CANADA'S NURSES

Speak Up

2017 BIENNIAL CONVENTION

2017 Biennial Convention

REPORTS

CFNU

CANADIAN FEDERATION OF NURSES UNIONS | WHERE KNOWLEDGE MEETS KNOW-HOW

Convention 2017
REPORTS | RAPPORTS

UNA
United Nurses of Alberta

Saskatchewan Union of Nurses

Manitoba Nurses Union
A COMMITMENT TO CARING

ONA
Ontario Nurses' Association

New Brunswick Nurses Union
NBNU SUINB
Syndicat des infirmières et infirmiers du Nouveau-Brunswick

Nova Scotia Nurses' Union

pei nurses

Registered Nurses' Union
Newfoundland & Labrador

CNSA | AEIC

CFNU
CANADIAN FEDERATION OF NURSES UNIONS | WHERE KNOWLEDGE MEETS KNOW-HOW

CFNU.CA | NURSESUNIONS.CA

2841 RIVERSIDE DRIVE OTTAWA, ONTARIO K1V 8X7
TELEPHONE: 613-526-4661 | FAX: 613-526-1023
TOLL FREE: 1-800-321-9821

@CFNU
@CFNUPRESIDENT
/NURSESUNIONS

FSC www.fsc.org MIX Paper from responsible sources

Table of Contents

1. **President's Report 2**
2. CFNU Strategic Plan 2017-2019 48
3. Long-Term Bargaining Goals..... 53
4. Summary of the CFNU NEB Safe Staffing Study Tour..... 57
5. International Solidarity Fund Report..... 67
6. International Solidarity Fund Revenue and Expenses..... 73
7. Member Organizations Hot News..... 75
8. 2015-2017 Canadian Labour Congress Recap..... 98
9. **Secretary-Treasurer's Report..... 107**
10. Audit Statements 2015-2016..... 110
11. Statement of Revenue and Expenses 120
12. Canadian Health Coalition Activity Report..... 121

President's Report

Table of Contents

1. INTRODUCTION
2. RESEARCH
   a) *Before It's Too Late: A National Plan for Safe Seniors' Care*
   b) *The Canada Health Transfer Disconnect: An Aging Population, Rising Health Care Costs and a Shrinking Federal Role in Funding*
   c) *Bridging the Generational Divide: Nurses United in Providing Quality Patient Care*
   d) *Women's Health* 2015 Edition
   e) *Down the Drain: How Canada Has Wasted $62 Billion Health Care Dollars Without Pharmacare*
3. INFLUENCING POLICY
   a) Canadian Health Accord Negotiations & CFNU's Health and Social Accord
   b) Standing Committee on Health – Development of a National Pharmacare Program
   c) CBS Update
   d) Cambie Court Case
   e) *Health in All Policies* Position Statement

f) Domestic Violence
g) Trade Deals: TPP & CETA
h) Trade Agreement Rally
i) Minister Freeland Trade Agreement Meetings
j) Labour Market Survey
k) CNA *Code of Ethics* Review
l) National Nursing Framework on Medical Assistance in Dying (MAID) in Canada
m) CNA/CFNU Safe Staffing Toolkit
n) Safe Staffing Deck
o) Finance Committee Submission
p) Status of Women Committee Submission
q) New Zealand Study Tour – Safe Staffing

SPEAKING UP

a) Federal Election *Vote for the Health Care We Deserve!*
b) Council of the Federation
c) Health Ministers Meeting
d) Parliamentary Breakfast
e) Meeting with Minister Philpott
f) Women's March on Washington
g) NCLEX
h) CFNU's New Activism and Action App

4. INTERNATIONAL SOLIDARITY

a) ICN Conference
b) Korean Health & Medical Workers' Union
c) Global Nurses United
d) SATSE Meeting

5. DEFENDING WORKERS' RIGHTS

a) Canadian Labour Congress Meeting with Prime Minister Trudeau
b) UNCSW 60th and 61st Sessions
c) CLC Convention
d) 2017 Governor General's Canadian Leadership Conference

6. CONCLUSION

Linda Silas

CFNU President

2003 – present

1. Introduction

Pray for the dead and fight like hell for the living.

