

# THIS IS NURSING



WWW.NBNU.CA  
NEW BRUNSWICK NURSES UNION





# MOVING? NEW EMAIL?

## STAY CONNECTED

When you move or update your email, please let us know your new address so we can keep sending you the Parasol, bargaining and election information as well as other vital NBNU material. This year it will be especially important to stay connected as we head into bargaining!

Please contact Jennifer Heade, Membership Records Coordinator, by email at [jheade@nbnu.ca](mailto:jheade@nbnu.ca) or toll free, 1-800-442-4914.

## HOW TO REACH US AT PROVINCIAL OFFICE

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### MISSION STATEMENT

The mission of NBNU is to enhance the social, economic and general work life of registered nurses and nurse practitioners.

### LANGUAGE POLICY - ARTICLE 18

- (a) **Official Languages** – NBNU adheres to the following:
  - (i) that the provision of bilingual services be a priority of the New Brunswick Nurses Union;
  - (ii) that the New Brunswick Nurses Union strive to offer services in both official languages at all levels of the organization; and
  - (iii) that no employees be negatively affected by these initiatives.
- (b) **Translation Services** – All NBNU documents for the Annual General Meeting, Executive Council, local presidents or general membership, shall not be distributed unless they are available in both official languages at the time of distribution.

### EDITOR

Leanne Lagsiar

### CONTRIBUTORS

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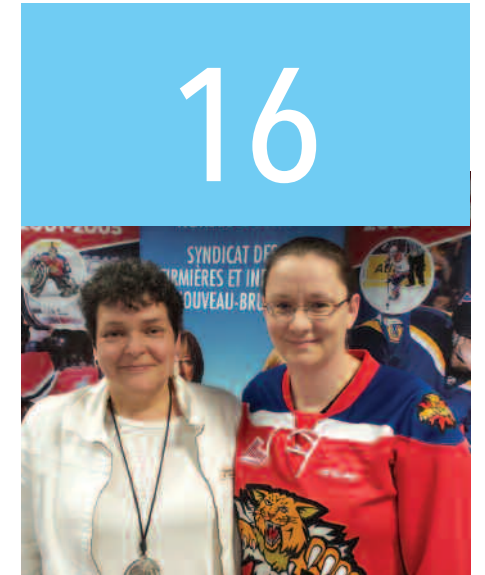
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# OPEN INVITATION TO ATTEND THE 44<sup>TH</sup> NBNU ANNUAL GENERAL MEETING

OCTOBER 22-25, 2018 | DELTA BRUNSWICK, SAINT JOHN

## AGENDA

### MONDAY, OCTOBER 22

11:30 - 13:00 – First Timers Session

11:30 - 13:30 – Registration

13:30 - 16:30 – Unit Rep. Meetings

- Nurses, Part III
- Nursing Homes
- Community Care Nurses
- Nurse Managers/Supervisors

19:00 - 21:00 – Wine & Cheese Reception

### TUESDAY, OCTOBER 23

7:00 - 8:30 – Breakfast (provided)

7:30 - 8:30 – Registration

8:30 - 12:00 – Business Session

- Call to Order
- Welcome
- Elder Blessing
- Introduction of Head Table
- Introduction of Guests
- Approval of Agenda
- Annual Meeting Operations Committee Report
  - Appointment of Scrutineers and Sergeants at Arms
  - Rules and Privileges of Annual General Meeting
  - Review of Instructions for Voting Delegates
- President's Address
- Executive Director's Report

10:00 - 10:30 – Break

- Greetings – Linda Silas, CFNU President
- Vice-President's Report
- 2<sup>nd</sup> Vice-President's Report

12:00 - 13:00 – Lunch (provided)

13:00 - 16:00 – Business Session  
Reconvenes

- Finance Committee's Report
  - Auditor's Report
  - Motion to Approve Auditor's Report for 2017
  - Presentation of 2019 Operational Budget
- Greetings – Hassan Yussuff, CLC President
- Membership Recognition Awards

18:00 – Reception

19:00 – Banquet

### WEDNESDAY, OCTOBER 24

7:00 - 8:30 – Breakfast (provided)

7:30 - 8:30 – Registration

8:30 - 10:00 – Business Session  
Reconvenes

- Call to Order
- Guest Speaker – Dr. Leeno Karumanchery

10:00 - 10:30 – Break

- Committees' Elections

12:00 - 13:00 – Lunch (provided)

13:00 - 16:30 – Business Session  
Reconvenes

- Resolutions
- Wellness Activity

### THURSDAY, OCTOBER 25

7:00 - 8:30 – Breakfast (provided)

7:30 - 8:30 – Registration

8:30 - 12:00 – Business Session  
Reconvenes

- Open Forum
- New Business
- Motion to Approve 2019 Budget

12:00 – Adjournment

**SOLIDARITY AUCTION  
WILL BEGIN MONDAY  
AT 19:00 HRS AND  
FINISH WEDNESDAY AT  
13:00 HRS.**

## PRESIDENT'S REPORT

BY PAULA DOUCET

I am pleased to present my second annual report as your president. The past year has been filled with many changes, challenges and roadblocks, but we have also made some progress too, which I have outlined in my report below. It truly is a privilege to represent so many dedicated registered nurses and nurse practitioners, and representing you is not a role I take lightly. The Board of Directors and I are always looking at ways that we can better serve you, the membership, in all that we do and the decisions that we make. I hope to continue representing you to the best of my ability in the year ahead.

### CAMPAIGN UPDATE – THIS IS NURSING

I am excited about the new NBNU campaign, *This is Nursing*, which launched on TV, in cinemas and social media platforms in July. The idea for this campaign came from you, the members, at our AGM in 2017. You indicated it was time for us to show our profession in a positive light, with hopes of attracting people to consider becoming a registered nurse or nurse practitioner.

For far too long we've not highlighted the endless possibilities, opportunities and life experiences that come with nursing. As a proud RN of 22 years, I know what it is like to work short, work overtime and have that really terrible shift. But I also know that one bad shift does not define my career.

Not only are we hoping to attract new people to consider nursing as a career choice with this campaign, we are also hoping that as members of NBNU, you will see the contributions you make each and every day to the health of your patients, clients and residents. The work you carry out is absolutely essential, and you should take pride in what you do.

Nobody said nursing was easy. However, it is rewarding, fulfilling and offers endless

possibilities. Nursing will push you to your limits and beyond at times but it is a career choice of which you should be proud.

Our campaign will be in market for many months, as we head into negotiations for all sectors in early 2019. You may recognize a familiar face, or colleague in this campaign, as the RNs and NP are NBNU members from across the province and from every bargaining unit. It was important for us to have some of our members portrayed in doing what nurses do every day for patients, clients and residents of NB. Thank you to the 14 members who made this campaign come to life. #Thisisnursing.

### LABOUR SCHOOL RECAP

The 2018 Eastern Labour School was hosted by the Nova Scotia Nurses' Union (NSNU) at the St. Francis Xavier University campus in Antigonish. The school provides a great opportunity for registered nurses and nurse practitioners alike to expand their understanding of labour relations, nurse activism, leadership and dealing with challenging issues in the workplace. The school also provides a great opportunity for members to network and share information with their colleagues from all over the Maritimes. More than 80 NBNU members and executives attended the 2-day event.

This year NSNU added new 90-minute courses for returning attendees in addition to the traditional 1 ½ day foundational courses. Linda Silas, CFNU president, opened the plenary session followed by presentations from Latitia Pelley-George, Dr. Margo Watt and Eileen Alma. All three speakers touched on the importance of leadership through turbulent times.

The next Eastern Labour School will take place in Prince Edward Island in 2020.

### PAID FOR-PROFIT PLASMA COLLECTION

The BC government's Bill 29 (Voluntary Blood Donation Act) was adopted by the Legislature on May 17, with unanimous support – including from the Opposition and centre-right BC Liberals. With this law in place, Canada's four largest provinces, Ontario, Quebec, BC and Alberta have banned paid plasma – accounting for 85% of the population of Canada.

However, the celebration in BC was short-lived with the release of an expert-panel study supporting the expansion of Canadian Plasma Collection, presumably into the private realm. The report, *Protecting Access to Immune Globulin for Canadians*, misses the mark according to CFNU. As the tainted blood scandal and the Krever Inquiry made clear, we need a strong, publicly accountable blood authority.







Paula Doucet speaks with a reporter about banning paid-for profit plasma collection in NB.

If Canadian Plasma Resources is to expand their profit-making target of 10 clinics in Canada, they will need to open several clinics throughout Canada's smaller provinces, like New Brunswick. Currently they are only operating two clinics, one in Moncton and one in Saskatoon with plans to expand in NB.

On May 29, Senator Pamela Wallin introduced a federal Voluntary Blood Donations bill to the Senate that – if passed – would shut down cash-for-blood, corporate blood collection across Canada. The bill is known as S-252. CFNU president, Linda Silas, represented nurses at the press conference launching the bill, which can be viewed on the Canadian Health Coalition Facebook page. Senator Wallin is working hard to bring this bill to debate in the Senate in the fall of 2018. CFNU will be communicating their support for this legislation to Senators across all parties and groupings.

As CFNU and NBNU continue the fight against paid-for-profit plasma collection, I encourage members to continue to advocate for our blood system to remain in the public domain. As a necessity for life, I also encourage you to donate at your local Canadian Blood Services clinics.

## LABOUR-GOVERNMENT STEERING COMMITTEE

Although NBNU is a non-partisan organization, we have to work with and build relationships with government. I am pleased to share with you that since August 2017, a committee has been established between some labour organizations, key government ministers and representatives from the Premier's office to work together to identify areas of mutual interest. This type of committee is a first for the Liberal government and labour in our province.

We have had some victories from this respectful collaboration. Examples are the commitment to make changes for safe workplaces across NB, paid leave for victims of domestic and sexual violence, the scrapping of the Sodexo deal for NB hospitals and for first contract legislation, to name a few. Having the ability to be included and heard in discussions that ultimately impact all New Brunswickers is a step in the right direction. We may not always agree on things but respectfully agreeing to disagree for the principles and beliefs we may see differently, is healthy and reason to continue to be part of influencing change at the regulations, legislative and policy level.

## THE NURSES ASSOCIATION OF NEW BRUNSWICK (NANB)

We continue to work collaboratively with the Nurses Association of New Brunswick leadership. Although the mandates of the two largest organizations in New Brunswick representing RNs and NPs are different, where there is common ground among us working together can be beneficial.

Some of our common interests are promoting and supporting excellence in all areas of nursing practice, supporting healthy public policy and advocating for the health of New Brunswickers. This joint partnership has been proven with several educational sessions offered throughout the province on compassion fatigue. Each event was well attended in the Moncton, Saint John and Edmundston region.

You will also see our partnership in this edition of the NBNU *Parasol*. NBNU and NANB have worked together to provide our members with information relevant to RNs and NPs that we hope will be helpful when you exercise your right to vote in the NB provincial election on September 24. To have the two nursing bodies identifying similar priorities for healthcare in NB is a strong message. Our goals of safe care, adequate human resources, removing barriers to allow full scope of practice and advanced nursing practice, can be better achieved when we work together.

## PHARMACARE

Pharmacare continues to be a top priority for nurses nationwide and now the Canadian Labour Congress (CLC) and the three million members they represent, are making this a key advocacy issue as well. On Labour Day 2017, the CLC announced its commitment to work with affiliated unions, provincial and territorial federations of labour, district labour councils and allied groups to protect, strengthen and expand universal public healthcare and to campaign for a national single-payer public prescription drug plan.

On May 1 this year, CFNU released its research paper *Body Count – The Human Cost of Financial Barriers to Prescription Medication*. It was formally introduced at a parliamentary breakfast in Ottawa with several Members of Parliament, Senators, labour representatives and allies present. *Body Count* touches on five case studies to estimate mortality and morbidity. Nurses witness on a daily basis the failing health of those who cannot afford the necessary medications to keep them healthy. That is why our voice, advice and advocacy for this is so important.

As the federal government launches the high-level Advisory Council on the Implementation of National Pharmacare headed by Dr. Eric Hoskins (past Ontario Health Minister), we believe the policy discussions must remain firmly focused on those that matter most: our patients, clients and residents.

The debate over the need for a national pharmacare program is over, the debate now is what that program should look like. We continue to advocate for it to be publicly administered, and to be universal so nobody falls through the cracks. It must be a single-payer system that can effectively leverage bulk buying and there must be a national formulary so that every Canadian has the same coverage no matter the province you live in.

As we turn our attention to the solutions, we must also be reminded that Canada remains the only country in the world with universal healthcare that does not provide universal drug coverage. It is time to fix this – and we are close, but we cannot give up. Now more than ever I encourage each and every one of you to speak up for a national pharmacare program.

## THE CANADIAN FEDERATION OF NURSES UNION (CFNU)

The National Executive Board of CFNU has been busy with many meetings this year, along with several research projects on the go. CFNU produced a paper on the under

utilization of nurse practitioners across Canada which came out in May. We have been advocating for many years that NPs are not utilized to their full potential. We need government to realize NPs play an integral role in New Brunswick's healthcare system. Recognizing that there are still many people across our province that do not have a primary care provider, we continue to encourage government to invest in and create more NP positions to help alleviate that gap.

In July, the CFNU National Executive Board was in St. Andrews during the Council of Federation meetings, which includes all provincial and territorial Premiers. CFNU hosted a breakfast meeting with the Premiers, their staff and many stakeholders to speak about pharmacare. Our theme was "Pharmacare – From Vision to Reality." We were pleased to have Dr. Eric Hoskins, the chair of the Advisory Council on the Implementation of National Pharmacare, John Oliver, MP, Oakville ON, government member of the House of Commons Standing Committee on Health and Kevin Page, President of the Institute for Fiscal Studies and Democracy. We had more than 80 people in attendance and hopefully many left with a better understanding of why pharmacare is crucial for Canada. We are within reach, but until it is reality, nurses cannot give up this fight.

## CLOSING

This past year has been busy with many challenges, and I am finding my way in navigating through the many different avenues to advocate for all members and better healthcare in our province. The upcoming year will see collective bargaining starting and hopefully new educational opportunities for all members to engage in. I look forward to meeting many more members in the upcoming year and continuing to be your advocate as we work to improve healthcare in New Brunswick and working conditions for everyone.

NBNU is very excited to host #CFNU2019 in Fredericton this coming June 3-7, 2019! In NB we take hospitality to heart and will

welcome approximately 1000 nurses from across the country for five days filled with education and fun. More details will be shared as we move closer to the event date. I encourage anyone who is interested in attending to also consider volunteering as we'll need many hands to pull off this exciting event.

"Only those who will risk going too far, can possibly find out how far one can go." ~ T.S. Elliot

In Solidarity,

Paula Doucet  
President

## NBNU POLICY

Members may be entitled to a dues rebate according to an NBNU policy adopted by the executive committee at its June 1989 meeting:

NBNU shall reimburse an amount equivalent to the monthly union dues minus the local rebate to any registered nurse who pays monthly union dues to two separate employers for the same month. The Union will only reimburse dues, where applicable, for a retroactive period of 12 months at the request of a member.

Please apply in writing to provincial office:

Attention: Jennifer Heade  
Membership Records Coordinator  
New Brunswick Nurses Union  
103 Woodside Lane,  
Fredericton, NB, E3C 2R9  
Telephone: 1-800-442-4914  
Email: JHeade@nbnu.ca



# EXECUTIVE DIRECTOR'S REPORT

BY MATT HILTZ

## EXPIRY OF COLLECTIVE AGREEMENTS: 2019 (AND BEYOND) NEGOTIATIONS

To date, all bargaining units have elected their negotiating teams, completed bargaining surveys and participated in pre-bargaining conferences during Executive Council in April. The results are not surprising.

Essentially, two themes have emerged:

- 1) working conditions need to improve and
- 2) a competitive wage increase is essential.

Improving working conditions looks different in each bargaining unit but one common element involves working short-staffed. Unfortunately, registered nurses are in high demand across the country, and while NBNU is sitting on several different recruitment and retention committees, immediate relief does not seem likely. As such, language to protect registered nurses from chronic (ab)use of shift changes, on-call/stand-by and overtime will be a priority. While this staffing shortage is detrimental to working conditions, it does assist with our argument for better wages and benefits. It will be impossible for NB to attract, let alone retain, registered nurses without competitive overall compensation (wages, premiums and benefits). We have heard you loud and clear – better compensation is necessary!

The NBNU's labour relations team will be working on language and your negotiating teams will be convening in the fall to prepare for negotiations in 2019. As always, please feel free to contact me with any ideas, suggestions or questions you may have about how to improve your Collective Agreement.

## NURSE PRACTITIONERS

Nurse practitioners currently represent a small, but important, number of our membership. If we can get our government to finally recognize how essential they are to improving provincial healthcare, we hope to see that number grow. To that end, through CFNU, we have participated on a national committee tasked with gaining a better understanding of NP-specific issues. We were pleased to see approximately 30% of our NP membership participated in the CFNU survey. The information gained has been consolidated into a report that was presented to Canadian Health Ministers and is available at [www.nursesunions.ca/research](http://www.nursesunions.ca/research). Furthermore, the information will be used in conjunction with our own surveys to continue to advocate on behalf of our NP membership, both at the bargaining table and with governmental healthcare policy decisions.

