

# what's nu?

March 2024

Nova Scotia  
**Nurses  
Union** 



## Pharmacare Phase One

### Highlights

Stormy Outlook

Retention Toolkit

Eastern Labour School

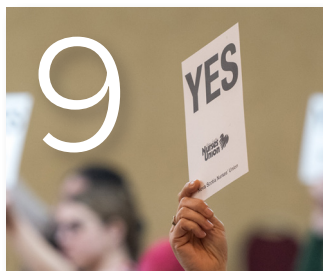
# Highlights

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*January 2024 What's Nu?*



# Contact the NSNU

## LOCATION

150 Garland Ave. Dartmouth, N.S.





## CONTACT

1.800 / 902.469.1474  
Fax: 1.902.466.6935  
[nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca)

## WEBSITE

[www.nsnu.ca](http://www.nsnu.ca)  
Staff Directory: [nsnu.ca/staff](http://nsnu.ca/staff)

## SOCIAL MEDIA

-  Nova Scotia Nurses' Union
-  @NS\_Nurses
-  @NSNursesU
-  NSNursesUnion

## MYNSNU APP

 Available in Apple App & Google Play stores  
OR: [nsnu.itacit.com](http://nsnu.itacit.com)





**President**  
janet.hazelton@nsnu.ca



**1st Vice-President**  
donna.gillis@nsnu.ca



**VP Finance**  
jamie.stewart@nsnu.ca



**Eastern VP**  
laurie.forrest@nsnu.ca



**Central VP**  
anne.boutilier@nsnu.ca



**Northern VP**  
denise.elms@nsnu.ca



**Western VP**  
tracy.d'entremont@nsnu.ca



**VP LPNs**  
alaine.halliday@nsnu.ca



**VP Long Term Care**  
glenda.sabine@nsnu.ca

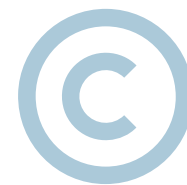


**VP Community Care**  
kim.williams@nsnu.ca



**IWK VP**  
natalie.nymark@nsnu.ca

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The Nurses' Union logo is registered as a trademark, complete with brand standards, and has been since its creation in 2002. It is a part of the Nurses' Union identity and is a highly recognizable symbol in this province and beyond our borders.

Should a Local of the Nova Scotia Nurses' Union wish to use the NSNU logo on merchandise, stationery, signage, etc. clearance and approval is required from the provincial office. Simply email **communications@nsnu.ca** with the specifics of your intended usage. Designated staff will assist with the application of the graphic.

NSNU is proud that Locals wish to extend and display the union brand. Clearance measures ensure usage adheres to our design and style guidelines.

## Updating Info

To add or change any member information, the NSNU asks that you **fill out the following form**, which can be found by following the QR code or the link below:

**forms.office.com/r/paX34P4cmY**

After submitting the form, please allow at least five business days for your information to be updated.



## Union Dues

If you work at more than one NSNU facility and pay union dues more than once in a pay period, you may be eligible for a refund from the Provincial Office.

Members who have been paid for less than 7.5 hours in Acute Care and less than 8 hours in Long Term Care in one bi-weekly pay period may also be eligible for a refund from the Provincial Office.

The provincial portion of NSNU union dues (**\$29.24 for RN's** and **\$21.48 for LPN's**) will be refunded by cheque on a quarterly basis. Your rebate will only be retroactive for a period of up to 12 months prior to contact with the NSNU.

If either situation applies to you, please contact the NSNU Provincial Office c/o B.L. Moran at **902-468-6748** or **bl.moran@nsnu.ca**.

# President's Notebook

## *Universal Drug Program: The Long Road to Better Care for Canadians*

Pharmacare Now. Pharmacare – A Plan for Everyone. Big Money Club. Pharmacare – But We Need the Full Dose. Stand Up for Pharamcare. Filling the Prescription. Just some of the many campaign and research study titles in support of pharmacare.

On Leap Day, February 29th, those slogans and immeasurable hours of research, campaigning, persuading, and pleading, appeared to pay off as Canadians witnessed the beginning of a national, universal drug program. Although it is not all that we want (or desperately need), it is a start.

For as long as I can recall, my union activism has included lobbying for a universal drug program. In the last seven years, that effort ramped up leading to this recent and exciting development. The following is a recap of the work and effort that went into seeing this to fruition.



I have attended numerous Council of the Federation meetings across Canada, advocating on

behalf of those who cannot afford to fill prescriptions for themselves or their loved ones. I have attended rallies and townhalls in support of a pan-Canadian drug plan. Along with my colleagues on the national executive board of the CFNU, I have contributed to opinion and editorial pieces appearing in local and national newspapers and spoken at length to media about this matter.

Like other nurses and healthcare workers, I joined letter writing campaigns and reached out to my various MLAs and MPs asking them to back this vital missing piece of the Medicare vision.

Now, a nation-wide program with coverage for contraception and diabetes medicine and related equipment, delivered by a single-payer approach through provincial public health systems, has been unveiled. With the introduction of the *Pharmacare Act* comes a glimmer of hope, particularly for diabetics who will be some of the first to benefit from this celebrated agreement.

The history behind this decision has not been pretty. One-in-five do not have access to prescription drug insurance, often going without necessities like food or home heating to purchase necessary drugs. Due to costs, many uninsured Canadians go without medications altogether. As well, Canada was the only country with a public health care system that did not include universal coverage for prescription drugs outside of hospitals.

Canadians have been patiently waiting for the federal government to introduce and pass the *Canada Pharmacare Act*, advancing a full pharmacare program as promised.



# Janet Hazelton

BScN RN, MPA



In December 2017, on Parliament Hill, CFNU presented research from their report titled: *Down the Drain: How Canada Has Wasted \$62 Billion Health Care Dollars without Pharmacare*, where noted economist Hugh Mackenzie calculated the disturbing amount Canada had wasted in the previous 10 years by not implementing national pharmacare.

Amongst the presenters was NSNU member Edson Castilho, a registered nurse at the IWK Health Centre. Every day, he'd see the impacts resulting from Canada's lack of coverage of prescription drug costs as part of Medicare and how this directly affects our children's health and quality of life.