Mother Jones (1837-1930)

Within the 2015 President's Address, my message was clear: "We expected better from the Federal government." Since then, we have seen a change of government from the deep dark Conservative blues to the sunny ways of the Trudeau Liberals.

To be honest, we have seen more openness from the government to dialogue and consultation. We have seen more consideration towards those suffering from mental illness. We have seen attention paid to Indigenous communities and concerns over our aging population. Saying all this, while we have heard many good speeches, we have yet to see the kind of action that we had hoped for. On the front lines of our health care system nurses know that our seniors are suffering and families are concerned, home care is a disaster, mental health services are still only offered at a bare minimum and often only accessible to those who can pay. Our Indigenous neighbours are shaking their heads wondering when things will change, when they will receive what was promised: decent education, health care for all and basic human rights such as clean water and feeling safe walking down the street.

For the 2017 convention, our theme might not be *We Expect Better*, but it surely could be *Our Job is Not Done.* As unionized nurses we need to speak up and speak out louder.

The convention report in your hands gives you an outline of what the CFNU and your National Executive Board (NEB) have been doing over the last two years.

You will read about CFNU's new strategic plan, the research the CFNU has undertaken over the past two years, CFNU's activism to safeguard – and expand – Canada's public health system at both the federal and provincial levels, our work on safe staffing and other issues of concern to nurses across the country.

The goal of this convention is to provide our roadmap for the next two years and beyond. We have a mantra at the CFNU: it is to be there for our Member Organizations, your provincial unions. We know that with what is going on at the local and provincial levels, we will need to stick together.

The successes we have had over the past two years have all been due to the collaboration of our Member Organizations and their teams of researchers, negotiators, communicators and you. We know the definition of solidarity – we stick together.

Strategic Plan

In October 2016, the NEB spent two days reviewing our Strategic direction for the next two years. Rest assured that the foundation of our Mission and Vision did not change. We did update our strategic directions to guide our work over the next two years.

Mission: To be the national voice advocating for nurses and quality public health care.

Vision: A strong, national voice for unionized nurses in Canada and part of the world voice for unionized nurses.

Our overarching priority is:

- Amplifying Nurses' Voice and Building a Movement

Our two key pillars of work will be:

- Safe Nurses, Healthy Work and Quality Patient Care
- Better, Broader Public Health Care

The full strategic plan is contained in the convention booklet.

2. Research

Before It's Too Late: A National Plan For Safe Seniors' Care

June 2015

In late June 2015, we published *Before It's Too Late: A National Plan For Safe Seniors' Care.* The authors were Dr. Pat Armstrong, Dr. Hugh Armstrong and Dr. Jacqueline Choiniere. The paper was distributed to all health care organizations, health ministers, and premiers' offices.

The CFNU would like to thank the advisory committee for this report (Lawrence Walter, ONA, and Janet Hazelton, NSNU).

Canada's frontline nurses, as represented by the Canadian Federation of Nurses Unions, offer the following recommendations:

1. That the federal government develop a national plan for safe seniors' care, with long-term, dedicated funding and effective enforcement mechanisms;

2. That provincial governments build on the national plan by ensuring the provision of:

   a) A stable workforce
   b) Adequate staffing levels and appropriate staff mix
   c) Training and education
   d) An integrated system

3. That the federal and provincial governments join together in funding home care to ensure the provision of adequate and appropriate short-term and extended home care services available for seniors who need them in order to reduce avoidable complications and adverse outcomes, and decrease the care burden on family members, which, in turn, negatively impacts caregivers' work lives and health.

4. That the federal government introduce and enforce a new seniors' care standard.

The Canada Health Transfer Disconnect: An Aging Population, Rising Health Care Costs and a Shrinking Federal Role in Funding

July 2015

In July 2015, as part of our work at the Council of the Federation meeting, we published an expert paper, *The Canada Health Transfer Disconnect: An Aging Population, Rising Health Care Costs and a Shrinking Federal Role in Funding.* The research shows what the cuts to federal funding mean for our health care system in terms of real tangible losses ($43.5 billion lost): fewer home care visits, fewer primary care centres, fewer long-term care beds, and fewer nurses in our communities providing care.

