International Nurses Day
May 12, 2011

NLNU Shop Steward Training
May 31-June 1, 2011 (Region 9)

NLNU Board Meeting
May 31-June 2, 2011 – St. John’s, NL

ARNNL Annual General Meeting
June 9-10, 2011 – St. John’s, NL

CFNU 15th Biennial Convention
June 13-17, 2011 – Winnipeg, MB

MOVING? NEW EMAIL ADDRESS?

Please contact NLNU if you move or change your email address. We’d like to keep you informed on issues that matter to you. Contact Natasha Hammond at nhammond@nlnu.ca or 709-753-9961 to update your information.

FOR MORE INFORMATION

Visit our public website: www.nlnu.ca
Visit our members-only website: www.nlnu.ca/mynlnu

NLNU 22nd Biennial Convention Highlights
Together we achieve.

NLNU’s 22nd Biennial Convention marked a time to celebrate the union’s recent achievements and to reflect on the challenges that still lie ahead. Under the theme Together We Achieve, over 250 registered nurses and nursing students took part in convention, which was held from October 26-29 at the Delta Hotel, St. John’s.

It was an exciting and eventful week that started off with an announcement of a skill mix review in long-term care (see article on pg. 8), and a passionate and inspiring address from NLNU President Debbie Forward. In her address, Debbie thanked NLNU’s tireless volunteers for the role they played in helping to achieve NLNU’s new contract. While there were a number of positive things to report, Debbie acknowledged that nurses still face incredibly difficult work conditions and discussed a number of changes occurring in the workplace such as scope of practice, the Ottawa Model of Care and skill mix. In her closing remarks, Debbie reminded delegates of the collective strength of nurses and highlighted that it is because of this strength and solidarity that together, we achieve. A video of Debbie giving her address is posted on myNLNU (www.nlnu.ca).

Convention highlights continued on pg. 4.

UPCOMING EVENTS

NLNU Shop Steward Training
January 25-26, 2011 (Region 9)

CNA Leadership Conference
February 13-15, 2011 – Montreal, QC

NLNU Board Meeting
March 2-4, 2011 – St. John’s, NL

NLNU Shop Steward Training
March 8-9, 2011 (Regions 5 & 6)
March 22-23, 2011 (Regions 2, 3, & 4)
April 5-6, 2011 (Regions 7 & 8)
April 26-27, 2011 (Region 1)

National Day of Mourning 2011
April 28, 2011

CLC Triennial Convention
May 9-13, 2011 – Vancouver, BC

National Nursing Week 2011
May 9-15, 2011

International Nurses Day
May 12, 2011

NLNU Shop Steward Training
May 31-June 1, 2011 (Region 9)

NLNU Board Meeting
May 31-June 2, 2011 – St. John’s, NL

ARNNL Annual General Meeting
June 9-10, 2011 – St. John’s, NL

CFNU 15th Biennial Convention
June 13-17, 2011 – Winnipeg, MB

MOVING? NEW EMAIL ADDRESS?

Please contact NLNU if you move or change your email address. We’d like to keep you informed on issues that matter to you. Contact Natasha Hammond at nhammond@nlnu.ca or 709-753-9961 to update your information.

FOR MORE INFORMATION

Visit our public website: www.nlnu.ca
Visit our members-only website: www.nlnu.ca/mynlnu
It never ceases to amaze and sadden me when I hear stories of misfortune and tragedy in our health care system. Over the last number of years, it appears that more than ever, newscasts are filled with individuals and families who have been negatively affected in one way or another.

Certainly, operating a province-wide health care system across such a vast geography, and with an aging population, is no easy task. Though even faced with this insurmountable challenge, many strides have been made over the years, such as the advance of telehealth medicine, the introduction of state of the art equipment, modern facilities, and the expansion of programs and services.

Yet there is still a long way to go. When it comes to improving our health care system and making decisions for the good of everyone, decision-makers must look to research and consider the real facts of the matter.