Janet Hazelton, Edson Castilho, Linda Sillas  
CFNU Pharmacare Breakfast, 2017

In July 2018, Canada's provincial and territorial first ministers assembled in picturesque St. Andrews by-the-Sea, New Brunswick for their annual Council of the Federation (COF), all the while Canada's nurses were hard at work promoting national pharmacare at that summit.

Following COF, The Advisory Council on the Implementation of National Pharmacare asked Canadians to weigh in on the Pharmacare discussion by completing an online questionnaire. That survey closed on September 28 with many NSNU members

sharing valuable insights.

In January 2019, a representative online poll of more than 1,000 Canadians, commissioned by the CFNU and conducted by Environics Research, found that:

- **88%** agreed it is better to have a simple cost-effective prescription drug coverage program that covers everyone in the country than to have a patchwork program.
- **85%** agreed it is worth investing public money for prescription drug coverage.
- **84%** thought prescription drugs should be covered as part of our public health care system.

In March of 2019, the Federal Government released an interim report on the creation of a national drug agency that would oversee Canada's pharmacare program. The CFNU released a statement in response recommending the creation of a national drug agency, a comprehensive evidence-based formulary, and core principles for national pharmacare.

In September 2019, I participated in an invitation-only symposium with other pharmacare consultants led by Dr. Eric Hoskins, the Chair of Advisory Council on the Implementation of National Pharmacare. The session brought together local pharmacare and other stakeholders invested in this national debate.

The cross-country series dealt with outstanding issues on how to design and implement a national plan, looking to the experts in the room for advice and recommendations. An independent facilitator, Marc Beaudoin, guided the roundtables in spirited discussions on what drugs should be covered and how best to meet the needs of Canadians.

Later that fall, the Canadian Federation of Nurses Unions, including the NSNU, called on Canada's newly re-elected Liberal minority government to build unity across party lines to implement a program, asking Prime Minister Trudeau to make good on his pharmacare promise.

National pharmacare received significant political support during the 2019 election campaign, and amongst all parties, with the Liberals committing to negotiate with provinces and territories, guided by the recommendations in Dr. Hoskins' expert report.

In March 2020, as the pandemic took hold, Canada's nurses called on the Prime Minister to support the NDP's pharmacare bill. The CFNU applauded the NDP for their bill to implement pharmacare across Canada, a long-overdue measure to alleviate the suffering for those who struggle to afford meds.

The NDP's bill was based on the recommendations of the report by Hoskins' Advisory Council, modelled on the *Canada Health Act*. It would legally enshrine the core principles of Canada's medicare for prescription drug coverage: universality, comprehensiveness, accessibility, portability, and public administration.



**700,000**  
Canadians reduced spending on food to pay for prescriptions. This is equivalent to the population of Winnipeg.

Further, the CFNU and more than 150 national and provincial organizations signed a statement calling on Trudeau to implement national pharmacare.

In February 2021, nurses declared Pharmacare Now! Through this online campaign Canadians could send a letter to the federal government urging it to take immediate action on its commitment to implementing national, universal pharmacare. The ask was for sufficient and allocated funding in the 2021 Federal Budget to implement an initial common formulary of essential medicines by July 1, 2021.

"Support for pharmacare is strong. Over 90% of Canadians feel it is important for everyone to have equal access to prescription drugs, the federal government's own expert advisory council recommended a universal, public, single-payer program, and the government has committed to it. We need action now," said Canadian Federation of Nurses Unions (CFNU) president, Linda Silas.

Consistently, voters wanted a universal, comprehensive, and public pharmacare program as recommended by the government's own advisory council. Half-dose proposals would not bring Canadians full and fair coverage. A single payer pharmacare system with the power of bulk purchasing would offer the best solution to negotiate lower prices from drug manufacturers.

On November 15th, 2022, the CLC and the Nova Scotia Federation of Labour held its first Provincial Lobby - an opportunity for activists to lobby for various issues including the implementation of a universal, single-payer Pharmacare program. Lobby Day participants, including members of NSNU Board of Directors, met with MLAs via Zoom and/or in person.

In late 2023, Members of Parliament were introduced to the latest advertising campaign promoting public universal pharmacare. "Canadians want pharmacare," proclaimed the ad's headline above the image of a broken pill. "But we need the full dose."



## CANADA'S NURSING UNIONS CELEBRATE INTRODUCTION OF NATIONAL PHARMACARE PROGRAM

*Linda Silas: If implemented correctly, the foundation laid today will save countless lives.*



The campaign was organized and funded by a pro-pharmacare coalition comprising the Canadian Health Coalition, the Canadian Labour Congress, and Canadian Federation of Nurses Unions, and the Heart and Stroke Foundation.

Campaigns and slogans aside, nurses have adamantly and consistently supported the delivery of a national pharmacare program that provides universal coverage through public insurance. It is the belief of nurses' unions that everyone should be covered by the same plan on equal terms, without financial barriers. Access should be based on need, not location, ability to pay, age, employment, or other factors.

As we move forward with the new policy, our hope is that current and future governments will strengthen and expand the program. Already, neither Alberta nor Quebec support the plan. Instead, they want the cash with no strings attached. This way of thinking does not bode well.

For over 20 years, Canada's nurses have advocated for national pharmacare. The CFNU is a signatory to the Pharmacare Consensus Principles document endorsed by more than eighty national, provincial, and territorial organizations. We have been and will remain committed to the cause.

*Janet Hazelton*

"Nurses and health care workers have long called for a national pharmacare program to ensure everyone in Canada has access to the medication they need. Now we celebrate a victory that has been years in the making," said Linda Silas, President of the Canadian Federation of Nurses Unions (CFNU). "Finally, we are laying the foundation for this urgently needed expansion to our public health care system."

The proposed legislation follows nurse and health care worker recommendations to implement a single-payer, universal and public pharmacare program.

"Our governments are finally getting the prescription right. I commend the Liberals and New Democrats for listening to nurses and establishing the framework we need to ensure everyone in Canada has access to the medication they need," said Silas. "A universal and public approach to pharmacare is an approach that puts people over profits. Shortfalls in prescription drug coverage result in daily deaths and illness among people with treatable conditions – a grim fact we learned in CFNU's 2018 study, *Body Count*. If implemented correctly, the foundation laid today will save countless lives."