The author is Hugh Mackenzie.

Bridging the Generational Divide: Nurses United in Providing Quality Patient Care

December 2015

In December 2015, the CFNU published *Bridging the Generational Divide: Nurses United in Providing Quality Patient Care*, which provides stark evidence of the effects of 'boom to bust' models of nursing, with health human resources planning changing with every shift in the political landscape. The report paints a picture of a troubled workplace where frontline nurses struggle to meet their professional obligations to provide safe, quality care, in the face of excessive workloads and overtime, high nurse-patient ratios, and management that is too often removed from frontline realities.

The author of this research paper is Dr. Sheri Price working with Dr. Linda McGillis Hall.

The CFNU would like to thank the advisory committee for this report (Judith Grossman, UNA, Lawrence Walter, ONA, and Paul Curry, NSNU).

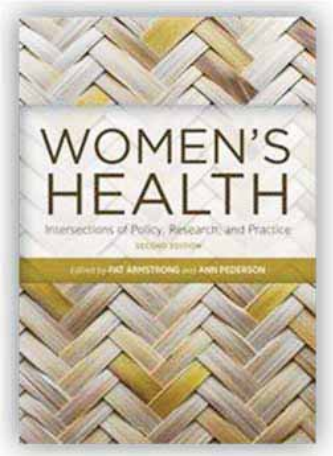
The report made 39 recommendations. Below is a summary of the recommendations:

1. Work-Life Balance/Health: Address issues of work-life balance and the health and well-being of nurses.
2. Evidence-Based Safe Staffing: Prioritize safe staffing by improving overall nursing staff levels to ensure optimal, safe, quality patient care.

3. Workplace Relationships/Leadership Capacity: Ensure the active involvement of frontline nurses in clinical decision-making, effective management-staff relations, enhanced leadership capacity, and respectful and productive workplace relationships.
4. Teamwork: Provide funding for employers to optimize patient outcomes through prioritizing therapeutic nurse-patient interactions and coordinated intraprofessional teamwork, aligned with nurses' scopes of practice, qualifications and competencies.
5. Student/New Nurse Graduates' Transition Programs: Provide policies, resources and funding for educators and employers to implement evidence-based programs to ensure successful transition to professional practice
6. Continuing Education/Professional Development Training: Address the need for continuing education and professional development by creating a culture of investment in nurses' knowledge and evidence informed practice across the career continuum.

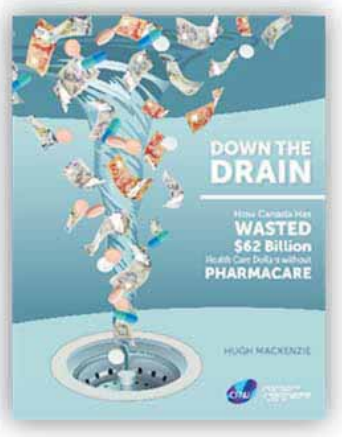
Women's Health 2015 Edition

The 2nd edition of *Women's Health: Intersections of Policy, Research, and Practice*, edited by Pat Armstrong and Ann Pederson, was recently published. It included an updated "Chapter 14: Where Policy Meets the Nursing Front Line," by the CFNU, identifying some of the challenges and issues nurses face on the front line.



Down the Drain – How Canada Has Wasted $62 Billion Health Care Dollars Without Pharmacare

December 2016



In December 2016, the Canadian Federation of Nurses Unions released a new report titled: *Down the Drain: How Canada Has Wasted $62 Billion Health Care Dollars without Pharmacare*, where noted economist Hugh Mackenzie calculates the disturbing amount Canada has wasted over the past 10 years by not implementing national pharmacare.