## THE NEWEST RHA: EM/AMB INC.

The hospital without walls has become part of what should be an "RHA without walls." A team from NBNU, which included an EMP member, spent a great deal of time hammering out a transfer agreement that will ensure EMP members can continually move between their previous RHA (either Horizon or Vitalité) and the new entity, EM/ANB Inc., without losing seniority. We reached an agreement (available here: [www.nbnu.ca/nurses-part-iii](http://www.nbnu.ca/nurses-part-iii) which met the concerns of our members. If you have any questions about this transfer agreement, please contact a member of our labour relations team.

While some transitional hiccups were expected, a break in Medavie Blue Cross coverage for some was completely



Matt Hiltz

unexpected and quite ironic. In June, we conducted a survey of our EMP members to get their insight into the transition to EM/ANB Inc. The results are being reviewed and will be discussed at the AGM in October.

## STAFFING UPDATE

In 2018, we welcomed Ellen Oakes Thompson back from maternity leave. As part of NBNU's strategic plan, and renewed emphasis being placed on education for local activists, we are pleased to announce that NBNU has begun the search for a new Research and Education Officer. We hope to have the right person in by the end of the year.

It is with mixed emotions that I announce that our Research Officer, Jennifer Dickson, has left us to assume a leadership position with the NB Women's Council. We are sad to see her go, but proud that she is taking on a role so near and dear to her heart. We also said goodbye to Jennifer Weston, whose contributions as a temporary Labour Relations Officer were greatly appreciated. We wish both Jennifers all the best in their future endeavours. Martin Rioux, Labour Relations Officer, has also accepted a new position as a Negotiator with Unifor in Yellowknife. While he will be greatly missed by NBNU staff and members, we wish him all the best as he embarks on this new, exciting opportunity.

## 2018 MEMBERSHIP DATA

2018 Dues Paying Members	Full-time % change from 2017	Part-time % change from 2017	Casual % change from 2017	Total % change from 2017
Hospital (excluding EMP)	3198 (0.0%)	1331 (-1.8%)	468 (-10.0%)	4997 (-1.5%)
Community Care (PH, MH, EMP)	507 (+1.8%)	149 (+2.7%)	59 (+25.5%)	715 (+3.6%)
Nurse Managers & Supervisors	213 (-1.4%)	22 (+29.4%)	6 (+1.5%)	241 (+1.7%)
Nursing Homes	155 (0.0%)	214 (-2.3%)	156 (+20.0%)	525 (+4.2%)
Total: % change from 2017:	4073 (0.0%)	1716 (-1.2%)	689 (-1.0%)	6478 (-0.4%)

## CONCLUSION

With the advent of the Labour-Government Steering Committee (see the President's Report), NBNU has maintained our commitment to remain "at the table" with respect to nursing, as well as, all broader healthcare issues. As we head into 2019, bolstering the educational opportunities available to members and leveraging the voice of registered nurses in favour of better wages and working conditions will be our top priorities.

In Solidarity,

Matt Hiltz  
Executive Director



Cathy Wall and Matt Hiltz representing NBNU during CLC Lobby Day at Parliament Hill.

## IMPORTANT DATES

Deadline to receive applications for scholarships: Family Scholarships; NBNU Nursing Scholarships (2<sup>nd</sup> and 3<sup>rd</sup> year); NBNU Post-Secondary Scholarships; and CFNU Nursing Scholarship  
September 30, 2018.

Deadline to submit Educational Assistance applications for Part III Nurses and Nurse Managers/Supervisors  
October 7 & March 31.

Deadline to submit Educational Assistance applications for Nursing Home Nurses  
October 15, February 15 & June 15.

NBNU Humanitarian and Disaster Relief Fund: Application deadline for travel in 2019  
December 31, 2018.

CFNU Biennial Meeting, Fredericton  
June 3-7, 2019.

NBNU Annual General Meeting, Delta Fredericton  
October 21-24, 2019.



# VICE-PRESIDENT'S REPORT

BY MARIA RICHARD

I am pleased to present my annual report for 2017-2018. I was involved with several committees this year. I also represented NBNU at many events and meetings since being re-elected as your Vice-President at the 2017 AGM.

I attended the CFNU National Executive Board (NEB) meeting, the Canadian Labour Congress (CLC) annual Lobby on the Hill in February and a NANB/NBNU partnership meeting aside from our regular Board of Directors (BoD) meetings and teleconferences. I gave one radio interview relating workplace violence and did the French voiceover for our radio commercial for National Nurses Week.

## LEADERSHIP IN ACTION

Members from the BoD, including myself and NBNU staff, hosted two Leadership in Action education sessions in French and English for members at the local level in March. These two-day sessions provided an opportunity for members of local executives to share experiences in a smaller group setting while having members of the BoD and staff share their knowledge. By better preparing our local leaders and activists, we aim to increase their abilities to carry out the work of our Union. As evaluations continue to be very positive we will be looking at holding sessions again in the fall.

## EDUCATIONAL ASSISTANCE COMMITTEE

The Nurses Part III and Nurse Manager/Supervisor Educational Assistance Committee met in the fall of 2017 and spring 2018. In total, 413 applications were reviewed by the Committee, with 389 successful applicants receiving a total of \$407,400. This fund is \$500,000 per fiscal year, as per the Collective Agreements. At our 2017 AGM, a resolution was passed to

increase the frequency of the Committee meetings to approve and disburse monies. This would enhance opportunities for members to apply for funding and hopefully increase the number of applicants. Discussions were held with representatives from the Department of Health and it was agreed that starting in 2019, for a trial period, the Committee would meet quarterly. More detailed information will be sent to members about these changes, with updated forms. A Q&A sheet in the forms section on the NBNU website will also be added in the fall. If you require more information or have any questions regarding this fund, please contact myself, or the unit representative for Hospitals Part III, Community Care or Nurse Managers/Supervisors.

## NURSING RESOURCE STRATEGY STEERING COMMITTEE (NRSSC)

In June, I joined another NBNU member as part of a group of stakeholders that held a brainstorming session to review the draft Nursing Resource Strategy. The group was comprised of individuals from the Department of Health, Social Development, Post-Secondary Education, Training and Labor, Horizon, Vitalité, Nursing Schools, NANB, and the Association of New Brunswick Licensed Practical Nurses (ANBLPN). Our objective was to establish timelines for each of the potential actions that have been developed by the Nursing Resource Strategy working groups. This strategy and the results of our session were presented to the Steering Committee at the end of June 2018. The mandate of the Committee is to develop a nursing resources strategy to address the nursing shortage in NB.



Maria Richard

## NANB CONTINUING COMPETENCE PROGRAM ADVISORY COMMITTEE

This Committee which has just been implemented has only met once to date. Its purpose is to assist NANB in revising and maintaining the CCP (Continuing Competence Program) which was last updated in 2013. Our role is also to monitor trends in the nursing profession and in healthcare which may influence CCP requirements.

## PAY EQUITY WORKING GROUP

The Pay Equity Working Group has met twice in the last year and consists of labour and government representatives. The group was established in recognition of the strong relationship between government and the labour movement, as well as to discuss any issues relating to pay equity. It serves as a forum to exchange information and ideas. The ultimate goal is to support and provide the necessary information to government to address priority actions around pay equity issues. This working group reports its recommendations to the Labour-Government Steering Committee.

## PENSION

Meetings of the CBE Shared Risk Pension Plan were held in December, April and June. As a trustee in training on this plan, I will be completing the Advanced Trust Management Standards (ATMS) course in the fall and attending the 51<sup>st</sup> Annual Canadian Employee Benefits Conference.

## THE CANADIAN LABOUR CONGRESS (CLC)

Nineteen NBNU members including myself and some of the BoD participated in the Canadian Labour Congress – Spring Labour Education Week at St. FX University in Antigonish from May 27-June 1. Hosted by the CLC Atlantic Region, this Labour School offered week-long courses on Instructor Training, training for union representatives on Domestic Violence at Work, Facing Management Effectively and Women in Leadership. Feedback from attendees has been very positive.

## THE CANADIAN FEDERATION OF NURSES UNION BIENNIAL

Mark your calendar! From June 3-7, 2019, NBNU will host, along with CFNU, the Canadian Federation Nurses Union Biennial Convention in Fredericton. We are expecting approximately 1,000 nurses from all over Canada. Planning is in full swing. We will be looking for volunteers within our membership to help with the event that honors New Brunswick's different cultures, mixed with our own unique hospitality. The biennial will provide opportunities for nurses to network with colleagues from across the country, to learn from experts in their fields, to hear wonderful speakers and have FUN the New Brunswick way.

## CONCLUSION

By the time the *Parasol* gets to your home, you will hopefully have started seeing our NBNU commercial on social media, in movie theaters and/or on TV. We are very excited about the end result and hope it will help to highlight some of the many positive aspects of nursing. The Provincial Election is also coming up in September. I encourage you to ask questions to the candidates who will knock on your door and/or attend political debates. Most important please exercise your right to vote! Collective agreements for all of our three bargaining units expire on December 31, 2018. Members have been surveyed; the information collected and evaluated, priorities have been reviewed by local presidents and the negotiating committees. In the fall the negotiating committees will meet to finalize proposals. Time will tell us which party will be the governing party and what kind of environment we will face at the bargaining table. One thing is for sure, NBNU remains committed in getting the best possible collective agreements for its members.

Thank you to Paula Doucet our President, Matt Hiltz our Executive Director, the NBNU staff and the Board of Directors for all that you all do to protect our rights and improve

our work-life and benefits, while also being the voice of reason to protect and improve our healthcare.

I continue to encourage each and every one of you to participate at the local and/or provincial level via all the different NBNU events/meetings. Voice your opinions and concerns by contacting "your union" via all the different opportunities available to you (see the 'Contact Us' page at the front of your *Parasol*).

A wise man once said: "Every society is judged by how it treats its least fortunate amongst them." Every day, as RNs you care for people in need. On their behalf, I want to thank each and every one of you. You must however not forget the one person that should be your first priority, YOU! Take care of yourself first so that you can be there for your loved ones and give care to those in need!

I look forward to seeing and talking to all local executives and observers at the AGM in Saint John this year. To all members, "Take care and stay safe!"

Together Stronger!

Maria Richard, RN  
Vice-President



Maria Richard joins NBNU member, Heidi McNally-Paris at a Nurses Appreciation Hockey Night in Moncton, NB.



# SECOND VICE-PRESIDENT'S REPORT

BY NANCY ARSENEAU

Social justice is the idea that all people, everywhere in the world, have the right to a life of dignity. This means a life free from poverty, violence or discrimination.

A world where social justice exists is a world where all people are included in society, and all people can claim their rights to healthcare, shelter and education, regardless of how poor or rich they are.

That is why social justice is a fundamental value to NBNU. As registered nurses we witness inequities, social injustice and the impact it has on health outcomes every day. Other than providing the best possible care ever, registered nurses can play an important advocacy role, both within and outside of your workplace.

Individually and collectively, we can work to ensure that public policies in areas such as minimum wage, pay equity, income support, child care and housing, create greater equity and social justice. We can also help transfer knowledge and skills to individuals and community groups to enable them to advocate for social change themselves.

Thank you for the opportunity to work on your behalf and that of NBNU.

It has been my ambition to promote change. Although much has been done, we still have a long way to go.

Here are just a few highlights from the past year.

## NB HEALTH COALITION / CANADA HEALTH COALITION

In November 2017, the NB Health Coalition submitted a report to the Expert Panel on *Immune Globulin Product Supply and Related Impacts in Canada*. Our submission

touched on topics such as a single national system, public resources and paid donors, accountability to Canadians, impact on voluntary non-remunerated blood donors, security of the supplies, etc. I also attended their panel via teleconference.

At the end of May 2018, Bloodwatch was able to get the *Voluntary Blood Donations Act* tabled in the Senate by Senator Pamela Wallin. There is still a lot of work to be done. We will continue to support CFNU, our allies from Bloodwatch and the Canadian Health Coalition in their fight to stop the proliferation of for-profit blood plasma collection clinics across Canada.

I participated in the 2018 Canadian Health Coalition conference and lobby in Ottawa. Parliament Hill is typically a busy place, but February 27 was exceptionally busy with the federal budget being announced. Despite the frenzy, it was easy to spot our 85 public healthcare advocates from across Canada with their red folders. An unexpected morning vote in the House of Commons led to changes in the schedule for some teams. But at the end of the day we had 77 meetings with Liberal, Conservative and NDP MPs, as well as Liberal, Conservative and Independent Senators. The MPs and Senators were receptive and eager to learn what we had to say.

This lobby was an opportunity for our many voices to be one in advocating for the federal government to protect our public healthcare system and to ensure the very best quality of care is available to everyone.

The NB Health Coalition has not been very active in 2018. No fear! NBNU, CFNU, CLC, other NB unions, and community groups/organizations continue to play a key role in lobbying. It is important that we continue to be part of critical decisions with



Nancy Arseneau

political decision-makers to protect, strengthen and expand universal public healthcare and for a national single-payer public prescription drug plan.

## COALITION FOR PAY EQUITY

The time is now! For far too long workers in female-dominated jobs have been undervalued and even forgotten. For far too long our province has relied on the efforts and care of thousands of women without their efforts being recognized and paid, for their true value. Due to the tremendous efforts of many, pay equity has now become part of public and political discourse. Over a number of years, the Coalition has seen the implementation of proactive measures and investments made in key vulnerable sectors. However, even with these efforts, we remain far from achieving pay equity for all workers. Particularly, without a law to ensure equal pay for work of equal value for the private sector. Thousands of New Brunswickers have no protection against systemic and entrenched biases that result in undervaluing their work. The Coalition has seen a tremendous demonstration of support and solidarity over the past years with several partners working together to advance pay equity in New Brunswick. Voices of workers, community partners and unions have been heard loud and clear:

We need pay equity now! The Coalition is steadfast in providing a platform for workers' voices to be heard across our province, including those of Indigenous, racialized and immigrant workers. Together, we can achieve equal and fair pay!

On June 2, 2018, the Coalition for Pay Equity held their forum and AGM. Approximately 60 members of the Coalition, including several organizations and unions, were present in an effort to mobilize for the upcoming provincial elections.

## COMMON FRONT FOR SOCIAL JUSTICE

The Common Front for Social Justice (CFSJ) is fighting to build a more humane society based on the respect and dignity of all. It advocates for a New Brunswick without poverty, and a society which gives each and every one a decent living.

CFSJ believes that every citizen can develop their full potential and become fully engaged in the social, economic and cultural development of New Brunswick.



Nancy Arseneau with Serge Cormier, MP for Acadie - Bathurst.

Its two main campaigns are:

### 1.) FIGHT FOR \$15 + JUSTICE

In 2016, there were 20,400 minimum-wage workers in New Brunswick, which is equivalent to 6.6% of all workers in the province. This campaign has been ongoing for several years. The "Minimum Wage Information Document" (2018) reveals their proposals for change (Salary and Employment Standards) and can be found on their website.

### 2.) SOCIAL ASSISTANCE CAMPAIGN "LET'S MEND OUR SOCIAL NET!"

In March 2018, a four-month publicity drive was launched to make the public and politicians aware of the issues that citizens on social assistance face. The campaign promotes 16 "Faces of Poverty" which consists of interviews with persons living on social assistance, a document which reveals their proposals to improve the situation of people living on social assistance.

On May 26, 2018, the Common Front for Social Justice held their forum and AGM. Through discussion-focused workshops and a plenary session, we debated measures needed to ensure that the voice of people living in poverty is heard, especially in the upcoming provincial election.

## OTHER EVENTS

Facilitating the sessions "Leadership in Action: Building Strong Locals" with Maria Richard and our Labour Relations Officers is always a pleasure. I am happy to be able to contribute to the process of empowering

registered nurses with knowledge and ideas for positive change.

I attended the first CLC Atlantic Region's Spring School from May 27-June 1 at St. Francis Xavier University in Antigonish, NS. The week-long course "Women in Leadership" offered me an opportunity to develop and enhance my leadership skills, build on my knowledge on a variety of current and emerging labor issues and ignite the spark to take on further challenges. I do believe women make the Union strong!

## IN CLOSING

When I think about all the opportunities that nursing has brought my way (34 years now), I realize the possibilities are endless to care for patients and their families, educate the community and in the end, make a difference!

Nurses are leading change and advancing health provincially, nationally and even internationally. We have lots to be proud of!

I wish to thank the Board of Directors and staff of NBNU for their dedication, hard work and support. It is both humbling and rewarding to be a member of such a respected and quality team.

In Solidarity,

Nancy Arseneau, RN  
Second Vice-President

20,400 minimum-wage workers in New Brunswick in 2016 = 6.6% of all workers in the province.



# UNIT REPRESENTATIVES

## ANNUAL REPORT

### NURSE MANAGERS AND NURSE SUPERVISORS

BY CATHY WALL

In a blink of an eye 2018 has flown by. As always it has been a very busy year as your Nurse Managers and Supervisors unit representative. I have continued to ensure that your voice has been brought to the NBNU Board of Directors.

### WOMEN'S DAY MARCH

On January 20, I attended the Women's Day March in Saint John, NB. It was a great opportunity to support women in this province around the issues of women's rights, human rights and sexual assault advocacy. It was a cold day but with everyone together for the same cause the cold could not dampen our spirits.

I had the wonderful opportunity to attend my first ever Lobby Day on the Hill in Ottawa on February 6.

Joining other union activists from across Canada, I had the chance to meet with provincial MPs and Senators to discuss and inform them on Pharmacare, EI Reform and CPP. It was a great opportunity for me to speak up and speak out not only for New Brunswickers but all Canadians.