Coverage for prescription medications starts with birth control, diabetes medications and a fund for critically needed diabetic equipment.

"This is a historic win, and access to these medications will change lives. But I know this isn't the full dose of pharmacare that Canadians need," said Silas. "Canada's nurses will be watching closely every step of the way to ensure our governments come through on their promise to expand coverage to include a comprehensive list of essential medications."

The CFNU has been a staunch advocate for equal access to necessary pharmaceuticals since 1985.

# Canada Health Act at 40

On the 40th milestone anniversary of the *Canada Health Act* the Canadian Health Coalition and the University of Ottawa's Centre for Health Law, Policy and Ethics invited researchers to submit proposals for presentations on topics related to advancing public health care. The presentations will be given at a research roundtable at the University of Ottawa on June 20, 2024.

Established and emerging scholars, members of the public service, graduate students, independent scholars, and union/community-based researchers have been invited to submit a proposal.

The roundtable will discuss the challenges posed to upholding the criteria and conditions of the *Canada Health Act* given the crisis being experienced by health care workers and patients, and the risks posed from increased privatization of insured health services by some provinces and territories. Social determinants of health as well as racism and systemic inequities in health care will also be discussed.

The research roundtable will be an opportunity to share promising practices and build partnerships across diverse disciplines and backgrounds. It will

also inform advocacy by citizens and organizations campaigning for the defense and expansion of public Medicare.

The *Canada Health Act* (CHA or the Act) is Canada's federal legislation for publicly funded health care insurance. It sets out the primary objective of Canadian health care policy, which is "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."

The CHA establishes criteria and conditions related to insured health services and extended health care services that the provinces and territories must fulfill to receive the full federal cash contribution under the Canada Health Transfer (CHT). The aim of the CHA is to ensure that all eligible residents of Canada have reasonable access to insured health services on a prepaid basis, without direct charges at the point of service for such services.

The NSNU looks forward to hearing the research findings and the round table discussions in June.

1

## **PUBLIC ADMINISTRATION**

provincial insurance plans must be administered by a public body on a not-for-profit basis

2

## **COMPREHENSIVE**

all medically necessary services provided by hospitals, physicians and dentists working in hospitals must be covered

3

## **UNIVERSALITY**

all insured persons are entitled to the same level of care

4

## **ACCESSIBILITY**

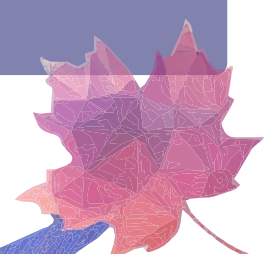
all insured persons have satisfactory access to medically necessary care without charge or other restriction

5

## **PORTABILITY**

an insured person who moves to another province remains insured in their home province

## 5 Principles of the Canada Health Act





# AGM 2024

# UNITED WE SOAR

With the 2024 Annual General Meeting just around the corner, preparations are underway for this popular event.

Nurses from across the province will gather in Truro for the AGM; a time to network, discuss pressing issues, present and debate resolutions, and inform and guide the Board of Directors in their decision making.

This year's meeting will take place from May 5-8, allowing nurses to acknowledge the progress we've made as a collective, honour some of our own, and welcome guests, students, first-time attendees, and seasoned delegates and observers, and partake in a full day of education.

The AGM theme for 2024 is **United We Soar**, is indicative of the indomitable spirit of nurses and our resolve to protect and preserve the profession. There is no prouder profession!

More information is available on the Members Only portal at [nsnu.ca/AGM2024](https://nsnu.ca/AGM2024). You will require your login credentials.

The meeting itineraries and agendas are posted online as are documents that support the event and inform members. The 2023 AGM minutes are posted online as are other reports and instructional notes.

Information is being added weekly to the AGM webpages. E-memos will also be sent to table officers and participants to ensure everyone is apprised of any changes and our ongoing preparations.

### Don't forget:

- Once registration closes, NSNU will confirm attendee lists with Local Executives
- Parking at the Glengarry can be a challenge – plan ahead to carpool
- Changes to your participant list or rooming requests should be directed to Debbie Grady at [debbie.grady@nsnu.ca](mailto:debbie.grady@nsnu.ca)
- New merchandise is arriving daily and will be on sale at the AGM
- A reminder that this AGM takes place during National Nursing Week

What you can look forward to...

## EDUCATION DAY 2024

On Wednesday, May 8th, NSNU will present an Education Day event that's interactive, relevant and provides a good dose of laughter.

The agenda will include an hour-long **Open Forum**, allowing members the opportunity to speak openly about the challenges and successes they're experiencing.

The Committee has also allotted time for a panel discussion on Internationally Educated Nurses, a topic that is timely and critical to nursing practice. As more details about the panel are confirmed, NSNU staff will update the Education Day agenda found at [nsnu.ca/AGM2024](https://nsnu.ca/AGM2024).

The Committee has secured **Augy Jones** to present on **Cultural Competence**, also known as inter-cultural competence, a range of cognitive, affective, behavioural, and linguistic skills that lead to effective and appropriate communication with people of other cultures.

The day will end on a very high note with a keynote presentation from **Martha Chaves**, an extraordinary comedian who delighted nurses with her sharp wit and clever stories at the 2023 CFNU Biennium in Charlottetown.

This event is open to members attending the full AGM (as registered by your local executive) and those interested in attending only the Education Day gathering. If you have been waitlisted for the event, Debbie Grady will reach out to you should additional seats become available.

# NURSING RETENTION TOOLKIT

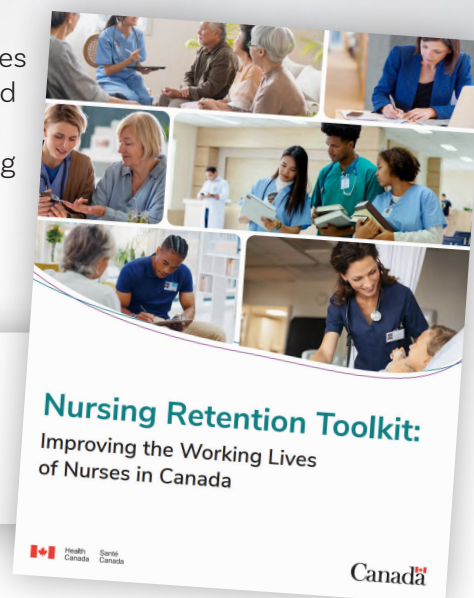
On March 4, the federal government unveiled the Nursing Retention Toolkit in full. The 75-page document outlines key initiatives to improve the working lives of nurses and retain nurses within the public health care system.