The report calculates the waste from 2006-2015. Mackenzie starts the clock two years after 2004, when Canada's premiers unanimously called for the federal government to implement national pharmacare. Today the rate of waste continues to grow, adding even more to the growing missed opportunity of pharmacare. Every year people living in Canada will waste an additional $7.3 billion, equaling $14,000 squandered health care dollars every minute of every day, due to Canadians paying among the world's highest prices for prescription drugs.

3. Influencing Policy

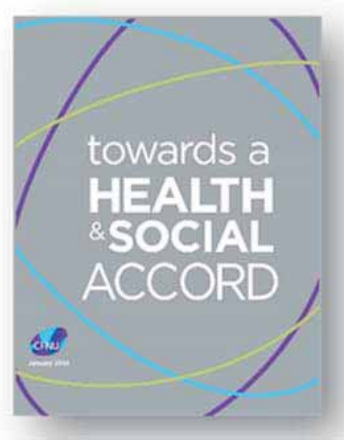
Canadian Health Accord Negotiations

&

CFNU's Health and Social Accord

In December 2015 we called a health care stakeholders' meeting to discuss the future of the Health Accord, where we were fortunate that 44 participants from national organizations participated in a day-long meeting facilitated by Michael Villeneuve. Through the month of December to January 20, 2016, the group worked together to sign off on *Towards a Health And Social Accord* with recommendations for:

- Stable Federal Health Care Funding (to a minimum of 25% by 2025)
- Coordinated Health Human Resources Planning
- A National Prescription Drug Plan (Pharmacare)
- A Canadian Strategy for Healthy Aging
- Improved Access to Health Services in Home and Community Settings
- Improved Access to Mental Health Services



In the weeks leading up to the Liberals' first federal budget in 2016, the Canadian Federation o f Nurses Unions offered clear recommendations during the pre-budget consultation process, focusing on implementing a new Health and Social Accord.

In December 2016, while negotiating a new Health Accord, federal Health Minister Jane Philpott employed a 'take it or leave it' strategy to pressure all the provinces to accept a flat 3.5% CHT increase for five years and an extra 11.5 billion over 10 years for home care and mental health. When this approach to negotiations failed, the government pursued a "divide and conquer" strategy, signing bilateral health agreements with each of the provinces in turn. New Brunswick was the first province to negotiate a side deal with the federal government, with Ontario, Quebec and Alberta signing bilateral agreements in March 2017 just prior to the tabling of the federal government budget. As of this writing, Manitoba remains the lone holdout. It has indicated it wants additional dedicated funding for indigenous health and diabetes. Under these bilateral agreements, the provinces and territories will receive the CHT on a 3% escalator, or the rate of growth in nominal GDP (the Harper government's proposal), but with additional money for home care and mental health. British Columbia and Alberta received additional funds to tackle the opioid crisis in these provinces.

The CFNU welcomes the federal government's provision of more funding for home care and mental health services in the 2017 federal budget. The CFNU also looks forward to the release of the federal Standing Committee on Health report on the Development of a National Pharmacare Program. However, the CFNU regrets that more funding has not been provided for health care. The federal share of national (provincial and territorial) health expenditures remains below the funding floor of 25% called for by the Romanow commission.

With the current funding formula, this share of federal funding will be reduced to 14.3% by 2037 (CCPA, 2017).

CFNU Secretary-Treasurer Pauline Worsfold with former Health and Welfare Minister and founder of the Canada Health Act, Monique Bégin

Standing Committee on Health – Development of a National Pharmacare Program

From 2016-2017 the federal standing committee on health (HESA) met to discuss "the development of a national pharmacare program".

CFNU monitored and attended the meetings, with Anil Naidoo being noted for his perfect attendance as "the most loyal witness" by the Committee Chair, Bill Casey. In June, 2016, CFNU submitted a brief to the committee identifying the economic, business, labour, and patient benefits that would result from a national pharmacare program. In November, 2016, the Committee heard from CFNU's President directly when I testified before the Committee. Don Davies, an NDP member of HESA, later referenced our testimony as providing a compelling foundation of the need for national pharmacare, citing the CFNU's knowledge and understanding of frontline impact on patients.