### NURSE MANAGERS & SUPERVISORS NEGOTIATIONS

Your negotiating team was chosen in February. Congratulations to Lorri Amos, Sonia Landry-Barriault, Violet Budd and Charlene O'Donnell. This team along with your President, Paula Doucet, Matt Hiltz, Executive Director, Ellen Oakes Thompson,

Labour Relations Officer and I, met in April to review the findings from the bargaining surveys completed by you, the members, in March. You have been very clear on what you feel is important and we will take this to the table on your behalf. Thank you for your participation in the survey and at the Executive Council bargaining conference. Your participation is truly important as it provides the team with the much-needed information to negotiate the best contract possible.

### PROFESSIONAL PRACTICE DEVELOPMENT

At Executive Council the Nurse Managers and Supervisors group participated in the development of a Work Situation Report specific to the group. This much needed report will allow Nurse Managers and Supervisors to report workload and safety issues they face. We hope to have the newly completed Work Situation Report ready for you to see and start using by the Annual General Meeting.

### EASTERN LABOUR SCHOOL

Eastern Labour School was held from June 4-6 at St. Francis Xavier University in Antigonish, NS. This year a new format was used. First timers were able to spend the day and a half on one topic, providing in-depth sessions on topics such as Legal Issues in the Nursing Profession and Nursing Care, General Labour Relations, Legal Realities of the Nurse, The Negotiations Process and Union History.

If you attended Labour School in the past, you were able to choose five 90-minute



Cathy Wall

sessions on topics such as: Communications and Campaigns, Domestic Violence, Facing Management Effectively, Nursing and Addictions, Nursing and Social Media, Nursing and Technology, Nursing and Workplace Violence, and Professional Practice and Nursing Workload and Respectful Workplaces.

I was fortunate to attend the session on Nursing and Technology. It was enlightening to participate. The information was intriguing and made the participants think about the future of nursing. It is important that nurses are at the table when it comes to innovation, as we are key stakeholders that will be using new technology in the not too distant future.

As 2018 wraps up and 2019 inches closer, be sure that I will continue to be a strong and steady voice for Nurse Managers and Supervisors. Whether it is a new challenge to face, advocacy work to be done, or ensuring a fair and respectful contract is reached, I will be there representing you all the way.

In Solidarity,

Cathy Wall, RN



Norbert Robichaud

### NURSES, PART III - HOSPITALS

BY NORBERT ROBICHAUD

Greetings. Writing this report is rather bittersweet because it is highly likely that this will be my last report as your unit representative for the Part III Hospitals Bargaining Unit. The term of a unit representative ends when a "new" Collective Agreement is signed, that is, the one that will be negotiated at the beginning of 2019. I certainly hope that a new Collective Agreement will be signed before the end of 2019!

In February 2018, we had an election to choose four registered nurses to serve on the negotiating committee. The Part III negotiating committee consists of the following nine people:

- Kathy LeBlanc and myself, Unit Representatives and Co-President;
- the four elected members: Nancy Arseneau, Rosemary McFarlane, Maria Cormier and Catherine Little;
- Paula Doucet, NBNU President;
- Matt Hiltz, NBNU Executive Director and Chief Negotiator;
- a labour relations officer.

The four nurses elected to the committee come from different sectors:

- both the largest anglophone local and

the hospital setting (Catherine Little, Saint John Regional Hospital);

- both the largest francophone local and the hospital setting (Maria Cormier, Dr. G.L-Dumont University Hospital Centre, Moncton);
- both the smallest anglophone local and the Extra-Mural Program (Rosemary McFarlane, from Miramichi);
- both the smallest francophone local and Public Health (Nancy Arseneau, from Bathurst).

They are excellent representatives of the diverse membership of the Nurses, Part III bargaining unit.

The negotiating committee met for the first time at the provincial office in March and again at Executive Council in April 2018. Other meetings are planned for fall 2018 to help us prepare for the next round of negotiations, which will probably begin in February or March 2019.

Since signing the last Collective Agreement, a lot has changed:

- the Extra-Mural Program (EMP) has moved from the two health authorities (Horizon and Vitalité) to Medavie;
- with the emphasis on ambulatory care, more and more nurses are on stand-by and call-back status;
- the nursing staff shortage has gone from chronic to critical!
- an aging population and a workforce with an increasing average age;
- difficulty recruiting and retaining nurses in all sectors of nursing care.

Are we going to negotiate our next Collective Agreement with a Liberal or Conservative government? Will it be a majority or minority government? Whatever the results of the thirty-ninth provincial election scheduled for Monday, September 24, 2018, your negotiating committee will be ready!

With information gathered through different surveys (electronic, mail, and telephone calls), the committee will prepare proposals

to go to the table during negotiations. In addition, our labour relations officers will share the articles they consider important to clarify or improve.

It goes without saying that the chronic shortage of nurses, the numerous hours of overtime, double shifts, a heavy workload, exhaustion, stress, and the high level of absenteeism (to name just some of the challenges) will play an important role in the committee members' discussions. We owe it to ourselves to be innovative, to seek out new ideas and find new ways of doing things.

As registered nurses, we need to protect not only our jobs, but also our health, our safety, and our well-being!

Since our last Annual General Meeting (in October 2017), I have had the opportunity to take part in several meetings on your behalf.

The Education Committee met on April 20 to review requests made by members. I also attended the Eastern Labour School from June 4-6; this year it was held in Antigonish, Nova Scotia.

Your Board of Directors also met regularly at the provincial office in Fredericton over the past year: December 11-13, 2017; January 28-29, 2018; March 12-13, 2018; April 16-19, 2018 (Executive Council); June 27-28, 2018; September 5-7, 2018, and finally in the days before our Annual General Meeting in October 2018. Your Board of Directors also had several conference calls (almost every month) to make sure we dealt with important issues in a timely fashion.

I look forward to seeing you at the Annual General Meeting in October.

In Solidarity,

Norbert Robichaud, RN





Ronda McCready

## NURSING HOMES

BY RONDA MCCREADY

Hello fellow NBNU members. It is hard to believe another year has passed and we are getting ready for the 2018 Annual General Meeting this fall.

## PENSION UPDATE

This year, I attended several pension meetings on your behalf. All members of our plan should have received their 2016 annual report earlier this year. A reminder that these reports are always a year behind so that the year-end data from the homes can be analyzed and board approved in September. Our plan continues to perform well with a funding ratio of 102.9%. A reminder that you have access to all pension information including your personal pension calculator on the website at: <https://nbnh.pension.hroffice.com>.

## EDUCATIONAL ASSISTANCE COMMITTEE

The Nursing Home Education Committee met once via conference call since last October, with a total of 14 applications being reviewed and a total of \$8,318 distributed to members. A reminder that this fund is available for all RNs who work in

nursing homes and have worked a minimum of 37.5 hours per month. It can be used for nursing related conferences, courses, CNA gerontology certification and education sessions, as long as these are not a requirement for employment. The application and guidelines can be found under the forms section of the NBNU website. This area does not require a password to access.

## HEALTH BENEFITS COMMITTEE

The Health Benefits Committee has met only once to review suggested plan renewal possibilities. We were informed that as of May 24, 2018, the employee rates for your Assumption Life benefits were increased to \$33.99 for single benefits and \$79.28 for a family benefits plan. NBNU continues to work on securing the funds from this plan and making committee improvements.

## NURSING HOME NEGOTIATIONS

Your newly elected Bargaining Committee is comprised of Carole Clavette, Kim Cormier, Heather McNulty, Jason Robin and myself. We met recently with local presidents to review the bargaining surveys you completed. This gave us a clear direction and has helped formulate a strategy for the next round of negotiations beginning in 2019.

## NURSING SHORTAGE IN LONG-TERM CARE (LTC)

This year has been a difficult one for LTC nurses who continue to care for an increasingly compromised group of residents and families with complex care needs. We have the additional challenge of frequently working short, which seems even more prevalent, as staff struggle to deal with inadequate care hours that are often not sufficient to meet their needs. The threat of, and in some homes, the implementation of, decreased staff ratios of RNs and LPNs has made the situation even worse. It has created an unstable work environment that will make it more difficult to recruit and retain professional staff, not to mention the effect this will have on residents. NBNU is working to seek clarification with government as to their intentions for our sector in conjunction with increasing their awareness of our difficult work environments and how it affects care. We will continue to make these issues a priority now, and in the year to follow.

## LOBBYING

I had the opportunity to lobby with the Canadian Health Coalition (CHC) in Ottawa where I joined two other union activists from NBNU to meet with NB MLAs and a Senator. Privatization of healthcare was the topic of the lobbying effort. We were able to provide

them with real-life examples of private clinics in NB, and how they undermine the system by creating two tier levels of care which increases wait times even more and decreases the quality of care.

## EASTERN LABOUR SCHOOL

Eastern Labour School was held in Antigonish in June. This year's schedule was modified to include full days for new attendees and shorter 90-minute sessions for more seasoned members. I would encourage anyone who is interested in attending in the future to contact their local president. The next labour school will be held in PEI in 2020.

## VIOLENCE PREVENTION COMMITTEE

The Nursing Home Violence Prevention Committee last met on March 2, 2018. We are currently waiting for the final legislation

to be put in place, that makes violence a legislated health and safety issue. This will create a need for workplaces to document, monitor and have strategies in place to identify and prevent violence. This committee will meet after legislation is in place to help provide homes with the necessary tools to implement a violence prevention program that will meet government requirements.

## LONG-TERM CARE FACILITIES

The Long-Term Care Facilities (LTCF) committee continues to plan for when the publicly reported aggregate data is made available on the Canadian Institute for Health Information (CIHI) website. Currently data collection and evaluations are at different levels of completion in the various homes. Time issues and lack of education for RNs are concerns noted by local presidents. The current system we know does not have the ability to calculate care hours needed by

our residents but does evaluate areas where homes may need to implement increased care measures to make improvements. Unfortunately, this tool is not going to be used to provide evidence-based data for the calculation of skill mix ratios and care hours.

In summary, I would like to say that despite the challenges that face us today and possibly in the near future, we continue to go to work hoping that our voices will be heard and ready to advocate for our residents and fellow staff to ensure our nursing homes are safe and caring places for all.

In Solidarity,

Ronda McCready, RN

# SPEAKER'S SPOTLIGHT

## DR. LEENO KARUMANCHERY

### HOW EFFECTIVE ARE YOU AS A LEADER IN YOUR LIFE?

A sociologist with over 20 years of experience in the field, Dr. Leeno Karumanchery is recognized as one of North America's preeminent diversity and inclusion practitioners. Widely published in the field, Leeno is co-author of *Removing the Margins* (CSP, 2000) and *Playing the Race Card* (Peter Lang, 2004), both critically acclaimed texts in the field of diversity and inclusion. As the Chief Diversity Officer of Enkidu, Leeno is focused on supporting organizations interested in bringing emotional intelligence and diversity into the mainstream of their culture and approach. Leeno is sought out as much for his expertise as he is for his style as a facilitator and his ability to enable people to reach their potential as effective leaders in their diversifying workplaces and communities.

Leeno combines his extensive training, research and consulting experience to help leaders, staff and stakeholders engage meaningful organizational development strategies.



Ronda McCready with Sherry Steeves at a Nurses Appreciation Hockey Night in Moncton, NB.





Nurses, Part III - Community Care Report  
By Kathy LeBlanc

The year has certainly passed by quickly! It's been almost a year since extra-mural nurses transferred to Medavie Health Services NB. It has been encouraging to see the participation of local presidents and members "speaking out!" I hope you will continue to do so in the coming year.

There are many work challenges in each bargaining unit which generates plenty of union work. I certainly have a deeper understanding and appreciation of the dedicated work provided by both our past and present board members. For members to comprehend what I mean, I would liken it to becoming first-time parents and really appreciating your own parents hard work and sacrifices; this is similar to how I view the work of a board member.

Reflecting on the year to cover some of the highlights seems to be a difficult task perhaps because of the numerous union activities I have participated in. The *Parasol*, NBNU website, The Buzz, and the NBNU Facebook page all provide an overview of some of the union activities, issues and education being addressed by NBNU on your behalf.

**COMMITTEE WORK**

As board members we have had between 5-7 face-to-face meetings and a few teleconference meetings to address issues that are time sensitive. We also stay closely connected through email, as Paula Doucet, president, provides us with regular updates. Technology, as we know, has made a big impact on how we communicate. For instance, I was unable to physically attend the International Women's Day Luncheon held on March 8, 2018, due to a bad storm; however, I was able to watch via Facebook Livestream.

Each board member sits on sub-committees and the Educational Assistance Committee is one that I participate on as unit representative. The Committee reviews applications for professional development and makes recommendations based on contract language to the Minister of Health. Two meetings were held since our last Annual General Meeting to review applications. Remember the deadline for submitting an application is October 7, 2018, and to keep your receipts for books and course/conference fees.

Another sub-committee that I participate on involves the *Constitution and By-laws*. There have been some proposed changes which are found in this *Parasol*; in addition, the Resolution Committee submitted some resolutions that were generated from information on current local and global issues.

The newly elected part III negotiating team met in April, prior to the Executive Council meeting, for orientation. Negotiations are certainly going to be an interesting experience for all bargaining teams, especially for Paula and Matt, who will be doing triple duty. As a board member, it was an eye-opening experience to observe the pre-bargaining conference for each unit at the Executive Council meeting. We all have very similar work priorities. I am looking forward to this coming year of negotiations, as we prepare to achieve a strong, fair, new contract addressing your priorities.

A quick reminder to all local presidents to complete and send in your local reports identifying your issues and union activities to provincial office. The feedback from these

reports is helpful to the board members and will be discussed at the unit representative meetings during the Annual General Meeting.

**EDUCATION**

NBNU has always encouraged education for its members. In May, I attended the NANB Annual General Meeting in Fredericton. The board members in attendance had an opportunity to meet recent nursing graduates and heard a very thought-provoking presentation on the legalization of marijuana. Another educational opportunity the board received was on media training held during our last board meeting in June.

I attended the CLC Worker's Summit held at St. Francis Xavier University, Antigonish, instead of the Eastern Labour School this year. The domestic violence training provided the knowledge to allow participants to present and share this information with our members. Did you know that among those who experience domestic violence, 53.5 % experience the violence at or near their workplace leading to issues with work performance and attendance? I am looking forward to presenting this information to our members.

**CHALLENGES**

As registered nurses, we bear an enormous responsibility to public healthcare. It is not just about keeping our clients/patients alive and well. Recruitment and retention is another issue that requires attention across all sectors to address the nursing shortages. Many of the decisions being made today (political and unionized) are going to determine how it will affect our healthcare in the future. It should be no surprise, that as board members we take these decisions very seriously.

As I mentioned in my previous report, we are fortunate to have such strong leadership in our board members, our staff, our local representatives and members. I am proud to be a registered nurse and I am proud to continue representing you all.

In Solidarity,  
Kathy LeBlanc, BN, RN

# WORKSAFENB ANNUAL REPORT

## BY MAUREEN WALLACE

My second four-year term as a worker representative on the WorkSafeNB Board of Directors came to an end in June 2018. This report focuses on the healthcare industry, injuries affecting nurses as well as other members of the healthcare team, and efforts to reduce the frequency and severity of injuries in this high-risk industry. I will also address WorkSafeNB's financial situation and cover a few other highlights.

**CLAIM FREQUENCY**

Table 1 (below) shows the count of claims for nursing homes, hospitals, and all industry. LT refers to Lost Time and NLT refers to No Lost Time. As you will note, 2017 numbers for hospitals do show a reduction from 2016, but overall, the numbers remain troubling as we all know the toll injury takes on each affected member.

**CLAIM COST**

It is also important to examine the costs involved. The graph on page 20 illustrates Hospital Industry Claim Payments, not including administrative fees charged to Horizon and Vitalité. The light blue bars represent 2017 costs and the dark blue is year-to-date as of June 30, 2018. By far most of the injuries in our sector fall into the categories of sprains, strains, tears, and traumatic soft tissue injury. We all know that these musculoskeletal injuries are painful and impact all aspects of our colleagues' lives.