It is the result of a pan-Canadian collaborative effort in partnership created by nurses, for nurses, it draws on evidence-based practice, lived and living experiences of point-of-care nurses, and insights from nursing professionals at all career stages, including nursing students.

The Canadian Federation of Nurses Unions, which includes NSNU, collaborated on this important initiative with CFNU President, Linda Silas and Canadian Nursing Students' Association president, Eyasu Yakob contributing as members of the Advisory Committee. CFNU also solicited input from members at roundtables with Dr. Leigh Chapman, RN, PhD, and Chief Nursing Officer at Health Canada during the biennial convention in Charlottetown last June.

NSNU is hopeful the toolkit will spark change in how the nursing profession is valued. The toolkit provides an opportunity for employers and health authorities to work together to develop standardized programs across health care organizations and systems in Canada. It also provides an opportunity to focus on collaboration, working together to find economies of scale by identifying initiatives that can be scaled up and spread to different organizations and jurisdictions. The initiatives provide a range of approaches for nurses and employers to work together to implement strategies that best suit the circumstances of their nursing workplace.

More must be done to improve the working lives of nurses in Canada, and the Nursing Retention Toolkit is a great starting point to initiate lasting positive change.



Scan QR code with your mobile device or go to:

[canada.ca/en/health-canada/services/health-care-system/health-human-resources/nursing-retention-toolkit-improving-working-lives-nurses.html](https://canada.ca/en/health-canada/services/health-care-system/health-human-resources/nursing-retention-toolkit-improving-working-lives-nurses.html)



## National Executive Board Meetings

In early February, NSNU president, Janet Hazelton and 1st Vice-President, Donna Gillis travelled to Ottawa for meetings with the National Executive Board (NEB) of the Canadian Federation of Nurses Unions. NSNU Executive Director, Chris Albrecht joined the meetings virtually.

Comprised almost entirely of working nurses in Canada, the NEB formally meets twice a year to discuss national,

provincial, and global issues that impact nurses across the country. Issues like the ongoing nursing shortage, agency nursing, violence in the workplace and staffing ratios continue to be high priorities for the Board.

In addition to provincial and financial reporting, the NEB reviewed the CFNU strategic and operational plans while also welcoming guest presenters.



# CFNU Counterparts: NU NEWS



On February 12th, Ontario's nurses celebrated the court's decision to call Bill 124 unconstitutional. This wage-suppressing Bill drove nurses and other public-sector workers out of their professions – having a detrimental effect on an already-strained healthcare system.

ONA and its members have loudly opposed this bill for years, warning the public of its negative impact on healthcare and its workforce. The overturning of Bill 124 marks a significant victory for unionized employees and all unions dedicated to safeguarding workers' rights.



Amidst the nationwide scramble to tackle the overwhelming agency nurse dilemma, RNUNL members hit the sidewalks to protest what their Health Minister calls a “necessary evil.”

During the Profit Doesn't Care Rally on February 27th, RNUNL President Yvette Coffey urged the auditor general to investigate nursing agency contracts in

the province. Members are currently obligated to work double shifts to cover shortages – conflicting with occupational health and safety regulations – while agency nurses have the assurance that their work day won't exceed a 12-hour shift. Agency nursing is significantly impacting morale among RNUNL's members - and other jurisdictions across Canada.



After years of advocacy, BCNU celebrated the government's March 1st announcement to introduce minimum nurse-to-patient ratios in hospitals across B.C. This move aligns with the province's commitment to these ratios made in BCNU's latest Collective Agreement language.

With this step, B.C. becomes the first province in Canada to enforce minimum nurse-to-patient ratios. Drawing inspiration from successful models in California and Australia, these ratios are expected to lower mortality rates and create a safer and healthier environment for nurses.

The province also announced \$237 million in one-time funding initiatives to help retain, return and recruit new nurses into the healthcare system.

Minimum nurse-to-patient ratios are being established in the following care areas within the acute hospital setting:

<b>General Med/Surg Inpatient</b> <b>1:4</b> 24/7	<b>Rehabilitation</b> <b>1:5</b> D <b>1:7</b> N
<b>Palliative</b> <b>1:3</b> 24/7	<b>Focused (Special) Care</b> <b>1:3</b> 24/7
<b>High Acuity/Step Down</b> <b>1:2</b> 24/7	<b>Intensive Care</b> <b>1:1</b> 24/7

# Nurses' Union thanks members, welcomes more dialogue on weather-related safety concerns

On February 8, following heavy snowfall, the Nova Scotia Nurses' Union issued a media release saying more can be done to assist healthcare workers unable to leave their workplace and those who can't get to work during catastrophic weather events.

Nova Scotians are perpetually grateful to nurses and other frontline workers who "show up" in extreme weather, and those stranded at work with no relief in sight.

Janet Hazelton, president of the NSNU, acknowledges this isn't a new predicament but hopes that renewed conversations can lead to better solutions.

"I want to thank our many nurses who continue to brave the weather to get to their patients in the community, hospitals, and nursing homes across the province. I'm grateful for them, but I also don't want them working 72-hour shifts," says Hazelton.

Hazelton says that facilities and health organizations have emergency preparedness plans in place but, in her opinion, these plans could be revisited to prevent future hardship. For the most part, Nova Scotia Health

offers accommodation at the hospital and food to staff willing and able to work extended shifts.

"Our members in Cape Breton, Pictou and elsewhere are to be commended for risking the roads. Few complain when they don't get home for days on end. But getting nurses safely to and from the workplace should be a higher priority."

President Hazelton says she hopes Nova Scotia's most recent storm strikes up a collaborative discussion on the subject so that patients and workers feel supported in harsh weather conditions.