The HESA Committee is poised to release its report in 2017, following its study on the potential of a national pharmacare program, in conjunction with a study it has commissioned from the Parliamentary Budget Officer (PBO) to explore additional cost/benefit implications. The CFNU looks forward to working with federal and provincial governments to move forward on this file.

CBS Update

The CFNU was invited to join an informal committee of the Canadian Blood Services looking at donor eligibility and changes to the exemption for men who have sex with men (MSM). Originally, MSM donors were not eligible to give blood; this was subsequently changed to a five-year deferral. As of August 15, 2016, the deferral period for men who have sex with men was reduced to one year from five years, meaning MSMs are eligible to donate blood if they have not had sexual contact with a man for at least one year.

The CFNU has maintained that we support a behavior-based model of screening which is less discriminatory. We have passed resolutions at convention and sent letters to Health Canada and the minister, outlining our concerns. The CFNU's position on moving to behavior-based screening was strongly supported in the room and among CBS staff. It was argued, however, that we should not proceed with suggesting a behavior-based model until sufficient data had been collected to present to Health Canada, outlining the safety of behavior-based screening.

The challenge clearly is how to shift from time-based to behavior-based screening. The science is strong outlining that even one-year deferrals are overly long as blood testing is very sophisticated, yet the prejudice against shorter MSM donation deferrals remains. Canadian Blood Services is exploring the possibility of moving toward behaviour-based screening, as recommended by the CFNU and other health care stakeholders. CBS aims to identify a long-term solution that prioritizes patient safety while minimizing the societal impact on certain groups of people. They have established a working group to serve as a forum for ongoing discussion and consultation as we develop further changes in eligibility criteria. A two-day meeting was also held in January 2017 with national and international stakeholders to identify research priorities for closing the knowledge gaps that impact donor eligibility for men who have sex with men.

Cambie Court Case

In 2016, an audit was undertaken of the Cambie Surgery Centre, in the lower mainland in British Columbia. The audit found that the Cambie Surgery Centre had conducted illegal extra billing for years, with patients being billed privately for a medical service that is provided by the BC provincial health plan. Extra billing is in direct violation of the provincial *Medicare Protection Act* in BC and the federal *Canada Health Act*.

Cambie's response (initiated by Dr. Day) to the audit findings was to initiate a Charter Challenge. This case being heard by the BC Supreme Court continues to be a significant threat to our public health care system by attacking the BC *Medicare Protection Act*, using individual constitutional rights as a lever to bring down the entire system. It is

almost inevitable that this case will be heard at the Supreme Court of Canada, given the stakes that are at play for all sides.

The plaintiffs, which represent the private clinic side of the argument, have called for additional patient witnesses, extending the trial into the fall. The intervenors, including the BC Health Coalition, Canadian Doctors for Medicare and BCNU, are doing a great job of challenging the arguments being made by those who want to undermine our public health care system. The federal government has joined the case, which is a positive development.

The CFNU will continue to work with the health coalitions and others as this case unfolds, strongly defending our public health care system. The CFNU has provided support to the intervenors for communications costs ($10,000 in 2016) and legal costs ($10,000 in 2017). The work being done by the intervenors is being done on behalf of all of us who support public health care delivery in Canada.

The Cambie Case is mostly being fought in BC, but the implications are national. It is important that the misinformation being brought forward by Dr. Day and those who want to dismantle our public health care system be countered.

Health in All Policies (HiAP) Position Statement, October 2016

The CFNU has developed a position statement on Health in All Policies (HiAP). This document acknowledges that continuing to run our health care system by solely treating the symptoms of disease is inefficient. To truly utilize the numerous resources at the disposal of Canadians, illness and disease must be observed and managed from the ground-up. A HiAP approach to health would not only reduce stress on the health care system but also pay dividends in reduced costs. The CFNU calls upon the federal government to address these concerns within our nation's policy-making process. The Canadian government has a mandate to ensure all citizens have equal opportunity to pursue health, and a Health in All Policies solution will bring Canada closer to fulfilling that duty. Integrating health into all policy-making decisions is essential in maintaining Canada's reputation as a global leader and role model in health care.