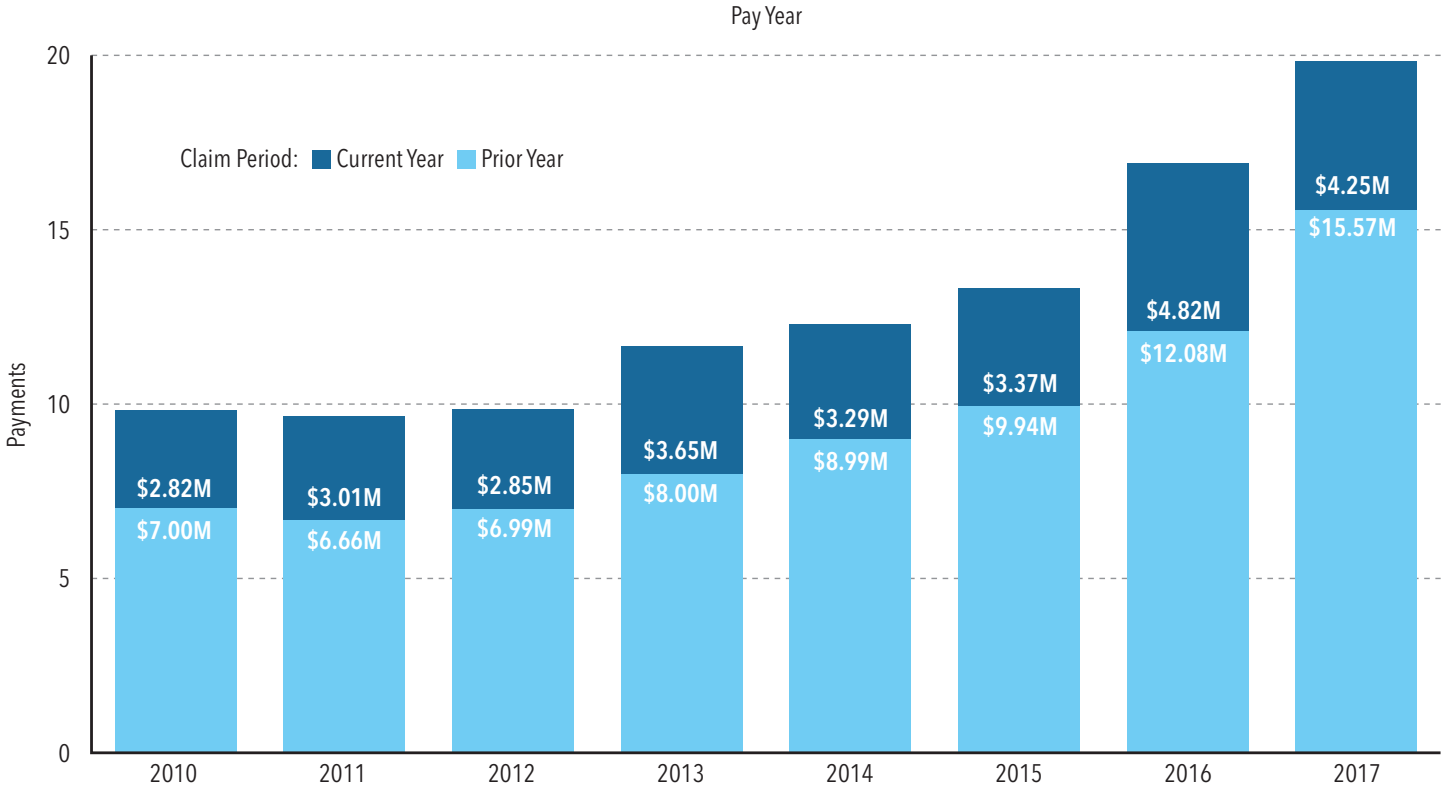
		2010	2011	2012	2013	2014	2015	2016	2017
Nursing Homes	LT Claims	323	335	329	298	294	294	332	336
	NLT Claims	96	113	126	155	146	174	193	210
Hospitals	LT Claims	601	553	557	579	563	568	649	564
	NLT Claims	448	490	470	452	508	457	476	443
All Industry	LT Claims	6180	5876	5548	5494	5649	5407	5994	5604
	NLT Claims	5275	5224	5274	5098	4994	4619	5144	4805

Table 1: As at June 30, 2018.





HOSPITAL INDUSTRY CLAIM PAYMENTS



EFFORTS TO REDUCE INJURY IN HOSPITAL CORPORATIONS

WorkSafeNB has identified healthcare as a high-risk industry on which there is a focus to reduce injuries and promote a culture of safety. A partnership was established with the regional health authorities (RHAs) in support of their initiatives to prevent workplace injuries. Activities within Horizon and Vitalité included:

- Consultation and support to the RHAs health and safety plans.
- Support for implementing the direct physiotherapy referrals program.
- Offer of modified duties in support of returning employees to work early and safely.
- Implementation of an inspection plan in both RHAs.
- Consultation and support services in the area of violence protection and back-in-form.
- Completion of patient handling options for bariatric patients.

ONGOING ACTIVITIES IN THE NURSING HOME SECTOR

WorkSafeNB has been actively involved in the focus on this sector since 2012, in collaboration with the New Brunswick Association of Nursing Homes. This has included:

- Support the New Brunswick Continuing Care Safety Association (NBCCSA).
- Pilot an online workplace inspection module.
- Participate in resident handling and difficult behaviors Committee.
- Work with NBCCSA on the issue of violence prevention.

WorkSafeNB also makes pre-occupancy inspections available to nursing home services, supports disability management, and implementation of direct referrals to primary physiotherapy program.

WORKPLACE VIOLENCE AND HARASSMENT LEGISLATION

WorkSafeNB and NBNU both actively advocated for amendments to the workplace violence and harassment legislation which became effective on April 28, 2018. The next challenge is for the workplace violence regulations to define violence and harassment broadly enough and make a workplace anti-violence code of practice mandatory for all workplaces.

FINANCIAL SITUATION

Despite strong investment returns and asset growth, it is outpaced by liability growth associated with rising claim costs. Two primary issues driving costs higher are a longer claim duration and hearing loss claims. The Province of New Brunswick (PNB), as an employer, does not pay workers' compensation premiums in the same manner as other employers. Instead PNB pays for actual claim costs plus an administrative fee. This is known as being self-insured. Costs for self-insured employers

are rising at 1.5 times the rate of assessed employers. WorkSafeNB's current funding position estimate, as of June 30, 2018, is 97% funded, but, if trends continue, this will continue to decline throughout 2018 necessitating an anticipated rate increase.

OTHER HIGHLIGHTS

- Dorine Pirie retired in May after chairing the Board of Directors since 2015. Vice-Chair, Haley Flaro is now Acting Chair.

- New President and CEO, Douglas Jones, was hired in March 2018.
- Auditor General, Kim MacPherson, conducted an audit of WorkSafeNB's governance and released her report and recommendations in April 2018.
- Department of Post-Secondary Education, Training and Labour commissioned a task force review of WorkSafeNB. This publicly available report was released in July 2018 and contains 28 recommendations.

It has been a privilege to represent NB workers on this board for the past 8 years and I thank NBNU for their support.

Respectfully,  
Maureen Wallace, RN

ANNUAL MEETING OPERATIONS COMMITTEE REPORT

BY JOHN MACDONALD

It is my pleasure to submit to my fellow NBNU members, my final report as Chairperson of the Annual Operations Committee. Serving NBNU on this committee for over a decade has been a true honour and privilege. I want to take this time to thank everyone who has helped, including fellow committee members, Barb Duplessis, Violet Budd and ex-officio board representative, Nancy Arseneau, as well as past members. Special thanks goes out to Paula Doucet, Matt Hiltz, and Sarah Bonnar for their exceptional participation and patience as well. I would also like to thank the staff at NBNU, particularly Marise Bye, for their assistance throughout the years. In this committee, the devil is in the details and often it takes many eyes to ensure that each resolution, constitutional change, and nomination follow our *Constitution and By-Laws*.

I encourage NBNU members to become active in the Union at both the local and provincial level. Serving on various committees at either level can be very rewarding but often requires a significant commitment. With the challenges of the new nursing homes in the Miramichi among other issues, I cannot, at this time, provide the commitment required for the job. That being said, I would encourage anyone to

apply and will always be a resource to those who wish to serve.

This year we received four resolutions and two constitutional changes. As a rule, the committee looks at each submission for clarity and to ensure it follows Robert's Parliamentary Procedures. We also work with the NBNU Board of Directors and the labour relations officers to ensure that each submission follows the *Constitution and By-Laws* and policies of NBNU. It was during these checks that one submission was deemed out of order. The submitters are always contacted with an explanation of why their submission is out of order and help is always available to allow for future resubmission to ensure it follows our *Constitution and By-Laws*. The remaining resolutions and constitutional changes are presented to you in this *Parasol*. At the time of writing, the deadline for nominations had not yet occurred. This year the positions of President and Secretary-Treasurer are up for nomination. In addition, the Finance Committee and the Annual Operations Committee each have three positions up for election.

Please bear in mind, that according to our policy manual, Article 2 part (i), section 1: "Nominations from the floor will be accepted for all elected positions except for the

President, Vice-President, 2<sup>nd</sup> Vice-President and Secretary-Treasurer's position." In addition, according to our Constitution article 11.01 (b) the following conditions must be met to be considered for nomination of executive positions: "To be eligible for nomination to the office of President, Vice-President and 2<sup>nd</sup> Vice-President, a member must have previously served as an elected member on the Executive Council." 11.01 (c): "To be eligible for nomination to the office of Secretary-Treasurer, a member must have previously served as an elected member on the NBNU Finance Committee within the past five (5) years or must have previously served as an elected member on the Executive Council." Nominations for the Annual Operations Committee and Finance Committee may be received from the floor, and do not require that the nominee previously served as an elected member of the Executive Council.

On behalf of the Annual Operations Committee, I wish us all a positive and productive Annual General Meeting.

In Solidarity,  
John MacDonald, RN  
Chairperson, Annual Meeting Operations Committee



# RESOLUTIONS

## TO BE VOTED ON AT THE ANNUAL GENERAL MEETING

### RESOLUTION #1 – LGBTQ+ SUPPORT

Submitted by: NBNU Board of Directors

**WHEREAS** unions have made significant advances in winning respect and dignity for LGBTQ+ workers, NBNU recognizes that discrimination continues to exist and be exercised in both subtle and extreme forms, including workplace barriers and harassment;

**WHEREAS** homophobia and hate crimes must not be tolerated;

**BE IT RESOLVED** that NBNU will:

- Call for and actively work for an end to homophobia;
- Support legislation to protect LGBTQ+ people;
- Continue to educate and keep members informed of LGBTQ+ issues; and
- Continue to work in solidarity with LGBTQ+ people and organizations.

### RESOLUTION #2 – SAFE STAFFING/SAFE WORKLOAD

Submitted by: NBNU Board of Directors

**WHEREAS** the provincial government has begun to reduce staffing ratios for professional nursing care in the long-term care sector and workforce redesign continues in the acute and community sectors of New Brunswick's healthcare system;

**WHEREAS** an increase of one RN per patient a day was associated with decreased odds of hospital acquired pneumonia, unplanned extubation, respiratory failure, cardiac arrest in ICUs, and a lower risk of failure to rescue in surgical patients;

**WHEREAS** a 2010 systematic review of 26 research studies in critical care found decreased staffing in intensive care units was associated with increased adverse events in virtually all studies;

**WHEREAS** for a 100-bed, long-stay, high-risk nursing unit with less than 10 minutes of RN staffing per resident per day, raising RN staffing to 30 to 40 minutes per resident per day was associated with an annual net societal cost savings of more than \$319,000;

**WHEREAS** staffing shortages and increased workload lead to negative impacts on staff such as burnout and compassion fatigue;

**BE IT RESOLVED** that NBNU lobby the provincial government for mandatory staffing minimums for acute, community and long-term care.

### RESOLUTION #3 – TEMPORARY FOREIGN WORKERS

Submitted by: NBNU Board of Directors

**WHEREAS** precarious work hurts workers and communities and undermines public services, such as healthcare;

**WHEREAS** the federal and provincial governments are able to use the Temporary Foreign Worker Program (TFWP) to flood labour markets, drive down wages and working conditions, decrease union density and undermine systems of permanent immigration;

**WHEREAS** temporary foreign workers risk loss of employment if they attempt to protect their rights by reporting exploitation to authorities;

**BE IT RESOLVED** that NBNU, in collaboration with CFNU and the CLC, lobby the federal and provincial governments to provide permanent residence status to migrant workers and end the Temporary Foreign Worker Program (TFWP);

**BE IT FURTHER RESOLVED** that NBNU support and lobby for measures to ensure that temporary foreign workers have full employment rights, including wages, benefits, working conditions, union membership, health and safety and other rights.

# CONSTITUTION AND BY-LAW CHANGES

## ARTICLE 11 – ELECTION OF OFFICERS

**Article 11.02:** Proposed change: Election of members to the positions of President, Vice-President, 2<sup>nd</sup> Vice-President, Secretary-Treasurer, subject to other provisions of these By-Laws, shall be by majority vote of the accredited delegates voting at an Annual General Meeting of the Union. Voting shall be by secret ballot. Upon request results can be shared with the candidate.

**Intention:** To allow the candidate to have the tally of results.

## ARTICLE 21 – ELECTION OF UNIT REPRESENTATIVES AND NEGOTIATING COMMITTEE MEMBERS

**Article 21.01:** Proposed change: 21.01 (c) Upon request results can be shared with the candidate.

**Intention:** To allow the candidate to have the tally of results.

## ARTICLE 14 – MEMBERSHIP AND DUES

**(a) Reimbursing Double Dues -** NBNU shall reimburse an amount equivalent to the monthly union dues minus the local rebate to any nurse who pays monthly union dues to two or more separate employers for the same month. NBNU will calculate the refund based on dues collected in the previous calendar year and will provide automatic payment to members by March 31 of the following year. This policy is to be included in the *Parasol* yearly.



## CANDIDATE FOR ELECTION PRESIDENT



Paula Doucet, Chaleur Regional Hospital, Bathurst

### LOCAL OFFICES HELD

- Local President (2001-2016)
- Professional Practice Committee Co-chair (2001-2016)
- Joint Health and Safety Committee Co-chair (2001-2005)
- Grievance Officer (2000-2002)
- Vice-President (1998-2001)

### WORK EXPERIENCE

- Full-time ER department (2003-2016)
- Full-time Medical/Palliative Care (1999-2003)
- Part-time Float (1998-1999)
- Casual RN (1997-1998)

### OTHER ACTIVITIES

- Labour-Government Steering Committee (2017-present)
- CBESRP Trustee (2016-present)
- NB Federation of Labour (NBFL) Women in Leadership Award Recipient (2012)
- Nursing Resources Advisory Committee Member (2004-2012)
- Co-chair NB Health Coalition (2005-2009)
- CFNU Biennial Convention (8 times)
- CLC Triennium (5 times)
- NBFL Biennial (4 times)
- Eastern Labour School (8 times)
- NBFL Executive Council Member (2010-present)
- Joint Classification Committee Member (2009)
- Governor General's Canadian Leadership Conference Participant (2008)

- NB Critical Care Nursing Program Certificate, NBCC (2003)
- The Dorothy Wylie Nursing Leadership Institute (2002)

I am honored to accept the nomination and seek re-election as your president. It has been a privilege and a huge learning curve to serve as NBNU President since 2016.

The past two years have been filled with many obstacles, some gains and still much work to continue.

I am committed, more than ever to be a strong, credible voice for all NBNU members and will continue to defend public healthcare, safer work environments, better work-life balance, working conditions and labour rights on your behalf.

As a proud registered nurse and union leader I look forward to continuing this journey to defend the rights of RNs and NPs as your NBNU Provincial President.

I ask for your continued support and look forward to working with and for each of you.

In Solidarity,

Paula Doucet, RN

### UNION PARTICIPATION - PROVINCIAL OFFICES HELD

- NBNU Provincial President (2016-present)
- CFNU National Executive Board member (2016-present)
- Provincial Vice-President (2003-2016)
- Executive Council (2001-present)
- Nurses, Part III Negotiating Committee (since 2003)
- Labour Management Committee
- NB Federation of Labour (NBFL) 2<sup>nd</sup> Vice-President (2010-2017)
- Bathurst District Labour Council 2<sup>nd</sup> Vice-President (2010-2012)

## CANDIDATE FOR ELECTION SECRETARY-TREASURER



Catherine Little, Saint John Regional Hospital

### LOCAL OFFICES HELD

- President (2018-present)
- Vice-President and Grievance Officer (2011-2018)
- Secretary (2005-2010)
- Vice-President and Grievance Officer (2001-2004)
- Nursing Professional Practice Committee Co-chair

### WORK EXPERIENCE

- Staff Nurse Emergency Department (2010-present)
- Temporary Labour Relations Officer (2015)
- Staff Nurse Cardiac Catheterization lab (2006-2010)
- Staff Nurse Emergency Department (2001-2006)
- Staff Nurse Cardiac Services (2000-2001)
- Graduate of UNBSJ BN program (2000)

### OTHER ACTIVITIES

- CFNU Biennial Convention (2003-2017)
- CLC Triennial Convention (2008-2014)
- Eastern Labour School (2002, 2006, 2008, 2010, 2012)

I am honoured to accept this nomination for Secretary-Treasurer of the New Brunswick Nurses Union.

I understand the responsibilities of this position and am committed to the vision of NBNU.

My 17 years of experience with my local (approximately 1,100 members) as Secretary, Vice-President and now President, has given me an accurate understanding of current nursing issues. It has also helped me learn different approaches that facilitate positive outcomes.

My experience, knowledge, dedication, leadership skills and understanding of the Collective Agreement will be an asset for the future of NBNU.

My mandate is to voice the concerns and issues of the entire membership in a professional, fair and equitable manner.

I am committed to NBNU and would welcome the opportunity to serve as your Secretary-Treasurer.

In Solidarity,

Catherine Little, RN



# CANDIDATES FOR ELECTION

## FINANCE COMMITTEE

Photo  
Unavailable

Trena Brown, Moncton Hospital

### LOCAL OFFICES HELD

- Local Vice-President and Grievance Officer, Moncton Hospital, Nurse Managers & Supervisors local (2014)

### WORK EXPERIENCE

- Graduate of AJ McMaster School of Nursing, 1994
- BSc (Biochem), Mount Allison University, 1994
- Various nursing environments – Federal penitentiary, pediatrics, surgical and intensive care
- Emergency Room nurse for the past 10 years, nurse manager of the ER for the last three years

### OTHER ACTIVITIES

- Active with NANB, National Emergency Nurses Association (NENA), certified in emergency nursing
- Non-nursing activities include golfing and gardening

I have always had a strong sense of union responsibility and a keen interest at both the local and provincial levels. Serving on this Committee would increase my understanding of the finances of the Union. I would appreciate the opportunity to serve members by participating in the solid financial stewardship of the Union.