"What are we doing to provide safe transportation of nurses to and from work. If nurses agree to come in during a storm, what are the specific and reasonable expectations?" asks Hazelton.

No doubt, we can count on nurses and other healthcare staff to get the job done. Even some dedicated, non-scheduled staff used snowshoes, snowmobiles, skis, and sleds to get to work to help with patients, serve meals and shovel snow - going above and beyond the call of duty.

Mark Sidney, Sydney resident & husband of NSNU Member Shannon Sidney, had to dig deep this winter





# NATIONAL NURSING WEEK

*Changing Lives. Shaping Tomorrow.*

National Nursing Week is May 6-12, 2024, and this year's theme is **Changing Lives. Shaping Tomorrow**. The theme recognizes the remarkable impact that nurses have on individuals, communities, and the future of health care.

Nurses play a crucial role in directly impacting the lives of patients. Through care, compassion and expertise, nurses make a difference. Nurses also advocate for their patients, ensuring they receive the best possible care and support.

Nurses are at the forefront of health-care innovation, enabling advancements in treatments, technologies, and patient care practices, readying us for the future. Nurses, as educators, have a significant influence on shaping the next generation of health-care professionals. Their knowledge and mentorship inspire others.

Throughout National Nursing Week and beyond, the Nova Scotia Nurses' Union celebrates our nurses and their commitment to improving the health and well-being of Nova Scotians.

## MySelf(ie)



Nursing advocacy can't stop with patients, it must extend to the profession. **Changing Lives. Shaping Tomorrow** also speaks to the state of nursing and the high esteem in which the profession is held.

Nurses can elevate themselves by being self-promoters, by sharing what makes you strong and proud to be a nurse.

We talk at length about the problems in nursing, and that's imperative to enact change. By including positive conversations about the profession, we make our patients feel confident in our care and inspire others to follow in our footsteps.

This NNW, tell us about yourself!

---

Send us a **MySelf(ie)** photo and a brief message about what makes you proud to be a nurse.

---

Please send your submission to  
**communications@nsnu.ca.**



## Nova Scotia's Newest Nursing Program

After Acadia successfully launched a satellite nursing program in partnership with Cape Breton University last year, the provincial government has committed to establish a new state-of-the-art nurse training facility at the Wolfville University.

The government's \$13.9M investment will allow Acadia to construct a new facility meeting all necessary requirements to secure accreditation for a full, permanent nursing program; including a dry lab, clinic teaching spaces, and simulation rooms. By 2027, the program intends to graduate 63 nurses each year.

This investment from the province signifies a notable step in addressing the critical shortage of nurses in Nova Scotia.

Geographically, this fills a large gap in the province. The establishment of the new training facility at

Acadia University will not only enhance the quality of nursing education but also increase accessibility for aspiring nurses in the area. Enabling those from the area to study closer to home will reduce financial burdens and encourage them to stay and work in the area post-graduation.

Acadia's President and Vice-Chancellor Peter Ricketts emphasized the importance of educating and training nurses in that area of the province. He also shared excitement that approximately half of Acadia's nursing seats will be designated for African Nova Scotian, Mi'kmaq, and Indigenous students, building a nursing workforce that reflects the increasing diversity of our province.

With nearly 1500 nursing vacancies in the province, including a large number in the Valley, NSNU President Janet Hazelton is optimistic that this is another step toward alleviating the nursing shortage in Nova Scotia.

## Keltic Clothing Pop-Ups

Keltic Clothing, locally headquartered in Sydney, NS, has been making the rounds despite challenging weather conditions.

The company has been prohibited from exhibiting in most facilities, as was past practice, with the onset of the pandemic. They have since resumed their pop-up shops in various locations, including the NSNU office in Dartmouth, providing nurses the opportunity to sample the uniforms up close and in person.

From February 20-22 the NSNU conference room was transformed into a Keltic Clothing boutique, allowing NSNU members to shop from a wide array of styles and take advantage of some specials.

To learn more or shop online visit [kelticclothing.ca](https://kelticclothing.ca) or check their calendar for another pop-up in your area ([kelticclothing.ca/pages/events-calendar](https://kelticclothing.ca/pages/events-calendar)).





# Sister of the Year

## INTERNATIONAL WOMEN'S DAY

On March 8, we celebrate International Women's Day. This year's theme was *Inspire Inclusion*.

When we inspire others to understand and value women's inclusion, we build a stronger society. When women themselves are inspired to be included, there's a sense of belonging, relevance, and empowerment.

The NSNU takes great pride in representing thousands of dedicated and resilient women.

Once again, the Nova Scotia Federation of Labour hosted International Women's Day breakfast with union activists and leaders. The theme, Inspire Inclusion, soundly resonates with our labour community and the women who strengthen the movement.

The Sister of the Year Award, also known as Bread and Roses, was presented to a nurse for the first time. The recognition honours a union sister who has proven their dedication to the trade union movement and the advancement of women's voices.

The NSNU is proud to announce that the 2024 recipient is *Janis Ritcey, LPN* - a familiar face to NSNU members and staff.

She is the epitome of inspiration. She is a mentor, a leader and a union friend. She was the Local President of the Dartmouth General Hospital for over 20 years, sat on numerous negotiating committees and committees of the union. She is a champion of nursing and labour issues, an advocate for publicly funded, publicly delivered universal care and is a treasured member of the NSNU.

### *Congratulations Janis!*

Thank you to the NSFL Women's Committee for organizing the breakfast event, including committee chair Donna Gillis (NSNU 1st VP) and Natalie Nymark (VP IWK). We also wish to acknowledge the Dartmouth General Nurses who were in attendance on March 8th to support Janis.



# March 8 2024

# What makes our fractured healthcare system remarkable?

It is no secret that our Canadian health care system is riddled with challenges. Every day I see a new issue headlining and I am reminded of the grim reality that the system is in shambles, and that real, positive change is slow. As a registered nurse, working within the system is arduous. Being the family member of a seriously injured patient within the system is even more difficult.

My husband suffered a serious accident in November 2023 that sent us on a four-month journey through our healthcare system. Yes, the challenges of our system are many. However, while addressing the struggles it is also important to talk about what makes our system great. Let me explain by sharing our story.