During a recent meeting with several provincial and territorial health ministers, the Canadian Federation of Nurses Unions presented a report entitled “Experts and Evidence: Opportunities in Nursing.” This report brings together a wealth of research to prove that investing in nursing is investing in health care. When nursing leaders presented this report to health ministers our message was simple – we have done the research. Now it is time to act on the evidence. The research is eye-opening. For example, did you know that the turnover of losing one registered nurse costs employers an estimated $25,000?

The report also includes research on the environment in which acute care nurses work. The research was conducted by Sean Clarke, an associate professor and holder of the RBC chair in cardiovascular nursing research at the University of Toronto. It shows that hospitals with better work environments for nursing have lower mortality rates for patients.

In Clarke’s study of 168 hospitals in Pennsylvania, the likelihood of patients dying within 30 days of admission was 14% lower in hospitals with better care environments. The researchers estimated that the number of patient deaths across the US that could be prevented by improving care environments, nurse staffing and nurse education is in the range of 40,000 per year. That is a staggering number.

The research shows good work environments save lives!

The growing body of nursing research outlined in this report confirms what we already knew and have been saying for years. Jane Coutts, author of the report writes, “When the conditions are not in place for nurses to do their jobs well, patients suffer and health care costs go up.”

It’s time to listen to the research. We brought this message loud and clear to health ministers when we met.

I was pleased that during that meeting Newfoundland and Labrador’s health minister, Jerome Kennedy, identified work environment as an area that needed attention. He specifically mentioned the numerous phone calls, emails and conversations he had with nurses on this very issue during our last negotiations. He expressed a willingness to meet with myself and Pegi Earle of the ARNNL to explore these issues further.

The request for this meeting has been sent to the Minister and I am hopeful that we can use this opportunity to turn research into action.

In solidarity,

Debbie Forward, President

MESSAGE FROM THE PRESIDENT

Debbie Forward, NLNU President

It is one of the few industrialized countries without a national drug plan. As a result, over three million Canadians do not have insurance or are under-insured for prescription drugs. Universal Pharmacare will give all Canadians access to medication and lead to improved health outcomes. It will also control the growth of drug costs. The time for a universal Pharmacare plan is long overdue.

On September 13, the Canadian Health Coalition co-released a groundbreaking new report, “The Economic Case for Universal Pharmacare.” The report lays out the formula for a Pharmacare program that not only offers coverage to all Canadians, but could save up to $10.7 billion in annual spending. The report has garnered the endorsement of eminent doctors, economists, and researchers.

NLNU and nurses unions across Canada are supporting the efforts of the Canadian Health Coalition as they call on the Government of Canada to introduce universal Pharmacare. Visit www.pharmacarenow.ca to support the campaign.

TAking ACTION FOR UNIVERSAL PHARMACARE
In early July, NLNU President Debbie Forward and NLNU Executive Director John Vivian visited clinics throughout Labrador. The visits provided an important opportunity to meet with members, tour coastal clinics, and discuss issues facing members and nursing.

The visits also allowed Forward and Vivian to see firsthand how nurses working in remote communities meet the challenge of providing quality health care while often faced with limited resources.

NLNU STAFF

VIOLET WHITE  Labour Relations Officer

Violet White is the newest member of NLNU’s labour relations team and has supported members in this capacity for over three years. Prior to joining NLNU, Violet was a human resources assistant with the Department of Fisheries and Oceans.

Violet’s passion and interest in supporting and working with people was fostered during the 20 years she spent as a small business owner in Placentia. Her decision to embark on a new career in labour relations was a natural progression from this role.

“I always knew that I would return to school and further my education, and moving into human resources and labour relations was a natural fit,” said Violet. “I enjoy engaging with people and in my role as labour relations officer I can really give back and support nurses in resolving their issues. It was challenging and exciting to start out on a new career. I have no regrets and am passionate about what I do.”

Violet earned her BA and Masters in Employment Relations at Memorial University. She has three children and now resides in St. John’s.

MAUREEN HARRIS  Research & Education Specialist

NLNU is pleased to welcome Maureen Harris to the new role of Research and Education Specialist.