Barbara Duplessis, Sackville Memorial Hospital

### UNION PARTICIPATION - PROVINCIAL OFFICES HELD

- Annual Meeting Operations Committee (2014-2018)

### LOCAL OFFICES HELD

- President (2010-present)
- Grievance Officer
- Professional Practice Committee

### WORK EXPERIENCE

- ER Department (2010-present)
- Ambulatory Clinic (2017-2018)
- Medical Unit (2007-2010)
- Surgical Unit (2007-2008)

### OTHER ACTIVITIES

- Member of the Joint Health & Safety Committee

Since starting as the president of the Sackville Memorial Hospital local, I have had an interest in how things work provincially. I have an interest in learning about the financial side of our Union, thus my running for the Finance Committee. My love for union-life has done nothing but flourish since starting as local president. I'm excited to learn the ins and outs of the Finance Committee and look forward to working with everyone!



Amy Dalley, Moncton Hospital

### UNION PARTICIPATION - PROVINCIAL OFFICES HELD

- Finance Committee (2016-2018)

### LOCAL OFFICES HELD

- Secretary-Treasurer of Moncton Hospital Local (2015-present)

### WORK EXPERIENCE

- Addiction Services, Detox, Moncton (2012-present)
- Oncology, Moncton (2009-2012)

### OTHER ACTIVITIES

- Detox Unit Representative (2014-2015)
- Professional Practice Committee, Moncton Hospital
- Education Committee, Moncton Hospital Local
- Finance Committee, Moncton Hospital local

It has been a wonderful experience being a member of NBNU's Finance Committee for the past two years. Teamwork, going over numbers and budgets as well as ensuring members dues are being used to benefit all fairly and equitably, is something I enjoy. My organization and critical thinking skills are useful when involved in such committees. I am currently the Secretary-Treasurer of the second largest local (Moncton Hospital) and it would be an honor to represent NBNU members on this provincial committee for another term.



Margaret Ellis, Saint John Regional Hospital

### UNION PARTICIPATION - PROVINCIAL OFFICES HELD

- Finance Committee
- Annual Meeting Operations Committee

### LOCAL OFFICES HELD

- Local Treasurer

### WORK EXPERIENCE

- Surgery
- Rehab
- Geriatric





Pam Stewart, Miramichi Hospital

### LOCAL OFFICES HELD

- Secretary-Treasurer of Miramichi Nurse Managers & Supervisors local 91 (2018-present)
- Professional Practice Committee (2007-2014)

### WORK EXPERIENCE

- 21 years nursing experience
- OR Manager, Miramichi (October 2007-present)
- ER Miramichi (June 2007-October 2007)
- ER Villages Hospital, Florida (2006-2007)
- OR/ER Baffin Regional Hospital (1998-2006)
- Med/Surg and OR, Miramichi Regional Hospital (1996-1998)

### OTHER ACTIVITIES

- Volleyball and basketball coach at the local Gretna Green Elementary/Middle School in Miramichi

I would like to take this opportunity to represent the NBNU membership at the provincial level by sitting on the Finance Committee. I have experience in Med/Surg, Emergency and Operating Room nursing. I have been responsible for the Operating Room budget for the past 10 years. I feel this experience would be beneficial for the NBNU Finance Committee and membership.

My diverse work experience in various locations over the past 21 years would be very beneficial to my role on the Finance Committee. I also believe my keen knowledge at the local level and financial responsibility would be a great asset to the team.

### BURSARIES

Each year, NBNU awards bursaries to graduating BN students who have demonstrated nursing leadership throughout their nursing studies at each of the six campuses.

Recipients of the NBNU \$800 bursaries for fourth year nursing students at the University of New Brunswick are: Kaley Fitzpatrick and Katherine Holloway, Fredericton campus; Katelyn Gowlett and Brianna Fournier, Saint John campus; Michael Sharp and Meghan Stultz, Moncton campus.

Recipients of the NBNU \$800 bursaries for fourth year nursing students at l'Université de Moncton are: Jérémy Babineau and Mégane Goulette, Moncton campus; Lisa Levesque and Daisy Mercure, Edmundston campus; Janie Haché and Danica Breau, Shippagan campus.

### NBFL AND CLC SCHOLARSHIPS AND BURSARIES

NBNU members and their children are also eligible for some scholarships and bursaries as an affiliate of the NBFL and CLC. Below is a list which can also be accessed on the NBNU website. The deadline is June 30<sup>th</sup> of each year.

- James A. Whitebone Memorial, NBFL
- Tim McCarthy, NBFL
- NBFL Solidarity Bursaries, NBFL
- J. Harold Stafford Humanitarian Award, NBFL
- Dermot Kingston Lifelong Learning Award, NBFL
- CLC/UWCC Post-Secondary Scholarship, CLC



Miah Charest

## SCHOLARSHIPS AND BURSARIES

### SCHOLARSHIPS

The following scholarships are currently available through NBNU:

- NBNU Nursing Scholarship (2<sup>nd</sup> and 3<sup>rd</sup> Year Students)
- NBNU Family Scholarship
- NBNU Post-Secondary Scholarships
- CFNU Scholarship

The total amount of scholarship money handed out yearly is \$10,000. All NBNU scholarship applications are due on September 30<sup>th</sup> of each year. To apply, go to [www.nbnu.ca/scholarships-bursaries](http://www.nbnu.ca/scholarships-bursaries).

### SCHOLARSHIP RECIPIENTS GIVEN OUT FALL OF 2017

NBNU annually awards three Family Scholarships to students entering a baccalaureate nursing program in NB. Applicants must be a relative of a current or former NBNU member. The 2017 recipients were: Adele LeBreton, Cara Babcock and Christopher Scalabrin.

Each year, NBNU also offers three \$1,000 scholarships to the children of members enrolled in community college or university. The 2017 recipients were: Christen Curran-Wall, Emily Johnston and Miah Charest.

In addition, NBNU and CFNU offer \$1,000 nursing scholarships to those enrolled in a nursing baccalaureate program. Applicants must also be a relative of a current or former NBNU member. The 2017 recipients were:

- Jenna Mandeville – CFNU Nursing Scholarship
- Monika Doucet – NBNU Nursing Scholarship 2<sup>nd</sup> Year
- Logan Roussel – NBNU Nursing Scholarship 3<sup>rd</sup> Year



Youth attending the 18th Blair Doucet Summer Camp hosted by the NB Federation of Labour in Moncton.



## CANADA'S PREMIERS WEIGH IN ON NATIONAL PHARMACARE

When Canada's current provincial and territorial premiers gathered this past July for their annual summit, it was anybody's guess whether the group would find much commonality on any topic, especially of the bold-social-program variety. But that is exactly what happened when the premiers assembled in picturesque St. Andrews by-the-Sea, New Brunswick.

While many expected the escalating trade dispute with our southern neighbours to dominate the air time, Canada's nurses were hard at work promoting national pharmacare at the summit.

Nurses organized a breakfast event for premiers featuring the Chair of the recently-created Advisory Council on the Implementation of National Pharmacare, Dr. Eric Hoskins. Premiers got to hear from Hoskins about the Council's national consultations, currently underway, and their plan to build a concrete blueprint for taking pharmacare from vision to reality.

The event also featured Member of Parliament John Oliver, who discussed the parliamentary health committee's recent *Pharmacare Now* report, and former Parliamentary Budget Officer Kevin Page, who presented on fiscal approaches to a national plan.

As Linda Silas, president of the Canadian Federation of Nurses Unions (CFNU), highlighted, premiers of all political stripes have powerful reasons to support a national

pharmacare plan. Aside from the compelling moral imperatives of saving lives and decreasing morbidity, Silas pointed to the significant financial savings, between \$4 and \$11 billion annually, that national pharmacare would deliver.

Instead of the current 100,000+ public and private plans across the country, a single-payer, universal, public plan with a national formulary would allow for Canadians to leverage our collective purchasing power to negotiate better prices for medications that are effective and safe, based on the evidence, while ensuring no one falls through the cracks.

But here's the kicker: there will be an initial startup cost and the logistics of pan-Canadian implementation are enough to give even the most seasoned policy wonk a headache.

This is where the federal government comes in. Canada's nurses are calling for strong federal leadership through legislation, appropriate funding, and ensuring the massive system-wide savings are redistributed fairly so that provinces, patients and our public healthcare benefit.

This was the message delivered to premiers at the CFNU policy event by nurses union leaders from across the country, including Pauline Worsfold (CFNU), Jane Sustrik (UNA), Tracy Zambory (SUN), Darlene Jackson (MNU), Vicki McKenna (ONA), Paula Doucet (NBNU), Janet Hazelton (NSNU),

Mona O'Shea (PEINU) and Debbie Forward (RNUNL).

Pharmacare received top billing in the premiers' final communique, which called for adequate and sustained federal funding, maintaining provincial and territorial responsibility for the administration of the plan, and the right for provinces and territories to opt-out of the plan with compensation.

The willingness of this group of premiers to move forward with the development of a national pharmacare plan, with some qualifications, is a victory for nurses' decades-long advocacy on this issue.

As Dr. Hoskins noted during the proceedings, Canada's medicare system was also voluntary in the beginning. And that's not bad company to keep.

### Take action: 15 Minutes for Pharmacare

Fill out the government's online questionnaire to add your voice for pharmacare that is:

- 1) Public
- 2) Universal
- 3) Single-Payer with
- 4) A National Formulary.

Visit [www.letstalkhealth.ca/pharmacare](http://www.letstalkhealth.ca/pharmacare) to participate. Online consultations will close on September 28, 2018.

## TIME TO EXPAND NURSE PRACTITIONER CARE TO MEET GROWING NEED

The Canadian Federation of Nurses Unions (CFNU) has launched a Nurse Practitioner (NP) project aimed at developing recommendations for governments and policy-makers across Canada to improve NP working conditions to better attract and retain NPs and expand NP positions throughout the healthcare system.

About three million Canadians receive care

from an NP, but these numbers are not sufficient to meet the growing needs of the population. The supply of NPs in most provinces is very small, with more than half working in Ontario. New Brunswick has less than 125 NPs working within the province.

The CFNU began a study in December. A brief online survey and focus groups interviews were used to explore the

socioeconomic conditions of NPs across the country, including salary, benefits, employment status, working hours, funding models, roles and settings of employment.

The results of this study were launched during the Health Ministers meeting in Winnipeg on June 27-28. Visit: [www.nursesunions.ca/research](http://www.nursesunions.ca/research) to read the full report.

## Options RN style. (ARE IN)

Let's make **black and white** not so black and white.

NBNU encourages you to wear the RN black and white your way. Keep our look by pulling on a professional lab coat or a comfortable warm up jacket. From casual scrubs in a wide variety of styles to a modern looking polo, you can find the style that suits you best.

Registered nurses are now identifiable in our healthcare system. No longer are we being lost in the sea of scrubs where everyone looks alike. Retailers offer white tops that come in fabrics that are stain resistant and easy to clean. The black pants are comfortable and come in styles that offer versatility – wear them as scrubs or casual clothing.

### Why wear the white & black?

- We are putting our RN value on display and helping to eliminate confusion for our profession by standing out as a profession.
- The blur of a busy hospital or nursing home becomes a little clearer when the white & black uniforms are visible.

### Making white & black work for you. It's not one size fits all.

A lab coat is another great way to show your RN or NP pride and incorporate your white & black if you wear business casual or street clothes to work. Your personal style can still shine through.



### 20% discount on uniforms plus free stamping of the RN or NP designation.

Keltic Clothing (formerly Belmac)  
[www.kelticclothing.ca](http://www.kelticclothing.ca)  
(902) 539.6006  
[info@kelticgroup.ca](mailto:info@kelticgroup.ca)

### 10% discount on uniforms, lab coats & shoes.

L.M. Uniforme  
[www.lmuniforme.ca](http://www.lmuniforme.ca)  
(506) 381.2512  
[lmuniforme@hotmail.ca](mailto:lmuniforme@hotmail.ca)

### 20% discount on white scrub tops, black scrub pants and lab coats.

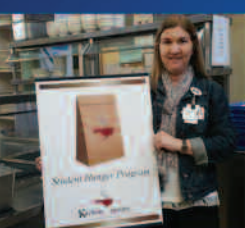
Marks Works Warehouse  
[www.marks.com](http://www.marks.com)

### 20% discount on black and white uniforms in store. Please self-identify as a registered nurse.

Saint John Regional Hospital Auxiliary  
[www.brightengroup.ca](http://www.brightengroup.ca)  
(506) 648.6292  
[auxil@horizonnb.ca](mailto:auxil@horizonnb.ca)



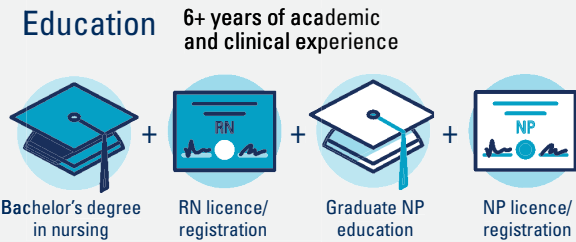
# ACTIVISTS IN ACTION





## NURSE PRACTITIONERS – Untapped Resource

NURSE PRACTITIONERS (NPs) IMPROVE TIMELY ACCESS TO HIGH-QUALITY, COST-EFFECTIVE CARE in a broad range of health-care models. Through their practice and collaboration with other health-care providers, NPs reduce pressure on the health-care system.<sup>1</sup>



**93%**  
of Canadians  
are confident that  
NPs can meet  
their day-to-day  
health needs<sup>2</sup>

Number of Canadians  
receiving primary care  
from an NP:

**3  
million**

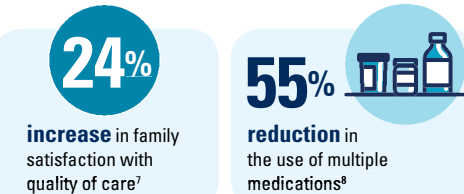
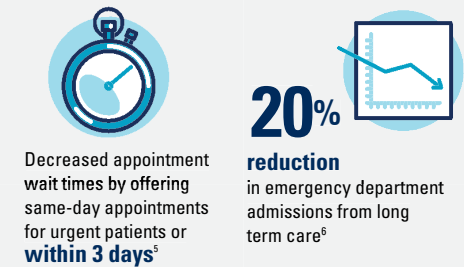
Estimated 800  
patients per NP<sup>3</sup>

### AUTONOMOUS ROLES FOR NPs:

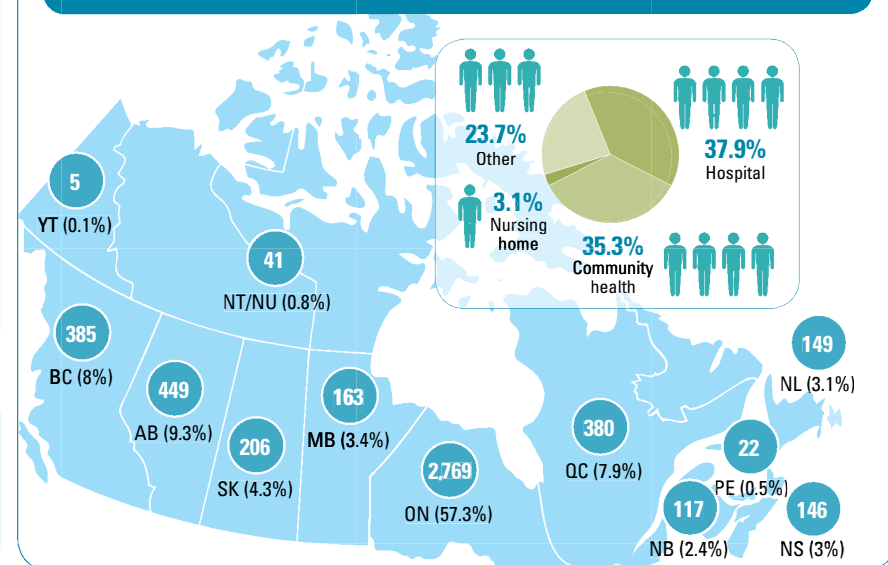


### IMPACT

#### IMPROVED ACCESS TO CARE<sup>4</sup>



### WHERE DO THEY WORK?



1960s

Begin practising to increase the quality of health care in northern and underserved locations



2006

1,162 NPs; Canadian Nurse Practitioner Initiative formed

2012

Federal government passes *New Classes of Practitioners Regulations*, granting additional prescribing authority for controlled drugs



1997

Becomes a regulated profession to address the increasing demand for primary health care



2009

New regulations broaden scope of practice

2016

4,832 NPs

NEW BRUNSWICK NURSES UNION

FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2017



CANADIAN  
NURSES  
ASSOCIATION®  
cna-aicc.ca/np

<sup>1</sup>Canadian Nurses Association. (2017). *The nurse practitioner* [Position statement]. Ottawa: Author. <sup>2</sup>Nanos, N. (2016). Canadians' opinions on home healthcare and nurses. (Nanos Polling Series 2016-954). Ottawa, Canada. <sup>3</sup>Martin-Misener, R., Donald, F., Kilpatrick, K., Bryant-Lukosius, D., Rayner, J., Landry, V., Viscardi, V., & McKinlay, R. J. (2015). *Benchmarking for nurse practitioner patient panel size and comparative analysis of nurse practitioner pay scales: Update of a scoping review*. Retrieved from [https://lhrs.mcmaster.ca/ccapn/documents/np\\_panel\\_size\\_study\\_updated\\_scoping\\_review\\_report.pdf](https://lhrs.mcmaster.ca/ccapn/documents/np_panel_size_study_updated_scoping_review_report.pdf) <sup>4</sup>Sangster-Gormley, E., Griffith, J., Schreiber, R., Feddema, A., Boryki, E., & Thompson, J. (2015). Nurse practitioners changing health behaviours: One patient at a time. *Nursing Management*, 22(6), 26-31. <sup>5</sup>Roots, A., & MacDonald, M. (2014). Outcomes associated with nurse practitioners in collaborative practice with general practitioners in rural settings in Canada: A mixed methods study. *Human Resources for Health*, 12, 2-11. <sup>6</sup>Klaassen, K., Lamont, L., & Krishnan, P. (2009). Setting a new standard of care in nursing homes. *Canadian Nurse*, 105(9), 24-30. <sup>7</sup>Ibid. <sup>8</sup>Ibid. <sup>9</sup>Ibid. Registered nurses, 2016. Retrieved from <https://www.cihi.ca/en/regulated-nurses-2016> © CANADIAN NURSES ASSOCIATION and the CNA flame design are registered trademarks of the Canadian Nurses Association. © Copyright 2017 Canadian Nurses Association. September 2017



NEW BRUNSWICK NURSES UNION  
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Year Ended December 31, 2017

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[www.sancca.ca](http://www.sancca.ca)

INDEPENDENT AUDITOR'S REPORT

To the Members of New Brunswick Nurses Union

We have audited the accompanying financial statements of New Brunswick Nurses Union, which comprise the statement of financial position as at December 31, 2017 and the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of New Brunswick Nurses Union as at December 31, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

A handwritten signature in dark ink, appearing to read 'Peter Spacek'.