I was home on a quiet day in mid-November when I received a phone call from my sister-in-law to tell me my husband fell from the top of a ladder and that an ambulance was on the way. Panicked, I rushed to the hospital, not exactly sure of the extent of his injuries.

The first healthcare professionals he encountered were the paramedics. They provided lifesaving care by placing an abdominal binder correctly over his pelvis, ensuring proper pain control, and monitoring him continuously while he waited to be seen by the Emergency Department physician. We received timely and appropriate care while waiting to be transferred to another facility for surgery for a shattered pelvis.

Approximately twenty minutes into our journey to another hospital, our ambulance began jerking. A few minutes later, a bone grinding noise was clanking from the front end. The paramedic pulled the vehicle over, informing us we would have to wait for another ambulance to take us the rest of the way. I was thinking, "You have got to be kidding me." My husband, laying on the stretcher in pain

after being jostled from every bump and bend in the road said, "Should have got a Ford." We all burst out laughing. How he was still cracking jokes with a shattered pelvis was even more shocking than the mechanical misfortune. I asked if mechanical breakdowns were a common occurrence and our paramedic of 25 years said it had only happened to him one other time, while subtly adding that the vehicle caught fire. "Oh, excellent," was my response and we all laughed again.


While waiting for another ambulance to arrive, I was extremely grateful for the calm, cool, and collected demeanor of our paramedics. They handled the transfer from one ambulance to the other, on a very busy highway at night, as if they performed such a task every day. The RCMP had to totally shut down one side of the highway so we could be safely transferred.

We eventually arrived at the hospital. After a long and torturous night, my husband was whisked away for surgery the next morning. The wait was agonizing. I was told it was roughly a four-hour surgery. Six hours later, when I still had absolutely no information, I started to panic. When I asked for an update, his nurse told me she had no information and would not get any until he was back on the unit.

Once my husband had spent enough time in post-operative recovery, he was transferred to an intermediate care unit (IMCU), and I finally received an update on his condition. He had severe blood loss during the surgery and needed to be closely monitored. I was worried, but also thankful that there was a higher acuity bed available. The nurses in the IMCU were exceptional. Even the slightest changes in his condition were reported immediately to a resident and dealt with.

By Devin Myers





They even allowed me to stay with him overnight, which I was not granted the first night. However, that's another story.

After a few days in the IMCU we were transferred out to a regular floor. It took every ounce of strength I had not to grab the chart and comb through every lab value, imaging report, consult report, order, and progress note and perform all his care myself. My brain was in critical care nurse mode trying to fix everything. At the same time, I could hardly function from sleep deprivation and stress. Any nurse who has ever had a seriously ill or injured family member understands the precarious position I was in. I was trying hard not to be "that" family member while at the same time wanting to ensure my husband received the best possible care in a system that is falling apart. The entire experience was a delicate balance between advocating and accepting the situation, while feeling lucky to be there.

Day in and day out we were faced with different challenges that delayed his discharge. Medication errors were made when switching from one pain med to another and he waited for hours, in agonizing pain, for a correction in the order and for a nurse to be available to administer the medication. This happened not once, but twice. When being discharged, we were almost sent home without the proper anti-coagulation. Also, I did not have the chance to speak to the surgeon until our two week follow up.

What kept me sane was the kindness and compassion of the nurses and other healthcare workers. I saw myself in every brand-new nurse on that floor. One nurse told me she had only been there for five months, and that she was the most senior nurse that day because the turnover rate on that floor is so high. I had once been in her shoes.

I did what I could to make their jobs easier. I asked questions when I needed to and made sure no details fell through the cracks. Finally, after eight days we were discharged.

Overall, we encountered many challenges during our experience and this story only scratches the surface. Our misfortunes were no doubt the product of overworked staff trying to hold the system together. What I want to highlight is that every step of the way I saw dedicated professionals who were doing their best and somehow found a way to keep going. I know because I have been there. I have been that brand new, wide-eyed nurse, fresh out of school. I have worked short staffed in every position I ever had. I have been on the other side of a medication error. I understood all of it, but it was still terribly difficult.

So, what makes our healthcare system remarkable amid all the challenges you ask? Simply put, it is the healthcare professionals who have the strength to persevere under undeniable strain. My husband is now almost fully recovered. He can walk independently with minimal pain only four months after his accident. Amazing. Our dedicated healthcare professionals did that.

Our system may be broken, but we collectively are not. Take care of yourself and each other. We, the healthcare workers, make our fractured healthcare system remarkable. Keep going.