Armed with nearly a decade of nursing experience and a Master’s of Nursing, Maureen will be tasked with increasing and enhancing educational opportunities for NLNU members. She will also work to improve NLNU’s research capacity and will help the union stay abreast of trends and issues impacting nursing. This marks the first time the union has a resource dedicated to this area.

Maureen graduated from the Centre for Nursing Studies in the BN (Collaborative) Program at Memorial University. She brings a wealth of experience to her new role. She has worked as an emergency room and public health nurse in Ontario, and recently held the position of Nurse Educator at the Centre for Nursing Studies.

“I’m really excited to be working with NLNU and look forward to working with members and our staff to improve the educational opportunities we offer,” said Maureen. “I’m also eager to help support NLNU’s ability to conduct and avail of nursing research, as this plays an important role when it comes to advocating for nurses and patients.”

Dispelling the myth that Medicare is not sustainable

The idea that Medicare is not sustainable is widely believed with concerns over wait lists for medical treatment and questions about access to services like family physicians. Canadians are being told the solution is a shift to more private health insurance and private delivery of services. However, a new report released by the Canadian Federation of Nurses Unions (CFNU), dispels the notion that Medicare, one of our nation’s most popular public programs, is not sustainable and uncovers the real issues plaguing health care costs.

“Canadians are being told that growing provincial health care costs are crowding out other programs and outstripping provinces’ ability to pay,” said Hugh Mackenzie, an economist who co-authored the report with health policy expert Dr. Michael Rachlis. “The data shows that tax cuts and reductions in other spending have distorted the picture. Indeed, public health spending as a percentage of Canada’s economic output is remarkably stable and is expected to remain so. The real problem is that tax cuts have reduced our ability to pay for the health care we need.”

Visit www.nursesunions.ca to read “The Sustainability of Medicare.”
For the first time at the convention, a panel of NLNU members and a student nurse took to the stage for a special session called Unions, Why Bother? Moderated by Bill Rowe, this was an engaging and insightful session that had delegates laughing and, at times, even holding back tears. The panel members shared their experiences with the union, and highlighted from their perspective why it is important to have a union and become involved. This was a hugely popular session and led to some very interesting dialogue and discussion. A video centered around the theme Unions, Why Bother? will be prepared and posted on my NLNU in the new year.

KEYNOTE PANEL – Unions, Why Bother?

For the first time at the convention, a panel of NLNU members and a student nurse took to the stage for a special session called Unions, Why Bother? Moderated by Bill Rowe, this was an engaging and insightful session that had delegates laughing and, at times, even holding back tears. The panel members shared their experiences with the union, and highlighted from their perspective why it is important to have a union and become involved. This was a hugely popular session and led to some very interesting dialogue and discussion. A video centered around the theme Unions, Why Bother? will be prepared and posted on my NLNU in the new year.

GREETINGS FROM THE PRESIDENT OF THE CANADIAN FEDERATION OF NURSES UNIONS (CFNU)

Linda Silas, president of CFNU, gave a motivational and inspiring address to delegates. She saluted them for standing strong during contract negotiations last year, and spoke about the many challenges facing nurses across the country, including models of care, budget cuts, and skill mix. Linda also talked about research being conducted at the national level and the success of CFNU’s Research to Action project.

GETTING INFORMED

Throughout the week, delegates took in information sessions covering a number of topics from the Ottawa Model of Care, Duty of Fair Representation, Duty to Accommodate, and Cultural Research. Several breakout education sessions were also offered, addressing a number of hot topics such as dealing with management, negotiations, substance abuse, and Generation X, Y & Baby Boomers. Daily summaries from the convention are posted on my NLNU and provide an overview of the sessions.

GETTING DOWN TO BUSINESS

Two resolutions were presented and approved by the convention assembly, including:

Resolution #1
resolved that the NLNU monitor and regularly update the membership on the impacts of the implementation of the Ottawa Model of Care.

Resolution #2
resolved that the Board of Directors investigate the feasibility of having the NLNU convention in other locations across the province. It was further resolved that the Board of Directors develop a plan for holding future conventions outside of St John’s.

Several amendments were also made to the NLNU Constitution.