Domestic Violence

From December 2013 – June 2014, the Canadian Labour Congress (CLC) in partnership with Western University surveyed people in Canada about domestic violence (DV) online (first national survey in Canada on domestic violence impacts on workplace). The survey resulted in a report entitled *Can Work Be Safe, When Home Isn't? Initial Findings of a Pan-Canadian Survey on Domestic Violence and the Workplace*. Linda Silas remains on its advisory board.

The report released in December 2014 found that 33.6% of respondents had experienced DV in their lifetime. Among those who had experienced DV, 38% reported that it affected their ability to work, 58.5% experienced DV at or near the workplace (i.e., abusive phone calls, stalking, emails, abuser at workplace, or contacts with coworkers and/or employer), 81.9% found DV negatively affected their work performance, and 8.5% lost a job due to DV. As a follow-up to this project, the CLC continued to work with Western University to develop a series of videos to highlight situations of DV as it impacts the workplace and to raise awareness among their membership as to what actions could be taken to address the issue of DV and its impacts on the workplace.

The next step in this project was raising awareness among unions about the issue of domestic violence and its impact on the workplace. To this end, the CLC designed a train-the-trainer program on domestic violence and its impact on workers and the workplace. The program is delivered in two parts: through a series of webinars, followed by a face-to-face session of two days plus one evening. The training is intended for union stewards and Occupational Health & Safety specialists to allow them to work nationally and/or regionally to deliver the first-responder training. CFNU's researcher, Carol Reichert, was one of the first to participate in the train-the-trainer program on domestic violence.

The CFNU has been part of the advisory committee and train-the-trainer program. We are currently working with the CLC to build a strong awareness which will include changing laws and regulations, but also making our collective agreement language stronger, for example, by adding paid leave of absence.

Trade Deals: TPP and CETA

In 2016, the CFNU lobbied the government actively on the TPP and its implications for public health care, particularly with respect to potential new programs such as pharmacare. The CFNU commissioned a report from the Canadian Centre for Policy Alternative's Scott Sinclair, entitled *Major Complications, The TPP and Canadian Health Care*, to review the impact of the TPP on health care. The CFNU also provided a submission to the Standing Committee on International Trade on the impacts of TPP. The CFNU participated in national meetings to explore the TPP's impacts.

Though, ultimately, the federal government signed the agreement in late October, we have continued to put pressure on politicians to ensure that there are clear exclusions for public health care in place.

In November 2016 I joined national labour leaders for the CLC-lead Stop TPP town halls across Canada, where the CFNU presented evidence highlighting the threats that the TPP poses to our Canadian health care system, including higher costs for prescription drugs.

Trade Agreement Rally September 17, 2016

In September 2016 I had the honour of representing Canada's trade unions in Frankfurt, Germany, to participate in the Stop CETA & TTIP rallies. We urged the government not to ratify the 'fundamentally flawed' European trade pact CETA. We voiced our concerns over CETA's patent protection provisions which could increase the annual cost of pharmaceuticals in our health care system by $1 billion or more. The event was very successful with 50,000 people marching in the streets of Frankfurt. Before the event, the CFNU joined other unions to release a statement with the following demands:

Remove all investor rights rules

- There is no need to bypass our public court system and use extra-judicial arbitration that favours corporations. CETA's proposed Investor Court System is not a real improvement on flawed investor-state dispute resolution systems in NAFTA and other trade deals.

Protect public services from privatization

- CETA puts our public services at risk by making it harder to reverse failed privatizations or expand public services in the future.

Stop pharmaceutical patent extensions

- CETA's patent protection provisions could increase the annual cost of pharmaceuticals in our health care system by $1 billion or more.

Protect procurement across services and sectors

- Currently, any government service or sector not explicitly excluded is swept into CETA. This limits the rights of provinces, municipalities, and other entities to get the most out of their procurement spending by favouring local goods and services.