# NURSES' UNION CROSSWORD

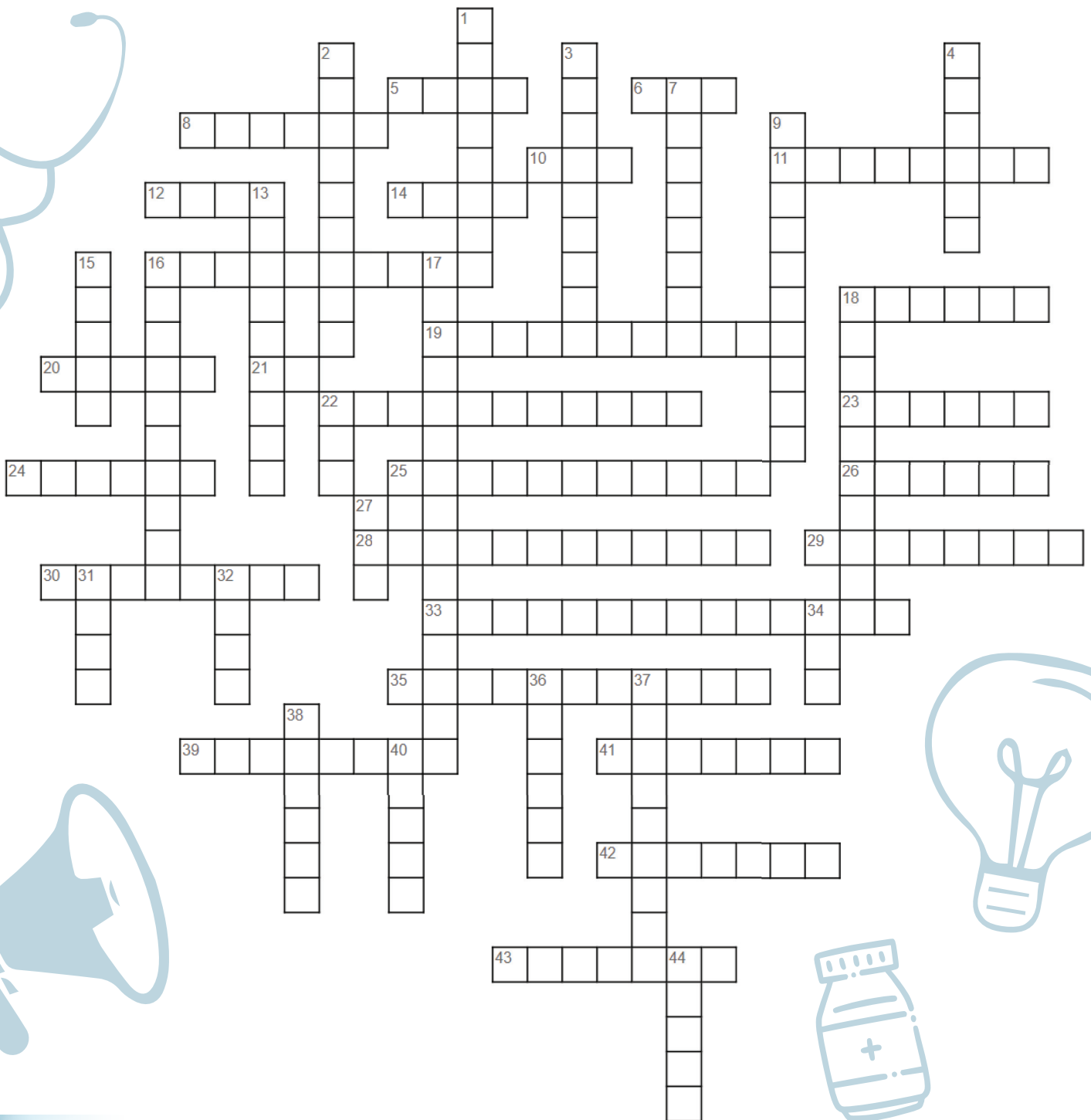
*Annual General Meeting Edition*

Test your knowledge of union lingo in preparation for the upcoming Annual General Meeting.

Submit a scan or clear photo of your **completed** crossword to [communications@nsnu.ca](mailto:communications@nsnu.ca) by **April 30** for your chance to win an NSNU merchandise prize package valued at **\$250!**

Only complete and correct crosswords submitted before the deadline will be considered for the draw.

After April 30, look for crossword answers on the Escape page!





## ACROSS

- 5 Acronym. Nursing regulatory body in N.S.
- 6 National Nursing Week is held this month
- 8 Form of “sidewalk” protest. Also a fence
- 10 Acronym. Protective clothing or equipment
- 11 The maximum amount that something can contain
- 12 Acronym. Educational institution for N.S. LPNs
- 14 Acronym. Canada’s largest nurses’ organization
- 16 A branch of medicine at the IWK
- 18 This N.S. university is the most recent to introduce a nursing program
- 19 A strategic discussion between two or more parties
- 20 The eleven elected officials of NSNU
- 21 Acronym. A contract between employers and employees
- 22 Method of resolving disputes between the union and the employer
- 23 Name of NSNU’s leisure webpage
- 24 Moral principles that govern a person’s behavior
- 25 Debated yearly at the AGM
- 26 Clothing worn by nurses and others
- 28 Formal approval of a newly-negotiated agreement
- 29 AGM attendee with voting privileges
- 30 AGM attendee without voting privileges
- 33 The state of being liable, or answerable
- 35 Surname of founder of modern nursing
- 39 Supporting, promoting and safeguarding rights
- 41 Formal written record of a meeting
- 42 This AGM 2024 event includes Denim & Diamonds
- 43 Recipient of hospital care

## DOWN

- 1 A shot in the arm
- 2 A nurse who supervises nursing students
- 3 NSNU’s LTC, LPN and Community Care groupings
- 4 Work stoppage of unionized employees
- 7 A person who campaigns to bring about change
- 9 AGM attendee who counts ballots, votes - reports results
- 13 Nursing students’ supervised placements
- 15 An organization that represents workers
- 16 Canada’s publicly-funded drug insurance program
- 17 The ethical and legal obligation to privacy
- 18 A full patient examination
- 22 Acronym. Series of meetings held annually in Truro
- 27 Acronym. NSNU staffers who provide advice on contract and workplace concerns
- 31 Colour code used for medical resuscitation
- 32 The process used in passing a motion
- 34 Acronym. Nurse educated outside of Canada
- 36 Prioritization of patient treatment in EDs
- 37 A formal complaint of improper contract application
- 38 A statement of intent, implemented as a procedure or protocol
- 40 Medical file that follows a patient
- 44 The examination for RN licensing in Canada



# what's nu? with members

To share what you or your Local is up to, send a photo and description to [communications@nsnu.ca](mailto:communications@nsnu.ca)

## Winter Woes

During the heavy snowstorm that struck Nova Scotia in early February, many nurses were faced with navigating through a record-breaking 150 centimeters of snow. Among them, Jackie Pratt and Paris Landry demonstrated remarkable creativity and determination on their way to work.

The NSNU acknowledges and thanks these nurses, along with all others who went to great lengths to get to work, for their unwavering dedication.



Jackie



Paris



## South Shore Safari Day

Lions, zebras and monkeys – oh my!

The Oncology Clinic at South Shore Regional brought some sunshine inside with a safari themed day. Special thanks to Michelle Lowe, the toucan, for sharing.

Pictured, from left to right, John Davis, Sandra Ward, Michelle Lowe, Ashley Mackay, Nicola Gosse and Katlyn Norris.

## Woman Power!

These OR nurses at the Cumberland Regional Health Centre sported uterus scrub caps on March 8th in recognition of International Women's Day.

#IWD is an important time to raise awareness for gender equality, women's rights and the challenges faced worldwide. This gesture serves as a reminder of the crucial role that healthcare professionals play in advocating for women's health and empowerment.