On Thursday, nurses made their presence in the capital city known and highlighted the importance of being active and getting healthy.

NLNU 22ND BIENNIAL CONVENTION HIGHLIGHTS

Together we achieve.

The NLNU Board of Directors hosted a reception for Cabinet Ministers Wednesday evening, offering an important opportunity to strengthen NLNU’s relationship with the leaders of our government. (From left to right: Minister of Transportation and Works Tom Hedderson with NLNU board members Regina Young and Mark Aylward)
It wasn’t all work of course. There is always plenty of time for fun during the convention. A number of social events took place on (and off) the agenda. With an opening reception, karaoke idol fun night, a show by hypnotist Gary Summers, and the convention banquet, delegates shared plenty of laughter and good times.

FOR A GOOD CAUSE

NLNU Board Member Joanne Legge sells 50/50 tickets during break time. In total, $817 was raised for Oxfam through ticket sales and an incredible $2,510 was collected during the silent auction in aid of CFNU’s International Solidarity Fund.
NLNU members said that our online presence should look professional, current, and fresh. The new public and myNLNU websites deliver a fresh design, clean layout, and lots of new images. Members also asked for a more organized and user-friendly site. Our new sites are just that—well organized and easy to use.

Along with a new look and feel, NLNU also changed its website address. The new URL is www.nlnu.ca. Members can login to myNLNU by visiting this address. All members, even those registered on the original myNLNU, are required to register for the new website. To create an account, visit www.nlnu.ca and click “No Account Yet? Create One” under the myNLNU login at the top left of the homepage.

PUBLIC WEBSITE
WWW.NLNU.CA

NLNU’S NEW WEBSITES

Easy-to-find myNLNU login
Members won’t have any trouble finding the login to myNLNU. On the old public website, there was only one link to the myNLNU login on the homepage and it was hard for members to find. Now, members can login to myNLNU easily and from any page.

Larger font
The font on the old public website was too small. The new www.nlnu.ca has large font and includes an option to make the font even larger. This feature is also included on the new myNLNU.

Showcasing NLNU Members
The new Nurse Spotlight section allows us to highlight members and showcase the many roles RNs play. RNs are leaders and bring incredible skills and knowledge to the practice of nursing. With Nurse Spotlight, we can shine a light on the value RNs bring to our health care system.

Check out NLNU videos
Watch commercials from NLNU campaigns and check out videos from NLNU conventions and other special events.
UNVEILED

myNLNU is now a complete resource for members. With online forms and policies and new sections dedicated to the Collective Agreement, Education, and New Members, you can find everything you need on myNLNU.

myNLNU MEMBERS-ONLY WEBSITE

Easier to find what you’re looking for
Members found it frustrating to find what they were looking for on myNLNU. Now, finding what you need is much easier. The new myNLNU features drop-down menus at the top of the page, Quick Links for commonly accessed information, and space for current news and updates on the homepage.

Find out who represents you
On the old myNLNU, members had no way of finding out who their branch or board representatives were, or which NLNU labour relations officer represented them. Now you can. Visit the People section or check out your profile page to find out who represents you at the branch, staff, and board level.

New & improved Discussion Forum
Members asked for a more user-friendly discussion forum. With the new myNLNU, you no longer have to scroll to the bottom of the page to read the most recent posts. We also built in ways to help us keep the discussion forum more organized using topic areas and categories.

Stay connected with the NLNU President
In the President’s Blog, Debbie can connect directly with members and reflect on issues impacting members and nursing. Members can join in the conversation and give their take on the matter.
In the last five years, the popularity of social networking sites has exploded, with millions of people around the world joining them to keep in touch with friends and family and to meet new people. They represent a dramatic shift in the way people communicate and their use raises interesting questions about long held views on what it means to have a private life or a sense of privacy.

Given the above, it is no surprise that we are now faced with the need to consider how social networking sites affect the profession of nursing. Clearly, if NNU members are making use of such technology that is open to the public, it is wise to consider some of the ways such technology could affect a nurse’s profession and career.