Include a real mechanism for enforcing labour rights

- Currently, violations of labour rights are not subject to any meaningful sanction – a marked contrast from the provisions that address the rights of investors.

Minister Freeland Trade Agreement Meetings
December 9, 2015
January 26, 2016
March 1, 2017

Together with the Canadian Labour Congress, the CFNU continues to work on this important and evolving file.

The CFNU and CLC recommend the following measures:

- Labour and environmental side agreements in NAFTA must be fundamentally strengthened by bringing them into the main agreement and making them subject to trade sanctions.
- The dispute mechanism in NAFTA that grants special rights to foreign investors and allows corporations to sue governments must be eliminated.
- Proportionality must be encouraged in trade flows across key sectors.
- Our supply management system must be protected.
- Our existing public services, as well new public services – such as a national pharmacare program – must be protected.
- A fair resolution must be negotiated to the softwood lumber dispute.
- Strategic and effective use of government procurement towards Canadian economic development goals must be prioritized.
- Sectors that are currently exempt from NAFTA must not be included in any new negotiations.
- Labor and civil society need to be engaged in discussions of any trade deals from the outset.

Labour Market Survey August 19, 2016

After a consultation with the CLC, an opportunity was identified to provide input into consultations being conducted by the Forum of Labour Market Ministers on the Labour Market Transfer Agreements.

The CFNU provided the following six recommendations to the Forum of Labour Market Ministers.

Recommendation 1: The Federal Government work through Labour Market Agreements processes with provinces and territories to fund and support changes to training and certification processes in health careers to create new credential pathways which are tiered and allow professionals to upskill.

Recommendation 2: The CFNU recommends the establishment of a $1 billion over five-year health education fund to support education and life-long learning for health professionals. The health education fund is a recommendation previously submitted to the Standing Committee on Finance for pre-budget consultations and has also been a recommendation by the Canadian Medical Association and the Canadian Nurses Association.

Recommendation 3: Reduce the financial burden on health care students seeking education or skills training by extending student grants and loan-forgiveness programs.

Recommendation 4: Create an apprenticeship-like program through EI for health care workers.

Recommendation 5: The federal government should support innovative approaches and partnerships which could be used to address emerging issues and needs in the labour market.

Recommendation 6: Work with provinces and territories on the development and deployment of data indicators to track nursing workforce and workload, including undertaking on a regular basis a *National Survey of the Work and Health of Nurses*, like the one done in 2005, a collaborative effort of the Canadian Institute for Health Information (CIHI), Health Canada and Statistics Canada.

CNA *Code of Ethics* Review

In 2016, the CNA conducted a review of its *Code of Ethics*. The CFNU was offered the opportunity to provide input into this review. CFNU's comments emphasized the importance of safe staffing and reporting unsafe staffing, the importance of legislation, in particular OH&S legislation and employer's obligations with respect to OH&S (including working with joint OH&S committees). The CFNU also highlighted the importance of union consultations, and of having patient care providers determined in relation to formal education qualifications and the specific regulatory framework. I would like to thank ONA for legal assistance with this review which has helped me with my role on CNA's advisory committee.

National Nursing Framework on Medical Assistance in Dying (MAiD) in Canada

The CFNU also submitted comments to CNA on the National Nursing Framework on Medical Assistance in Dying in Canada (MAiD). It should include employers and unions, and charting should be following the employer's policies. Among the issues highlighted by CFNU's representative Sharan Basran, legal advisor for ONA, were clarifications of the specific roles with respect to health care professionals and employers in relation to MAiD. The CFNU would like to thank ONA and Sharan Basran for assuming this consultation role for the CFNU.