Thank you for celebrating and sharing this photo!





## MSVU Faculty Ends Strike

Job action that began February 12th by the faculty of Mount Saint Vincent University concluded March 5th, marking the end of the longest and only the second strike in the institution's history.

The union representing striking faculty and staff at Mount Saint Vincent University reached a deal with the school's board of governors after three intense days back at the bargaining table. They achieved 3% salary raises per year for the next three years, enhanced pregnancy leave, and a new route for professors to be promoted to full professor, in addition to other language improvements.

Faculty association members voted 93 per cent in favour of ratifying the deal.

Approximately 160 faculty, librarians and lab instructors were on strike in part for higher wages and benefits, and to bring them in line with other Atlantic universities. During the strike, the faculty association said staff at the school were among the lowest paid in the province and asked for wage parity with other Atlantic universities.

The Halifax university's faculty were back on the job March 6th.

In a show of solidarity, NSNU's Anne Boutilier, Central Vice President paid a visit to the picket line during the strike. The NSNU also contributed to the MSVUFA's strike fund which is standard practice for fellow NSFL member organizations.



## President Meets with Future Practical Nurses

On Valentine's Day, NSNU President Janet Hazelton spent some time doing one of the things she loves most - speaking with students.

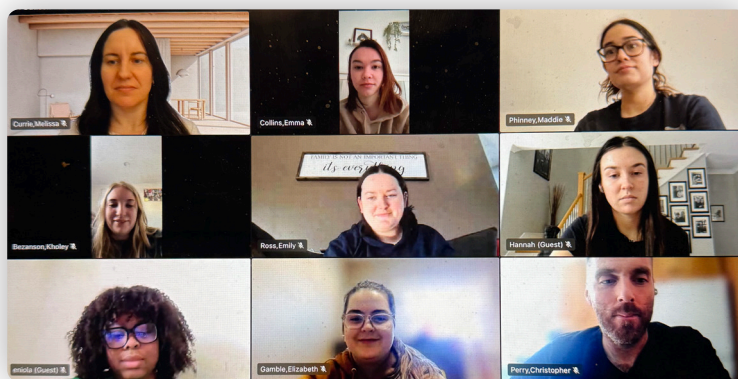
President Hazelton was invited to meet virtually with students enrolled in the LPN program at NSCC's Truro Campus on February 14. The following week, on February 20, Janet addressed senior LPN students at NSCC's Ivany Campus, delving into the topic of Unions.

It is always a pleasure for Janet to meet nursing students, share her experiences, and engage with the upcoming generation of nurses.

With two decades of NSNU leadership under her belt, President Hazelton imparts her wisdom on nursing realities, the importance of union participation and professional practice concerns. She greatly appreciates these exchanges with aspiring nurses, answering their questions and motivating them to be leaders.

Many of these students will eventually join NSNU as they embark on their nursing careers, and we are thrilled to welcome them aboard.

Janet appreciates the opportunity to visit nursing classrooms, whether in person or virtually.



NSCC Truro | February 14



NSCC Ivany | February 20



Charlottetown

# EASTERN LABOUR SCHOOL

NSNU encourages members, old and new, to attend Eastern Labour School from June 9-11 at UPEI in Charlottetown.

Registration for the event is between 4pm-6pm, June 9 with a reception from 6pm-8:30pm. Classes will begin on June 10.

Eastern Labour School is a biennial educational event hosted by NSNU, NBNU, PEINU, RNUNL on a rotational basis. Nurses from all four provincial unions come together for two days of education sessions related to various labour/union topics.

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## Eligibility to Attend

NSNU sponsors one member per local to attend Eastern Labour School - that includes travel, accommodations, and salary replacement. Locals merged since 1980 retain their original Union paid seat for Labour School. When completing the salary replacement forms found online at [nsnu.ca/resources/form-guides](https://nsnu.ca/resources/form-guides), hourly rate and actual number of hours worked in a shift must be provided. The proper hourly rates are referred to in Appendix "A" of the Collective Agreement(s). Failure to accurately complete the forms will delay the processing of reimbursement cheques.

Locals can register additional participants at their own expense, as can individuals. The NSNU will invoice the Local or individual after registration closes on April 26 with payment due by May 10. Spaces are limited and registration does not guarantee participation.

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## Registration Details

Registration for ELS 2024 will be open until **April 26**. All members attending ELS 2024, including draw and scholarship winners, must fill out a registration form by the **Friday, April 26** deadline.

The fee to attend ELS is **\$475**. This fee covers the cost of provided meals, the reception, social events, shared accommodations on the UPEI campus, and course instruction. This fee is applicable to all members who are not sponsored by the Provincial Union. At the conclusion of the event provincial sponsored members can submit forms for salary replacement and mileage. The provincial union will only provide meal reimbursement on travel days - June 9 and 11 - as all other meals are covered.





# JUNE 9-11 2024

## Course Selection

Members who are participating for the first time will select one of four foundation courses (which includes a French option), while those returning to ELS can choose from a selection of other courses. The host province will do their best to accommodate your course preferences as ranked on your form.

### Foundation Courses (1.5 Days)

- General Labour Relations
- The Negotiation Process
- Private versus Public Health Care
- French Course  
Details TBD

### 90-Minute Courses

- Communications: Finding the Balance Between Activism & Antagonism
- Psychological Health & Safety in the Nursing Profession
- Facing Management Effectively
- Nursing & the Law
- Nursing & Addictions
- Digital Professionalism: Social Media & Your Nursing Practice
- Professional Practice & Clinical Capacity
- Occupational Health & Safety Training
- Workplace Bullying/Creating a Positive Workplace Environment
- Effective Meetings

For more information and updates about ELS 2024, including course descriptions visit [nsnu.ca/ELS2024](https://nsnu.ca/ELS2024).

# OOPS!

## January 2024 Correction

Please note that an error in the printing process resulted in skewed photos in our January 2024 edition of What's Nu?

The photos on **page 19** are correct in the digital copy of the newsletter, found online at [nsnu.ca/resources/newsletters](https://nsnu.ca/resources/newsletters). The images should have appeared in their correct orientation:

NSCC Cumberland Campus: LPNs



Dalhousie School of Nursing: Yarmouth

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