Employees who use Facebook, My Space, Twitter, personal blogs, and other forms of electronic communication, which are open to the public, are at risk of sometimes confusing freedom of speech with freedom from potential workplace and other legal consequences.

The potential employment related problems could include:
1. breaching a duty of loyalty to the employer;
2. theft of company time;
3. insubordination;
4. breach of personal health information and privacy laws.

The potential other legal problems could include:
1. an action for defamation filed in a civil court, if a nurse libels or defames a manager, co-worker, or patient, the same as might be the case if this occurred in any other form publication;
2. criminal charges may be laid if employees harass or intimidate co-workers.

However, before considering the issues more thoroughly, please take note of the following fact summaries which we will use as examples for our discussion:
1. During his/her time off, an employee lets off some steam about his/her workplace by posting his/her opinions on a personal blog;
2. While off work and in bed suffering from a migraine headache, an employee accesses his/her Facebook site from his/her cell phone;
3. An employee snaps a picture of a patient undergoing a procedure and subsequently posts that picture on his/her Facebook page; and
4. An employee engages in inappropriate conduct while off duty and while wearing his/her uniform. The employee’s behaviour is photographed and the picture of the employee is posted on an internet site.

What do all of the above scenarios have in common?
These are all cases which resulted in the termination of the employees in question (examples are not taken from NL).

Although nurses may, like many employees, believe their employers no longer have control over their actions once they leave the workplace, nothing could be further from the truth. This is particularly so in regard to professions such as nursing where nurses are expected to uphold certain standards of practice whether or not they are on duty.
As NLNU members know, they are bound by certain standards of practice as set by the Association of Registered Nurses of Newfoundland and Labrador (ARNNL). For instance, among other things, registered nurses are required to promote and uphold the ethical standards of the nursing profession which includes:

- preserving the dignity of patients; and
- maintaining the privacy and confidentiality of patients.

Since there is nothing within the Standards for Nursing Practice which limits the applicability of practice standards to the time while nurses are at work, it is important that nurses remember and abide by such standards even after they have left the workplace. Accordingly, when using such internet social networking tools as Facebook and Twitter that are open to the public, nurses would be wise to keep their standards of practice in mind.

The above is particularly true since the ARNNL advises that it is accountable to the public for the delivery of safe, competent and ethical nursing care. In other words, if a nurse’s use of sites such as Facebook and Twitter could be seen to act against the public interest, or to contravene applicable nursing standards of practice, a nurse may find herself in trouble with its professional association and/or employer.

For instance, take the case above-noted as example #3 (employee who took a picture of a patient undergoing a procedure and posted it on Facebook). This fact scenario involved a couple of nurses from the United States who were dismissed from their jobs. Although, in that particular case, the picture taken by the nurses was allegedly of an x-ray that did not identify a patient, the fact remains that what was posted on Facebook was considered inappropriate and therefore resulted in the nurses’ dismissal.

Although it is an extreme example of how social internet sites can land a nurse into hot water, it illustrates that nurses must be careful as to what they post on and how they use public sites like Facebook during their personal time. To do otherwise could result in unnecessary discipline including termination, and/or investigation and sanction by the nurse’s professional licensing body.

In summary, generally speaking, Facebook and similar sites can be fun past times that have nothing to do with the workplace. However, in some cases, if a sufficient connection can be made to a nurse’s activity on such sites to her nursing profession, the nurse could find herself facing discipline, termination, licensing, and other legal issues.

As a rule of thumb, before using social networking sites like Facebook, a nurse should ask herself if anything she is writing and/or posting could cause her difficulty with her employer and/or professional association. The NETiquette guide on the right of this page is a great checklist to follow. If you are still unsure how to answer that question, a quick call to your labour relations officer or the union’s lawyers could help prevent potential pitfalls in the future.

Editor’s note: Reprinted with the permission of the Manitoba Nurses Union.