Fredericton, New Brunswick  
June 12, 2018

CHARTERED PROFESSIONAL ACCOUNTANTS



NEW BRUNSWICK NURSES UNION  
Statement of Financial Position  
December 31, 2017

	General Fund 2017	Restricted Funds 2017	Total 2017	Total 2016
<b>ASSETS</b>				
<b>CURRENT</b>				
Cash	\$ 596,532	\$ 12,027	\$ 608,559	\$ 279,406
Marketable securities (schedule 1)	1,125,286	5,040,298	6,165,584	6,137,953
Dues receivable	277,384	969	278,353	433,026
Interest receivable	81,750	-	81,750	83,331
Accounts receivable from employees	226	-	226	893
Prepaid expenses	17,034	-	17,034	36,249
Due from fund (Note 8)	11,007	-	11,007	6,453
	2,109,219	5,053,294	7,162,513	6,977,311
CAPITAL ASSETS (Net) (Note 5)	1,620,449	-	1,620,449	1,656,723
	\$ 3,729,668	\$ 5,053,294	\$ 8,782,962	\$ 8,634,034
<b>LIABILITIES AND FUND BALANCES</b>				
<b>CURRENT</b>				
Accounts payable	\$ 512,405	\$ -	\$ 512,405	\$ 576,945
Due to fund (Note 8)	-	11,007	11,007	6,453
	512,405	11,007	523,412	583,398
<b>FUND BALANCES</b>	3,217,263	5,042,287	8,259,550	8,050,636
	\$ 3,729,668	\$ 5,053,294	\$ 8,782,962	\$ 8,634,034

COMMITMENTS (Note 7)

ON BEHALF OF THE BOARD

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Director

See notes to financial statements

NEW BRUNSWICK NURSES UNION  
Statement of Operations  
Year Ended December 31, 2017

	General Fund 2017	General Fund 2016	Restricted Funds 2017	Restricted Funds 2016
<b>REVENUES</b>				
Membership dues	\$ 4,587,860	\$ 4,583,858	\$ -	\$ -
Investment income (Note 6)	110,641	142,076	75	-
Contributions from nursing homes	-	-	30,230	29,951
	4,698,501	4,725,934	30,305	29,951
<b>EXPENSES</b>				
<b>GENERAL &amp; ADMINISTRATIVE</b>				
Salaries - labour relations	687,245	682,769	-	-
Salaries - office staff	621,751	649,377	-	-
Salaries - overtime	21,276	20,168	-	-
Employee benefits	262,288	264,689	-	-
Employee recruitment	2,777	1,257	-	-
Staff professional development	19,313	20,743	-	-
Travel	100,234	85,265	-	-
Car allowance	38,800	37,000	-	-
Office supplies and expenses	62,202	62,878	-	-
Library	13,338	13,540	-	-
Postage	55,002	57,303	-	-
Insurance	19,223	20,269	-	-
Interest and bank charges	3,169	3,381	-	-
Communications	88,642	95,639	-	-
Professional fees	63,997	33,738	-	-
Photocopier leases and expenses	12,412	14,724	-	-
Electricity	21,030	20,287	-	-
Property taxes and water	61,309	59,804	-	-
Building repairs and maintenance	49,001	55,970	-	-
Amortization	142,493	124,093	-	-
<b>TOTAL GENERAL &amp; ADMIN.</b>	<b>2,345,502</b>	<b>2,322,894</b>	<b>-</b>	<b>-</b>

(continues)

See notes to financial statements



NEW BRUNSWICK NURSES UNION  
Statement of Operations (continued)  
Year Ended December 31, 2017

	General Fund 2017	General Fund 2016	Restricted Funds 2017	Restricted Funds 2016
<b>UNION ACTIVITIES</b>				
Dues refunds to locals	382,962	389,183	-	-
<b>Committee expenses</b>				
Salaries - members	490,752	471,853	-	-
Travel, meals and accomodations	428,586	438,829	-	-
Meeting accommodations	4,403	1,824	-	-
Speakers and registration	77,178	96,615	-	-
Translation	75,219	72,158	-	-
Employee benefits	68,185	67,816	-	-
Hearing expenses	37,070	22,388	-	-
Public relations and promotions	240,939	459,170	-	-
General printing	45,371	69,322	-	-
CFNU / NBFL dues	265,366	264,467	-	-
General translation	19,765	23,943	-	-
Scholarships	20,800	20,000	-	-
Memorials and gifts	2,241	2,092	-	-
Educational assistance	-	-	15,525	30,346
General expenses	-	-	28	26
<b>TOTAL UNION ACTIVITIES</b>	<b>2,158,837</b>	<b>2,399,660</b>	<b>15,553</b>	<b>30,372</b>
	<b>4,504,339</b>	<b>4,722,554</b>	<b>15,553</b>	<b>30,372</b>
<b>EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES</b>	<b>\$ 194,162</b>	<b>\$ 3,380</b>	<b>\$ 14,752</b>	<b>\$ (421)</b>

See notes to financial statements

NEW BRUNSWICK NURSES UNION  
Statement of Changes in Fund Balances  
Year Ended December 31, 2017

	General Fund 2017	General Fund 2016	Restricted funds 2017	Restricted funds 2016
<b>FUND BALANCES - BEGINNING OF YEAR</b>	<b>\$ 3,035,045</b>	<b>\$ 3,019,783</b>	<b>\$ 5,015,591</b>	<b>\$ 5,027,894</b>
Excess (deficiency) of revenues over expenses	194,162	3,380	14,752	(421)
Interfund transfers	(11,944)	11,882	11,944	(11,882)
<b>FUND BALANCES - END OF YEAR</b>	<b>\$ 3,217,263</b>	<b>\$ 3,035,045</b>	<b>\$ 5,042,287</b>	<b>\$ 5,015,591</b>

See notes to financial statements



**NEW BRUNSWICK NURSES UNION****Statement of Cash Flows****Year Ended December 31, 2017**

	General Fund 2017	Restricted Funds 2017	Total 2017	Total 2016
<b>OPERATING ACTIVITIES</b>				
Excess Of Revenues Over Expenses	\$ 194,162	\$ 14,752	\$ 208,914	\$ 2,959
Item not affecting cash: Amortization of capital assets	142,493	-	142,493	124,093
	336,655	14,752	351,407	127,052
Changes in non-cash working capital:				
Dues receivable	155,642	(969)	154,673	(111,041)
Accounts receivable from employees	667	-	667	(593)
Interest receivable	1,581	-	1,581	(5,707)
Accounts payable	(64,544)	-	(64,544)	33,831
Prepaid expenses	19,215	-	19,215	(10,136)
	112,561	(969)	111,592	(93,646)
Cash flow from operating activities	449,216	13,783	462,999	33,406
<b>INVESTING ACTIVITIES</b>				
Purchase of capital assets	(106,218)	-	(106,218)	(26,301)
Marketable securities	(1,503)	(26,125)	(27,628)	96,231
Cash flow from (used by) investing activities	(107,721)	(26,125)	(133,846)	69,930
<b>FINANCING ACTIVITIES</b>				
Interfund transfers	(11,944)	11,944	-	-
Advances to/from funds	(4,554)	4,554	-	-
Cash flow from (used by) financing activities	(16,498)	16,498	-	-
<b>INCREASE IN CASH FLOW</b>	324,997	4,156	329,153	103,336
Cash - beginning of year	271,535	7,871	279,406	176,070
<b>CASH - END OF YEAR</b>	\$ 596,532	\$ 12,027	\$ 608,559	\$ 279,406

See notes to financial statements

**NEW BRUNSWICK NURSES UNION****Notes to Financial Statements****Year Ended December 31, 2017****1. PURPOSE OF THE ORGANIZATION**

The New Brunswick Nurses Union is recognized as a duly constituted labour organization exempt from taxation under paragraph 149(1)k of the Income Tax Act. The Union was established to advance the economic and social welfare of its members and potential members. The Union assists in the settlement of disputes between its members and their employers and works to attain the goals set out in Article 2 of the union constitution.

**2. BASIS OF PRESENTATION**

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNFPO).

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**Fund accounting

New Brunswick Nurses Union follows the restricted fund method of accounting for contributions.

The General Fund accounts for the organization's program delivery and administrative activities. This fund reports unrestricted resources and restricted operating grants.

The Membership Defence Fund reports only internally restricted resources that are to be used to fund special union activities as required.

The Nursing Homes Educational Leave Fund reports on externally restricted resources used, at the direction of the Educational leave committee, to fund approved professional development programs applied for by members employed at Nursing Homes.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Such estimates are periodically reviewed and any adjustments necessary are reported in earnings in the period in which they become known. Actual results could differ from these estimates.

Financial instruments policy

Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial assets with actively traded markets are reported at fair value, with any unrealized gains and losses reported in income. All other financial instruments are reported at amortized cost, and tested for impairment at each reporting date. Transaction costs on the acquisition, sale, or issue of financial instruments are expensed when incurred.

Cash and cash equivalents

Cash includes cash and cash equivalents. Cash equivalents are investments in treasury bills and are valued at cost plus accrued interest. The carrying amounts approximate fair value because they have maturities at the date of purchase of less than ninety days.

(continues)



NEW BRUNSWICK NURSES UNION  
Notes to Financial Statements  
Year Ended December 31, 2017

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Capital assets

Capital assets is stated at cost or deemed cost less accumulated amortization. Capital assets is amortized over its estimated useful life on a straight-line basis at the following rates and methods:

Land	N/A	
Buildings	4%	straight-line method
Furniture and fixtures	10%	straight-line method
Computer equipment	25%	straight-line method
Computer software	50%	straight-line method

Revenue recognition

New Brunswick Nurses Union follows the restricted fund method of accounting for revenue.

Union membership dues are recognized as revenue of the General Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions from nursing homes are recognized as revenue of the Nursing Home Educational Leave fund.

Investment income is recognized as revenue of the General Fund when earned, with the exception of the investment income of the Nursing Home Educational Leave Fund, which is reported in that fund.

Marketable Securities

Marketable securities, which consist primarily of interest bearing instruments, are carried at amortized cost.

4. FINANCIAL INSTRUMENTS

The organization's financial instruments comprise marketable securities and normal working capital items. Unless otherwise stated, management believes that the fair value of all these items either approximates their carrying value, or cannot be determined because of uncertainty over the timing of related cash flows.

It is management's opinion that the organization has no material financial exposure due to members and other debtors failing to pay amounts owed (credit risk), or changes in commodity prices, interest rates or other market-set prices. The investments in marketable securities present the major source of risk, primarily credit risk and interest rate risk. The organization has adopted a conservative investment policy with diversified holdings of high quality investment instruments.

NEW BRUNSWICK NURSES UNION  
Notes to Financial Statements  
Year Ended December 31, 2017

5. CAPITAL ASSETS

	Cost	Accumulated amortization	2017 Net book value	2016 Net book value
Land	\$ 281,722	\$ -	\$ 281,722	\$ 281,722
Buildings	1,983,499	803,759	1,179,740	1,243,210
Furniture and fixtures	294,316	226,031	68,285	94,310
Computer equipment	161,614	128,136	33,478	31,372
Computer software	140,402	83,178	57,224	6,109
	\$ 2,861,553	\$ 1,241,104	\$ 1,620,449	\$ 1,656,723

6. INVESTMENT INCOME

	2017	2016
General Fund	\$ 110,641	\$ 142,076
Nursing Home Educational Leave Fund	75	-
	\$ 110,716	\$ 142,076

7. COMMITMENTS

The union is obligated to make payments on various office equipment leases. The minimum lease payments due in each of the next 3 years are as follows:

Lease payment schedule:

2018	\$ 13,173
2019	13,173
2020	472
	<u>\$ 26,818</u>

8. DUE TO (FROM) FUNDS

Interfund loans generally result from accruals of income to be transferred from one fund to another. As soon as the income is received, the loans are paid. These interfund balances are non-interest bearing and recorded as current amounts. At year end, the balances were \$11,007.

9. CONTINGENT LIABILITY

A lawsuit has been filed against the Union in respect of legislated changes to the member pension plan. It is the Board's opinion that the lawsuit is without merit. As such, no accrual has been made for any contingent liability arising from the lawsuit.



NEW BRUNSWICK NURSES UNION

Marketable Securities (Schedule 1)  
As at December 31, 2017

	2017 Carrying Value	2017 Fair Value
<b>GENERAL FUND</b>		
Omista Credit Union		
1.35% cashable GIC, due June 2018	\$ 60,456	\$ 60,456
2.00% bond, due October 2018	100,000	100,000
Credit Union shares	5	5
BMO Nesbitt Burns		
2.70% Canadian Western Bank GIC, due November 2022	200,000	200,000
1.55% Canadian Western Bank GIC, due January 2019	250,000	250,000
Scotiabank		
1.70% cashable GIC, due November 2018	125,000	125,000
Scotia McLeod		
1.88% Concentra Financial GIC, due March 2019	250,000	250,000
1.65% HSBC GIC, due August 2018	139,825	139,825
TOTAL GENERAL FUND MARKETABLE SECURITIES	\$ 1,125,286	\$ 1,125,286

See notes to financial statements



From left to right: Karen Frenette, NANB President, Jennifer McKenzie, NDP leader and Paula Doucet, NBNU President meet to discuss our five joint election priorities.

NEW BRUNSWICK NURSES UNION

Marketable Securities (Schedule 1)  
As at December 31, 2017

	2017 Carrying Value	2017 Fair Value
<b>RESTRICTED FUNDS</b>		
Omista Credit Union		
1.50% cashable GIC, due December 2018	229,809	229,809
Omista Credit Union shares	5	5
BMO Nesbitt Burns		
1.85% National Bank of Canada GIC, due January 2019	350,000	350,000
1.90% Canadian Western Bank GIC, due July 2020	100,000	100,000
2.62% Canadian Western Bank GIC, due June 2019	165,065	180,953
2.15% Canadian Western Bank GIC, due June 2019	240,000	253,308
1.86% Canadian Western Bank GIC, due December 2020	515,000	515,000
2.00% Home Trust Company GIC, due July 2020	100,000	100,000
1.77% Canadian Western Bank GIC, due March 2018	326,858	326,858
3.45% Royal Bank bond, due September 2026	285,000	290,472
Scotia McLeod		
2.01% Concentra Financial GIC, due September 2018	383,475	383,475
1.95% Concentra Financial GIC, due July 2020	261,500	261,500
1.60% CIBC GIC, due March 2020	420,000	420,000
2.45% HSBC GIC, due April 2018	350,000	350,000
2.90% Bank of Nova Scotia GIC, due October 2018	250,000	250,000
1.40% Royal Bank GIC, due July 2019	278,000	278,000
Scotiabank		
1.10% BNS cashable GIC, due June 2018	190,599	190,599
0.85% BNS cashable GIC, due November 2018	25,288	25,288
1.85% BNS GIC, due May 2020	206,000	206,000
2.80% BNS GIC, due March 2019	350,000	350,000
Unamortized Premiums and Discounts		
Unamortized premiums and discounts	13,699	13,699
TOTAL RESTRICTED FUNDS MARKETABLE SECURITIES	5,040,298	5,074,966
GRAND TOTAL	\$ 6,165,584	\$ 6,200,252

See notes to financial statements



# FINANCE COMMITTEE REPORT

BY SHELLEY DUGGAN



Shelley Duggan, Secretary-Treasurer

The Finance Committee met on June 11-12 at the NBNU provincial office.

Members of the Committee are: Shelley Duggan, Secretary-Treasurer, Amy Dalley,

Margo Jones, Margie Ellis, Debbie Gill, Director of Operations; ex-officio, Paula Doucet, President and Matt Hiltz, Executive Director.

Peter Spacek of the accounting firm Spacek, Armstrong & Norrad, met with the Committee to review the audited statements for the year ending 2017.

The Committee also prepared the budget for 2019 which is printed in this *Parasol*.

The Finance Committee made the following recommendations for the 2019 budget:

- That all expense policies be strictly adhered to.
- Budget for 40 members to attend CFNU in 2019 in Fredericton.
- Increase the budget for public relations.
- Governance change recommends that all locals be chartered.