---

**NETiquette**

**Social networking etiquette**

1. Do not disclose any personal health information about a patient which would breach the Personal Health Information Act. Anyone who wrongfully releases such information is guilty of an offence;

2. Refrain from venting about your employer on your social networking site;

3. Remove any negative remarks about your employer or colleagues, posted by others, from your social networking site;

4. Do not post any pictures to your social networking site that could bring your workplace and/or employer into disrepute (e.g. wearing your work uniform out while chugging your favourite alcoholic drink is not a good idea, particularly since such conduct could be caught on video or in a photograph);

5. Do not intimidate and/or harass coworkers or your employer on your social networking site;

6. Do not log-in and access your social networking site while on sick leave or disability leave if such access could cause your employer to question why you are not at work;

7. Do not access your social networking site from work; and

8. Remember anything you post on social networking sites is something your employer, your professional association, and members of the general public can be access. Even though a site may seem private, a court or tribunal can order access to materials posted on such sites in cases involving defamation, dismissal, harassment, etc.
Diane Porter of Roddickton and a member of Branch 26 was one of NLNU’s first members. Throughout her nursing career, she has truly exemplified what it means to be a nurse and has contributed greatly to her union.

Wendy Dale Woodford, Board of Directors representative for Region 2, believes Diane’s commitment to her profession is beyond measure. “She gives back so much and is a mentor to both junior and senior nurses,” said Woodford, who nominated Diane. “In her current role as clinical coordinator, Diane is well-respected and very much appreciated for her fairness, consistency, knowledge, and compassion.”

This sentiment is echoed by Diane’s clients. Diane spent many years as a public health nurse and her clients speak very highly of her and the advice and care she has provided.

Diane continuously strives to maintain and improve standards for clients and co-workers. Her advocacy is demonstrated on a daily basis when she “goes to bat” with senior management on behalf of nurses.

Diane recently stepped down as branch president, a position she held for many years. This doesn’t mean, however, that she is stepping away from the significant roles she plays for co-workers and clients. She continues to be active in her branch and is a mentor to the new branch president. Diane is truly deserving of an Ovation Award.

Anne Marie Spencer has worked as a frontline nurse since 1979, working in the areas of neurosurgery and women’s health. Since beginning her nursing career 31 years ago, Anne Marie has been an active member of NLNU and a leader within her branch. She served as a branch president and vice president of Branch 3 for over 15 years and represented the St. John’s region on two NLNU negotiating teams, once in 1999 and again in 2009. As a member of the negotiating teams, Anne Marie played an important role in strike preparations.

A constant presence in her branch, Anne Marie is always ready to get involved and lend a hand. She participates in all activities at the branch level, organizing social activities and participating on committees. She continuously lobbies management to improve working conditions for nurses and promotes improved and safer patient care.

Anne Marie is always eager to further her knowledge and foster her passion for union activism, attending labour school and NLNU and Canadian Federation of Nurses Union conventions on many occasions.

With over three decades of nursing experience, Anne Marie continues to be a strong leader and advocate of both nurses and patients.

In this province and throughout Canada, nurse practitioners are recognized as an important human resource strategy for improving access to high-quality, cost-effective and sustainable models of healthcare. On December 14, NLNU will host a MHA Breakfast on Nurse Practitioners to develop a better understanding of the role of nurse practitioners and their contributions to improved access to health services and reduced wait times.

MHAs from all parties and health care stakeholders will hear presentations from Valda Duke, a nurse practitioner working at the Churchill Square Medical Clinic; and Beverley McIsaac, president of the Canadian Association of Advanced Practice Nurses (CAAPN) and Nursing Consultant of Regulatory Services and Advanced Practice at the ARNIL.

While great strides have been made in the development and deployment of advanced practice nursing, considerable opportunity exists to improve integration and maximize nurse practitioners’ contribution to our healthcare system.

“The breakfast will offer an important opportunity for political leaders to learn more about the role of nurse practitioners,” said Debbie Forward, NLNU president. “It will also offer the chance to explore how we can further utilize these advanced practice nurses to improve access and reduce wait times in Newfoundland and Labrador.”
Supporting those in need

NLNU donated $5,000 to the Canadian Red Cross to support relief efforts in Pakistan, where over two thousand people have died as a result of floods. A donation of $3,000 was made to support Newfoundlanders and Labradorians affected by Hurricane Igor. One thousand dollars has also been committed annually to support Buy-A-Net, a charitable organization that seeks to prevent deaths from Malaria in Africa by distributing nets and medicines free-of-charge.

NLNU President Debbie Forward presents a cheque to Frank Nasseroff, Senior Donor Relations Officer for the Canadian Red Cross.

In Touch | WINTER 2010

International Solidarity Fund

YOU CAN MAKE A DIFFERENCE
Are you going abroad to provide humanitarian assistance? You could be eligible for a travel subsidy from CFNU. Apply online at: www.nursesunions.ca
Toll free: 1-800-321-9821

Canadian Federation of Nurses Unions
International Committees

Applications for travel in 2010 will be considered quarterly. Applications for all travel in 2011 must be received by December 31st, 2010.

Enjoy peace of mind

Insurance is all about having peace of mind, and that’s what you get with a home and auto insurance policy through Johnson Insurance. Some of the special products and services available to NLNU members include:
• Special savings and discounts
• Identity Theft coverage
• 24-hour customer service
• AIR MILES reward miles

Contact us today and put your mind at ease.

www.johnson.ca/nln
1-800-321-9821

WEAR YOUR RN PIN!

Before you leave for work, don’t forget your RN pin. It has become extremely difficult to identify who’s who in health care facilities. This pin will help identify who you are and will help patients, families, and visitors avoid confusion - wear your RN pin with pride!
The Minister of Health and Community Services, Jerome Kennedy, made an unscheduled announcement during the first day of NLNU’s 22nd Biennial Convention, which took place at the end of October. He stood before over 250 convention delegates to announce government plans to undertake a skill mix review in long-term care (LTC).

The minister’s announcement was met by applause and excitement from nurses in attendance, in particular from those who work in LTC. For some time now, NLNU and LTC nurses have voiced concerns over the impact that changes in that area are having on nurses and the quality of care for residents.

A recent research study of over 200 nurses working in LTC completed by NLNU verified those concerns:

- 48% of members feel the quality of long-term care is worse today in relation to 3-5 years ago; 39% feel that residents’ quality of life is worse.
- 85% of members feel that patient acuity has increased over the past 3-5 years. Yet as acuity increases, 86% of members feel the number of overall staff has either stayed the same or declined. Additionally, 74% of members feel their current staffing level is inadequate.
- 86% of members have experienced a change in the skill mix at their workplace. The study indicates changes in skill mix largely consist of a decrease in the use of RNs and LPNs, and an increase in the introduction of lesser trained, unlicensed workers. The removal of highly trained nursing staff is occurring at the same time that patient acuity continues to rise.

When asked in the survey how to improve the work of RNs and the care received by residents, LTC nurses were united in their responses. Increase RN staff (33%) and increase all staff (22%) were the top priorities cited for improving the work of registered nurses. With respect to improving the care that residents receive, more staff (49%) was the leading priority.

The results of the study were clear. Changes must be implemented to improve the work life of registered nurses and the quality of life of residents. It was after reviewing the study results and hearing nurses’ input that the provincial government made its decision to undertake a review of skill mix in LTC.

This review is now underway and will assess the current staff mix ratio in LTC facilities and include an action plan to address the concerns and challenges with the current ratios. The review will also look at whether nursing personnel are working to their optimum scope of practice, and will identify concerns related to quality of care for residents and quality of work life for nurses.

The commitment to complete a review is encouraging and a very positive outcome of nurses’ input on the study. While it is unknown what the exact outcomes of this review will be, NLNU is committed to ensuring nurses’ voices continue to be heard. NLNU looks forward to playing an active role in the review process and are optimistic that change will occur as a result of nurses’ input.

A copy of NLNU’s long-term care research study is posted on myNLNU. Go to the Resource Centre and click the link for Research & Reports.

AFTER HEARING FROM NURSES, GOVERNMENT ANNOUNCES A SKILL MIX REVIEW IN LONG-TERM CARE

Minister of Health and Community Services Jerome Kennedy makes a surprise announcement during NLNU’s convention.