- Transfer funds from the General Fund Investment portfolio to the operating fund to achieve a balanced budget.
- That the exemption to the automatic dues increase be continued in 2019 (union dues have not increased since 2011).
- Recommend Board of Directors and provincial committees explore moving to per diem for days off while on union business.

I would like to thank the Committee members for their commitment and support.

In Solidarity,  
Shelley Duggan, RN



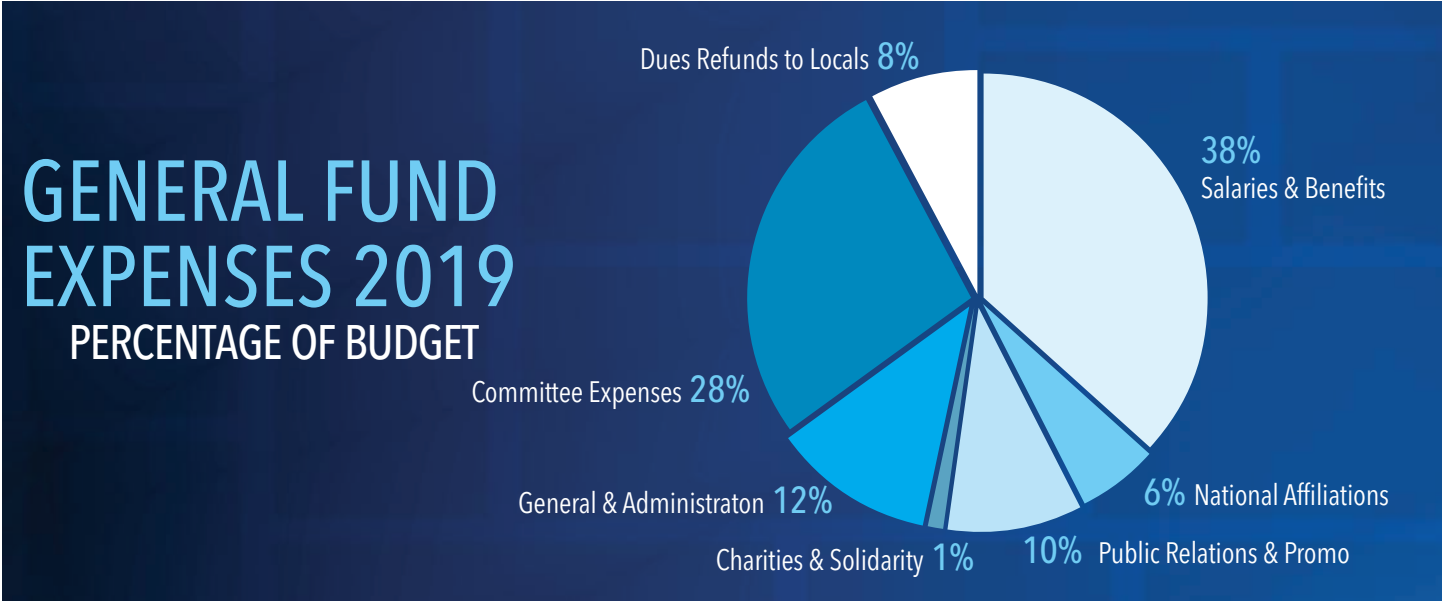
NBNU Finance Committee. From left to right: Margie Ellis, Debbie Gill, Margo Jones, Paula Doucet, Matt Hiltz, Shelley Duggan and Amy Dalley.

# NEW BRUNSWICK NURSES UNION

## OPERATIONAL BUDGET FOR YEAR ENDING DECEMBER 31, 2019

REVENUE	2018 BUDGET	2017 BUDGET
Membership dues	4,585,854	4,583,021
Investment income	115,000	140,636
<b>TOTAL REVENUE</b>	<b>4,700,854</b>	<b>4,723,657</b>
<b>EXPENDITURES</b>		
<b>General &amp; Administrative</b>		
Salaries	1,364,783	1,310,776
Staff overtime	21,448	18,372
Employee benefits	297,077	276,937
Staff professional development	33,000	33,000
Travel	106,000	87,000
Car allowance	40,800	40,800
Office supplies & expenses	27,000	26,000
Service contract/IT support	42,000	35,000
Depreciation	142,000	119,000
Library	13,700	14,000
Office equipment leases	18,311	16,800
Bank charges	3,300	3,500
Insurance & bonding	20,500	20,500
Telephone expenses	55,000	105,000
Professional fees	30,000	20,000
Property taxes	61,900	61,900
Utilities	22,000	21,300
Building repairs & maintenance	41,000	46,000
Presidents accomodations	14,000	14,000
Casual temporary staffing	8,000	3,000
Employee recruitment expenses	3,000	3,000
<b>Total General &amp; Administrative</b>	<b>2,364,819</b>	<b>2,275,885</b>
<b>UNION ACTIVITIES</b>		
Dues refunds to locals	388,500	388,260
<b>Member Expenses:</b>		
Annual Meeting	400,997	430,104
Executive Council	-	270,471
Board of Directors	74,117	93,349
Eastern Labour School	-	254,401
CLC Worker's Summit	48,583	56,455
Bargaining & Labour Management	159,763	30,957
Member Education (Leadership in Action)	54,893	74,125
Finance, JCMC, Ann Mtg Ops., Arbitration	52,724	27,887
Nurses: Part III / Nursing Homes Education	42,028	32,914
CLC Convention	-	-
NBFL Convention	10,941	-
CFNU Biennium	304,707	-
Public Relations & Promotions	400,000	460,000
Legal expense assistance plan	5,000	5,000
Local assistance fund	1,000	1,000
Membership motivation	50,000	60,000
Postage/shipping	69,000	64,400
Internship program	20,000	20,000
Printing	50,000	42,000
Canadian Federation dues	174,825	174,717
N B Federation of Labour Dues	89,355	89,300
Hearing expenses	40,000	30,000
Scholarships	20,800	20,800
General translation	30,000	28,000
Memorials & gifts	2,500	2,500
Member Communications	50,000	0
<b>Total Union Activities</b>	<b>2,539,733</b>	<b>2,656,640</b>
<b>Total Expenditures</b>	<b>4,904,552</b>	<b>4,932,525</b>
	<b>(203,698)</b>	<b>(208,868)</b>
<b>Transfer from Investments</b>	<b>203,698</b>	<b>200,000</b>
<b>Excess of Revenue (Expenditure) For Year</b>	<b>0</b>	<b>(8,868)</b>





NOTES TO BUDGET

REVENUE

**Membership Dues** – Based on 1.025% of Class A Step G annual salary.

**Investment Income** – Interest earned on total investment portfolio.

EXPENDITURES – GENERAL AND ADMINISTRATIVE

**Salaries** – This amount includes salaries for 15 full-time staff including the president.

**Overtime** – For all bargaining employees. Overtime must be approved by the executive director or the director of operations.

**Employee Benefits** – Includes employer’s contributions to CPP, Employment Insurance, CBE Pension Plan, group health plan and other negotiated benefits.

**Staff Professional Development** – Includes workshops, seminars and educational leave.

**Car Allowance** – For executive director and LRO staff as per collective agreements and for the president as per policy manual.

**Office Supplies** – Includes stationery, paper and other office supplies.

**Postage/Shipping** – Includes mailing equipment lease expense, all courier fees and postage expenses.

**Depreciation Expense** – Capital assets are amortized at the following rates: building 4%; paving 10%; furniture and equipment 10%; computer hardware 25%; computer software 50%.

**Building Repairs and Maintenance** – Includes snow removal, lawn care, janitorial services and general maintenance.

**Library** – Includes cost of newspapers, magazines, labour law books and annual web-based research subscriptions.

**Insurance & Bonding** – Includes fire insurance on property and liability insurance for directors and officers.

**Communications** – Includes telephone expenses, website management and maintenance.

**Professional Fees** – Auditor’s fees and other professional services.

EXPENDITURES – UNION ACTIVITIES

**Dues Refunds to Locals** – Provincial office rebates the locals \$5.00 per member per month.

**Members’ Salaries** – Salary replacement costs for members attending NBNU meetings.

**Meeting Accommodations** – Cost of renting conference rooms as well as cost of providing coffee breaks.

**Simultaneous Translation** – Cost of equipment rental and translation services.

**Public Relations and Promotions** – \$350,000 for PR campaigns and \$50,000 to support various affiliations such as: the provincial or national Health Coalition, NB Common Front for Social Justice, NB Coalition for Pay Equity and other initiatives approved by the Board of Directors or by motion at the annual general meeting.

**Membership Motivation** – Includes cost of promotional items such as registered nurse pins, Union/AGM promotional items and funding to locals for national nursing week recognition.

**Printing** – Printing of booklets, brochures, contracts, quarterly newsletters and *Parasol*.

**Canadian Federation of Nurses Unions** – Dues are \$2.25 per member per month. This amount includes the CLC affiliation fee.

**NB Federation of Labour Dues** – Dues are \$1.15 per member per month.

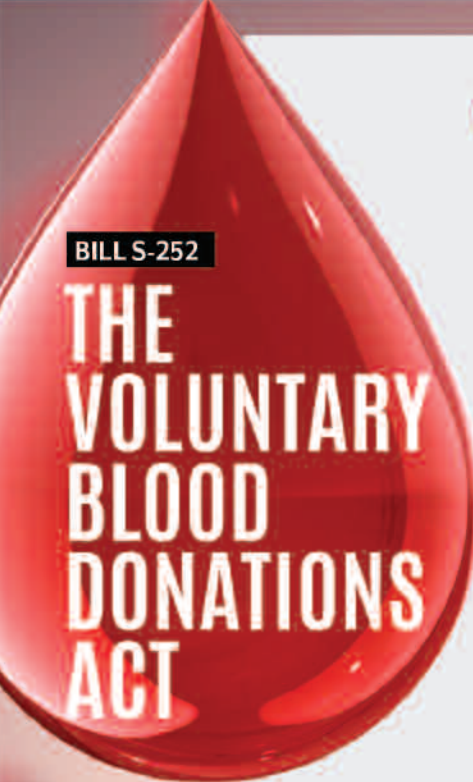
**Hearing Expenses** – Includes legal costs, medical assessments and arbitrators’ costs.

**General Translation** – Cost of written translation of information sent to members.

NEW BRUNSWICK NURSES UNION  
INVESTMENT SCHEDULE – JULY 31, 2018

			TERM	MATURITY DATE	INTEREST RATE	PRINCIPAL INVESTED
INVESTMENTS - GENERAL FUND						
BMO Nesbitt Burns GIC	Cdn Western Bank GIC	#270-0097211	5 years	1-Nov-22	2.70%	\$ 200,000
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	2 years	18-Jan-19	1.55%	\$ 250,000
Omista Credit Union	Bond Beater	#61545-43-2	1 year	10-Oct-18	2.00%	\$ 100,000
Scotia McLeod	Concentra Fin. GIC	#270-0060516	3 years	14-Mar-19	1.88%	\$ 250,000
Scotia Bank	GIC	1C4FP4	1 year	15-Nov-18	1.70%	\$ 125,000
Scotiabank	MTC Cashable GIC	11DSRLD	1 year	19-Apr-19	1.85%	\$ 300,000
ScotiaMcLeod	HSBC Bank GIC	#270-0060516	3 years	27-Aug-18	1.65%	\$ 139,825
Total General Fund Investments						\$ 1,364,825
INVESTMENTS - MEMBERSHIP DEFENCE FUND						
BMO Nesbitt Burns	Royal Bank bond	#270-0097211	4 years	18-Apr-21	2.12%	\$ 285,000
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	5 years	13-Jun-19	2.62%	\$ 165,065
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	3 year	19-Mar-21	2.71%	\$ 326,858
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	5 years	19-Jun-19	2.15%	\$ 240,000
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	4 years	13-Jul-20	1.90%	\$ 100,000
BMO Nesbitt Burns	Home Trust Co. GIC	#270-0097211	4 years	13-Jul-20	2.00%	\$ 100,000
BMO Nesbitt Burns	Cdn Western Bank GIC	#270-0097211	4 years	16-Dec-20	1.86%	\$ 515,000
BMO Nesbitt Burns	Nat Bnk Canada GIC	#270-0097211	3 years	11-Mar-19	1.85%	\$ 350,000
ScotiaMcLeod	CIBC GIC	#270-0060516	3 years	16-Mar-20	1.60%	\$ 420,000
ScotiaMcLeod	Royal Bank of Canada GIC	#270-0060516	2 years	18-Jul-19	1.40%	\$ 278,000
Scotia McLeod	Concentra Fin. GIC	#270-0060516	1 year	4-Sep-18	2.01%	\$ 383,475
ScotiaMcLeod	BNS GIC	#270-0060516	5 years	23-Oct-18	2.90%	\$ 250,000
ScotiaMcLeod	BNS GIC	#270-0060516	2 years	13-Apr-20	2.35%	\$ 350,000
ScotiaMcLeod	Concentra Fin. GIC	#270-0060516	4 years	15-Jul-20	1.95%	\$ 261,500
Scotiabank	BSN GIC	11CVS3T	1.5 years	26-Jul-19	2.10%	\$ 229,000
Scotiabank	Non Redeemable GIC	36340343	3 years	16-May-20	1.85%	\$ 206,000
Scotiabank	BSN GIC	36340343	2 years	7-Mar-19	2.80%	\$ 350,000
Scotia Bank	MTC Cashable GIC	36340343	15 months	24-Oct-19	2.50%	\$ 190,500
Total Membership Defence Fund Investments						\$ 5,000,398
INVESTMENTS -NURSING HOME EDUCATIONAL LEAVE FUND						
Scotia Bank	Cashable GIC	1C4FWM	1 year	15-Nov-18	0.85%	\$ 25,288





**BILL S-252**

**THE VOLUNTARY BLOOD DONATIONS ACT**


**THE TAINTED BLOOD CRISIS**

In the early **1990s**

Approximately **2,000 Canadians** were **infected with HIV** from tainted blood products, and as **many as 30,000 more** were **infected with hepatitis C**.


**Thousands have died** and **more than 8,000 Canadians will die** as a result of this preventable tragedy.


**PAID PLASMA vs VOLUNTARY?**



Person **sells** plasma to Canadian Plasma Resources


Plasma is **exported internationally**






Person **donates** plasma to Canadian Blood Services

Plasma **stays in Canada**






The tainted blood scandal took many lives and infected thousands because of deadly transfusions. We must remember the plea of the 1997 Krever Commission — to protect our blood supply by ensuring it remains a voluntary and not a cash-for-blood system.


**SENATOR PAMELA WALLIN**


**WHAT WILL BILL S-252 DO?**

**Ban** the private sale of blood



Ensure that blood & plasma are a **public resource** to be **safeguarded and protected**





TO LEARN MORE ABOUT THE BILL AND TO FOLLOW ITS PROGRESS THROUGH PARLIAMENT, VISIT [PARL.CA/LEGISINFO](http://PARL.CA/LEGISINFO)

# Nursing Matters

ELECTION PRIORITIES 2018



Coming together, representing 8,600 registered nurses and nurse practitioners in New Brunswick—the largest group of health professionals in the province—the Nurses Association of New Brunswick (NANB) and the New Brunswick Nurses Union (NBNU) have partnered and identified the following five election priorities and proposed questions to party leaders. Please consider using the questions below as a guide to address your healthcare concerns when meeting with candidates.

[nbnursingmatters.ca](http://nbnursingmatters.ca)



**NURSING SHORTAGE**—What is your party's strategy to address health human resource planning and the current shortage of registered nurses in New Brunswick?



**LONG-TERM CARE**—What is your party's plan for a comprehensive, long-term seniors care strategy?



**PHARMACARE**—What is your party's plan for a national, universal Pharmacare plan?



**ACCESS TO CARE**—How does your party plan to improve access to primary care services in New Brunswick?



**MENTAL HEALTH & ADDICTION**—What will your party do to address mental health and addictions issues in New Brunswick?

**Voice your vote! If you can do just two things...**

**1 FIND ONE ISSUE** As a health professional with hands-on expertise, identify yourself as an RN/NP and find one issue that speaks to you or ask what their vision for nursing in healthcare might be.

**2 VOTE!** Encourage colleagues to do the same on or before September 24, 2018.



# NURSING MATTERS: ELECTION PRIORITIES 2018

According to the Canadian Institute for Health Information (CIHI), 41% of RNs in New Brunswick are eligible to retire in the next five years.

If elected, what is your party's strategy to address health human resource planning and the current shortage of registered nurses in New Brunswick?

## Recommendations

ENHANCE TRAINING and education programs to best meet the health and nursing care needs of NB residents. Given our aging population and the acute care needs of tertiary care centers such as cardiac and oncology, this is essential.

UTILIZE NURSE Practitioners (NPs) and Clinical Nurse Specialists to their full scope of practice. They are a cost-effective solution and have the potential to contribute significantly to resolving some of the current health care issues, such as access to delivery and coordination of services and improvements in health outcomes.

DEVELOP AN employment model whereby all graduates of registered nursing programs obtain permanent employment positions with paid benefits.

PARTNER WITH other countries to provide on-site education for return to service in New Brunswick.

ESTABLISH FORMAL Internationally Educated Nurses (IEN) assessment and bridging centre in New Brunswick—link to major employers and communities.

PROMOTE COLLABORATIVE opportunities between English and French nursing programs; leverage technology; manage student wait lists.

SET STAFFING minimums according to evidence-based research.

## Funded Seats

	UNB	UdeM	Total
Funded Seats	281	184	465
2013	201	166	361
2014	181	130	311
2015	168	146	314
2016	162	144	306
2017	157	154	311

## Graduates Registered with NANB

Registration Year	NB Graduates
2013 (Class of 2009)	351
2014 (Class of 2010)	300
2015 (Class of 2011)	219
2016 (Class of 2012)	299
2017 (Class of 2013)	280

## Rationale

AN INCREASE by one RN per patient/day was associated with decreased odds of hospital acquired pneumonia, unplanned extubation, respiratory failure, and cardiac arrest in ICUs, and a lower risk of failure to rescue in surgical patients.<sup>1</sup>

A 2010 systematic review of 26 research studies in critical care found decreased staffing in intensive care

units associated with increased adverse events in virtually all studies.<sup>2</sup>

CURRENT AND predicted nursing shortage: 300 vacancies per year over 10 years.

AGING POPULATION health needs.

HIGH NEED for mental health support, especially in youth sector.

## Age Distribution of RNs

Year	Under 25	45-49	50-54	55+
2013	197 (2%)	1,346 (16%)	1,291 (15%)	2,077 (24%)
2014	190 (2%)	1,305 (15%)	1,345 (16%)	2,065 (24%)
2015	191 (2%)	1,207 (14%)	1,343 (16%)	2,072 (25%)
2016	161 (2%)	1,149 (14%)	1,334 (16%)	2,077 (25%)
2017	167 (2%)	1,056 (13%)	1,342 (16%)	2,072 (25%)

## Membership Profile

Year	Registered	Employed	Full-time	Part-Time
2013	8,960	8,537	5,341 (63%)	2,071 (24%)
2014	8,835	8,471	5,188 (61%)	2,070 (24%)
2015	8,634	8,389	5,056 (60%)	2,055 (25%)
2016	8,626	8,294	5,013 (60%)	2,009 (24%)
2017	8,603	8,280	4,955 (60%)	2,002 (24%)

A 2011 Australian study<sup>1</sup> found that under minimum nurse hours per patient per day (NHPPD) ranging between 1:6 and 1:5, depending on the unit, there were significant decreases in nine patient health outcomes that are dependent on care/treatment delivered by an RN.

<sup>1</sup> Kane, R., Shamlan, T., Mueller, C., Duval, S. & Wilt, T. (2007). The Association of Registered Nurse staffing levels and patient outcomes. Medical Care, 45(12), 1195-1204

<sup>2</sup> Penoyer, D. (2010). Nurse staffing and patient outcomes in critical care: A concise review. Critical Care Medicine, 38(7), 1521-1528.

<sup>3</sup> Twigg, D., Duffield, C., Bremner, A., Rapley, P. & Finn, J. (2011). The impact of nursing hours per patient day (NHPPD) staffing method on patient outcomes: A retrospective analysis of patient and staffing data. International Journal of Nursing Studies, 48, 540-548.



# NURSING MATTERS: ELECTION PRIORITIES 2018



## What is your party’s plan for a comprehensive, long-term seniors care strategy?

## How do you intend to implement this plan to maximize efficiency, given the multitude of organizations currently managing seniors care in New Brunswick?

### Recommendations

EXPANDED HOME care services to allow seniors to stay at home longer, including:

- A safe-at-home policy;
- Seniors/patients’ appropriate and timely registered nursing assessments and interventions supported by the full health care team;
- Coordination and oversight of care provided by a primary nurse to ensure timely and seamless access to care providers; and
- Education and support for all

members of the team, including unpaid caregivers, and standard competencies for personal support workers/care aides.

VARIATIONS IN nursing home staffing based on resident needs evaluated by RAI-LTCF data should be made on a home-to-home basis and include care hours set above minimum thresholds identified by research evidence:

- Minimum threshold for total nursing and personal care staffing of 4.1 hours-per-resident day (hprd)
- Minimum threshold for direct care registered nursing of 0.75 hprd

ENSURE BETTER coordination, communication, and collaboration between sectors and settings to avoid costly (in human, as well as financial terms) complications, including the provision of adequate care/beds/providers in all sectors, with special attention paid to times of transition (e.g., transfers, discharge, admission). Team practices are particularly useful for chronic conditions and seniors.

NURSE PRACTITIONERS (NPs) possess the expertise to manage the chronic and acute conditions that are prevalent among LTC residents such as diabetes, hypertension and other cardiovascular diseases.<sup>1</sup>

NURSE-LED MODELS of care are most effective and equally or less costly than usual physician-led care.<sup>3</sup>

A STUDY by the Centers for Medicare and Medicaid Services looking at nursing homes with the greatest number of significant deficiencies took the position that 4.1 total hprd, of which 0.75 hprd were RN hours, were necessary to prevent harm or jeopardy to residents.<sup>4</sup>

RAISING RN thresholds of care to 0.8 hprd has been found to improve resident functioning.<sup>5</sup>

REDUCTION IN hospitalization among residents admitted to nursing home from hospital is associated with higher RN staffing.<sup>6</sup>

### Rationale

DESPITE A growing population of seniors, New Brunswick only spends less than 5% of total public health care spending on homecare.

CONTINUITY OF care is known to reduce the risk of adverse events and contribute to the delivery of safe care in the home, as well as enhancing the comfort and confidence of home care recipients.<sup>2</sup>

A 2013 comprehensive literature review of advanced practice nurses (NPs and clinical nurse specialists) in LTC revealed that they improve or reduce decline in health status indicators like depression, urinary incontinence, pressure ulcers, aggressive behavior, loss of affect in cognitively impaired residents, restraint use, psychoactive drug use, serious fall-related injuries, ambulation, and family member satisfaction.<sup>1</sup>

<sup>1</sup> Donald, F., Martin-Misener, R., Carter, N., Donald, E.E., Kaasalainen, S., Wickson-Griffiths, A., Lloyd, M., AkhtarDanesh, N., DiCenso, A. (2013). A systematic review of the effectiveness of advanced practice nurses in long-term care. J Adv Nurs. Oct;69(10):2148-61.

<sup>2</sup> Blais, R. et al. (2013). Assessing adverse events among home care clients in three Canadian provinces using chart review. BMC Quality and Safety, 0, 1-9. doi: 10.1136/bmjqs-2013-002039

<sup>3</sup> Browne, G., Birch, S., & Thabane, L. (2012). Better Care: An Analysis of Nursing and Healthcare System Outcomes. Ottawa: Canadian Health Services Research Foundation. P. 27.

<sup>4</sup> Kramer, A.M. and Fish, R. "The Relationship Between Nurse Staffing Levels and the Quality of Nursing Home Care." In Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Report to Congress, Phase 2 Final, Section 2. Washington, D.C., U.S. Department of Health and Human Services, Health Care Financing Administration, 2001. As cited in Harrington, C. et al., (2015). Technical Guide to the CalQualityCare.org Ratings: Nursing Facilities (p.6).

<sup>5</sup> Dorr, D.A., Horn, S.D., Smout, R.J. (2005.) Journal of the American Geriatrics Society;53(5) 840-845.

<sup>6</sup> Decker, F. (2008). The relationship of nursing staff to the hospitalization of nursing home residents. Research in Nursing & Health, 31, 238-251.



# NURSING MATTERS: ELECTION PRIORITIES 2018

## What will you and your party do to ensure the implementation of a national, universal pharmacare plan?

### Recommendations

IMPROVE ACCESS to medication by including prescription drugs in the public health care system.






ENSURE EQUITABLE access to prescription drugs by establishing a national formulary.

CONTROL COSTS by systematically implementing bulk purchasing for patented and generic prescription drugs.

ENSURE THE appropriate use of prescription drugs by assessing the safety and efficacy of medications.

### Body Count

How many Canadians lose their lives without pharmacare?

-  **270 to 420**  
premature deaths of working-age Canadians with diabetes every year
-  **370 to 640**  
premature deaths of Canadians with ischemic heart disease every year
-  **550 to 670**  
premature deaths from all causes among older working-age (55–64) Canadians every year
-  **Up to 12,000**  
Canadians with cardiovascular disease aged 40+ require overnight hospitalization
-  **Up to 70,000**  
older Canadians (55+) suffer avoidable deterioration in their health status every year

## Prevalance of Cost-related Non-adherence (CRNA) in Canada and Comparable Countries with Universal Health and Pharmaceutical Coverage

	All Adults Aged 18+ (2016 data)	Adults Aged 55+ (2014 data)	Adults Aged 65+ (2014 data)
Australia	6.3%	6.8%	4.4%
<b>Canada</b>	<b>10.2%</b>	<b>8.3%</b>	<b>5.3%</b>
France	3.9%	1.6%	1.5%
Germany	3.2%	3.7%	4.2%
Netherlands	4.4%	4.0%	2.9%
New Zealand	5.7%	4.8%	3.4%
Norway	3.4%	2.4%	1.9%
Sweden	5.7%	2.4%	1.8%
Switzerland	8.9%	2.9%	2.5%
UK	2.1%	3.1%	2.4%

Sources: 2014 and 2016 Commonwealth Fund International Health Policy Surveys

### Rationale

26% OF Atlantic Canadians don't take their medications as prescribed because they can't afford to.<sup>1</sup>

A NATIONAL universal pharmacare plan could save New Brunswick \$278 million per year.<sup>2</sup>

THIS SAVINGS could be reinvested in home care, community health centres, long-term care and human resources.

92% OF Atlantic Canadian residents strongly support establishing a universal prescription drug plan to cover all Canadians.<sup>1</sup>

### Supporting Evidence

\$278 MILLION in annual savings could be spent on:

- \$101 million could be allocated to home care, of which \$2 million could be allocated to 5,500 more home care visits to New Brunswick seniors.
- With another \$101 million, New Brunswick could build 40 community health centres, providing 80,000 more residents with high quality integrated care to respond to both physical and mental health needs.

- \$13 million could provide 250 more long-term care beds per year.
- That last \$63 million could hire 800 registered nurses, which would reduce overtime and improve safety across the board.
- FAILING TO adhere to prescribed medications leads to increased costs on the health care system as well as decreased well-being and lost lives.

<sup>1</sup> [www.angusreid.org/prescription-drugs-canada/](http://www.angusreid.org/prescription-drugs-canada/)

<sup>2</sup> A Roadmap to a Rational Pharmacare Policy in Canada, M.-A. Gagnon, 2014



# NURSING MATTERS: ELECTION PRIORITIES 2018



## If elected, how does your party plan to improve access to primary health care services in New Brunswick?

Specifically, access to primary health care in recognition of the urbanization of our province and the current underutilization of Nurse Practitioners?

### Recommendations

CREATE A five-year, sustainable public program for access to primary health care by direct creation of Nurse Practitioner (NP) positions in the long-term care sector, as family care providers and in mental health sector.

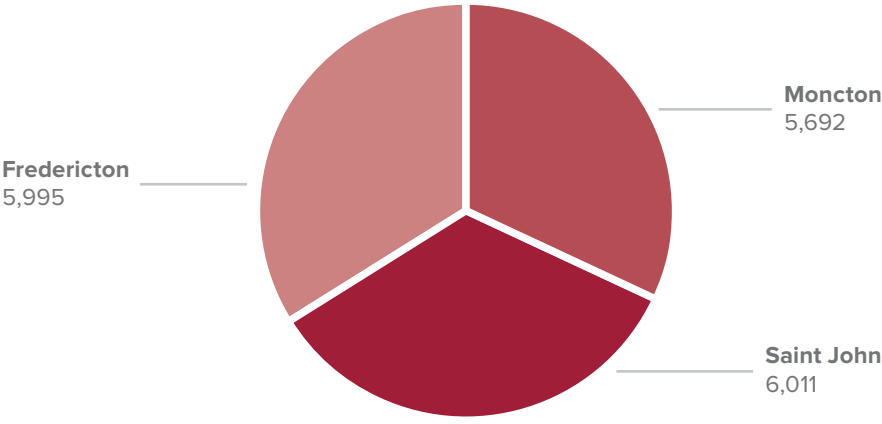
PROVIDE DEDICATED funding for Nurse Practitioner positions.

INCREASE NUMBER of small community family care clinics led by nurse practitioners and with an interdisciplinary team for example; social workers, dietitians, pharmacists, etc.

EXTEND THE Medical Liability Protection Reimbursement Program to provide NPs the same professional liability protection subsidy mechanism used by physicians.

The Canadian Nurses Association defines Nurse Practitioners as “registered nurses with additional educational preparation and experience who possess and demonstrate the competencies required to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice” (CNA, 2006).

Provincial Zones in Most Need  
(GNB Feb. 2017)



“Primary Health Care (PHC) is a philosophy and approach that is integral to improving the health of all Canadians and the effectiveness of health service delivery in all care settings. PHC focuses on the way services are delivered and puts the people who receive those services at the centre of care. The essential principles of PHC, as set out in the World Health Organization’s Declaration of Alma-Ata, are: accessibility; active public participation; health promotion and chronic disease prevention and management; the use of appropriate technology and innovation; intersectoral cooperation and collaboration.” (CNA Position Statement on Primary Health Care)

### Rationale

20,000+ NB residents on Patient Registry for periods of more than two years; potential to reduce number of persons waiting for a family health provider by more than 50%—several other Canadian jurisdictions currently implementing Nurse Practitioner strategies to improve access to care.

NPs FASTEST growing health profession sector in NB—less costly and as effective as other family care providers.

NPs ARE leaving NB after being educated in publicly funded programs.

NPs ALREADY working in NB nursing homes with excellent patient outcomes: with potential for decreased ER and hospital admissions, decreased infection rates, decreased fall/ injury, improved monitoring of medications and side-effects, high levels of family satisfaction.

EARLY NP intervention for youth challenged by mental health/ substance misuse can enhance opportunities for optimal health outcomes: fewer ER admissions/long hospital stays, return to education, decreased deaths due to overdoses.

### NP Graduates From Both UNB and UdeM

2017	10
2016	3
2015	18
2014	3
2013	7

### NPs Without Sufficient Hours

2018	6
2017	3
2016	1
2015	2
2014	3

(NANB data)



## NURSING MATTERS: ELECTION PRIORITIES 2018

### What will you and your party do to address mental health and addictions issues in New Brunswick?

#### Recommendations

**INVEST IN** mental health services and supports to ensure adequate mental health access for all New Brunswickers.

**RESEARCH, FUND** and improve access to treatment for drug addictions to address epidemics such as the current opioid crisis.

**IMPROVE MEASURES** and increase the role of registered nurses and nurse practitioners in mental health / addiction prevention strategies and treatments.

#### Rationale

IN A 2017 New Brunswick Health Council survey on accessing health services, 19% of respondents self-identified as having a mental health issue, while only 33% of that group were able to access mental health services.

IN 2017, naloxone was administered to 282 suspect opioid overdose patients, of which 152 responded to naloxone (53.9%).

THERE WERE 108 Emergency Department visits related to non-suicidal opioid overdoses, with an average of 13.5 visits per month between May and December 2017.

#### Supporting Evidence

UP TO 25% of disability costs associated with mental health problems could be avoided by taking action.

READMISSIONS FOR mental health patients to hospitals is higher in New Brunswick than the national average.

IN AUSTRALIA, research found an average positive ROI of \$2.3 for every dollar invested in workplace mental health initiatives.

## NBNU ACRONYMS EXPLAINED

**BSc** Bachelor of Science

**BN** Bachelor of Nursing

**CBESRP** Certain Bargaining Employees Shared Risk Plan

**CLC** Canadian Labour Congress

**CFNU** Canadian Federation of Nurses Unions

**CIHI** Canadian Institute for Health Information

**CNA** Canadian Nurses Association

**CUPE** Canadian Union of Public Employees

**DON** Director of Nursing

**EM/ANB** Extra-Mural/Ambulance New Brunswick Inc.

**EMP** ExtraMural Program

**FTE** Full-time Equivalent

**GNU** Global Nurses United

**ICN** International Council of Nurses

**ILO** International Labour Organization

**ILRA** Industrial Labour Relations Act

**LPN** Licensed Practical Nurse

**LRO** Labour Relations Officer

**LTC** Long-term Care

**MNU** Manitoba Nurses' Union

**NANB** Nurses Association of New Brunswick

**NBFL** New Brunswick Federation of Labour

**NBANH** New Brunswick Association of Nursing Homes

**NBNU** New Brunswick Nurses Union

**NBPSPP** New Brunswick Public Service Pension Plan

**NBU** New Brunswick Union

**NEB** National Executive Board

**NCLEX-RN®** National Council Licensure Examination for Registered Nurses

**NHS** National Health Service

**NP** Nurse Practitioner

**NRC** Nursing Resource Collaborative

**NSNU** Nova Scotia Nurses' Union

**ONA** Ontario Nurses' Association

**PEINU** Prince Edward Island Nurses' Union

**PCW/PSW** Personal Care Worker/Patient Service Worker

**PPC** Professional Practice Committee

**PSLRA** Public Service Labour Relations Act

**RCN** Royal College of Nursing

**RHA** Regional Health Authority

**RN** Registered Nurse

**RNUNL** Registered Nurses' Union Newfoundland & Labrador

**SUN** Saskatchewan Nurses' Union

**UNA** United Nurses' of Alberta

**VPSC** Vestcor Pension Services Corporation

**WSR** Work Situation Report



Paula Doucet, NBNU President, talk to People's Alliance leader Kris Austin, about hiring more Nurse Practitioners to alleviate the 20,000+ patients waitlisted for a doctor in NB.





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