CNA/CFNU Safe Staffing Toolkit

In December 2015 CNA and CFNU launched the culmination of a year-long project to fulfill the objectives of the quality and safety agenda: the user-friendly online Safe Staffing Toolkit is available on CNA's website with the following modules:

Module 1: Safe nurse staffing 101
Module 2: The benefits of safe nurse staffing
Module 3: Evidence-based tools
Module 4: Moving forward: Influencing decision-makers

Safe Staffing Deck

The CFNU collaborated with Mike Villeneuve to prepare a Safe Staffing Deck which was launched in May 2016 during Nurses' Week. The Safe Staffing Deck provides a readily adaptable and understandable resource for the evidence on safe staffing, accumulated over two decades. The resource provides ready-made materials for potential use in presentations to provincial policy makers. We know that tool has already proven useful in Newfoundland where it was used to support a presentation being made by RNUNL to their provincial government.

Finance Committee Submission August 2016

Every year the House of Commons Standing Committee on Finance invites submissions through a pre-budget consultation process. The focus of the 2016 consultation was on promoting federal measures and actions which would help people of Canada, Canadian businesses and communities throughout Canada.

CFNU's recommendation was that the federal government work with provincial and territorial governments to implement a national pharmacare program in Canada at the earliest opportunity.

In our submission, we pointed out to the Committee that for almost two decades the CFNU has advocated for the implementation of a national pharmacare program. In advocating for pharmacare, we noted that the CFNU is drawing on the recommendations of the 1965 Hall Commission, the 1997 National Forum on Health, and the 2002 Romanow Report on our health care system.

The CFNU noted that we rely on the best available evidence to support our policy recommendations, and that pharmacare experts, drawing on international evidence, agree that a pan-Canadian national pharmacare program, with a single-payer system, utilizing an evidence-based national formulary, and integrated within our medicare system, would provide tangible benefits in terms of Canada's purchasing power and health system sustainability. We further noted that such a program would address the issues of access, appropriateness, and prescription drug safety, which are priority issues for Canada's nurses.

The CFNU further supported the recommendations of Pharmacare 2020 which envisions a public drug program based on the following elements:

1. Universal coverage of selected medicines at little or no direct cost to patients through pharmacare;
2. Selecting and financing medically necessary prescription drugs at a population level without needs-based charges on individuals or other plan sponsors;
3. A publicly accountable body to manage pharmacare, one that integrates the best available data and evidence into decisions concerning drug coverage, drug prescribing, and patient follow-up;
4. Establishing pharmacare as a single-payer system with a publicly accountable management agency to secure the best health outcomes for Canadians from a transparent drug budget.

Finally, the CFNU concluded by stating that now is the time for action, and that Canada's nurses recommend that the federal government set a strong course forward for Canada by implementing a Health and Social Accord that includes as the first steps:

- A National Prescription Drug Plan (Pharmacare)
- Stable Federal Health Care Funding (minimum of 25% by 2025)
- A Canadian Strategy for Healthy Aging
- Improved Access to Health Services in Home and Community Settings
- Improved Access to Mental Health Services
- Coordinated Health Human Resources Planning

Status of Women Committee Submission

The CFNU submitted a brief to the House of Commons Standing Committee on the Status of Women which was examining how to improve women's economic security and ensure the equal participation of women in the Canadian economy.

The CFNU put forward five recommendations:

1. The CFNU recommends that a gender lens be applied to all government policies to promote gender equity and equality, and increase the role of women in decision making and leadership roles, including in our health care system.
2. The CFNU recommends that a gender lens be applied specifically to government employment insurance leave policies to account for the needs of double-duty caregivers.

3. The CFNU recommends that the federal government, in conjunction with the provinces and territories, establish a national child care program.
4. The CFNU recommends that a special education fund be established to provide for health care professionals' education in order to meet Canada's current and future health care workforce challenges, and attract and retain the nursing workforce.
5. The CFNU recommends that the Employment Insurance program be used to provide income supports and apprenticeship-like programs for health care workers for laddering in the health care sector.

New Zealand Study Tour – Safe Staffing

In Canada, capacity concerns are intensifying as Canada transitions to an emphasis on community, home care and long-term care; workforce issues in the acute care sector need to be addressed to support an integrated, optimally functioning system. We are not the only country facing such challenges. 2016 provided us with an opportunity to learn from the work of others.

There are many lessons to be learned about safe staffing from New Zealand, a small country that has taken an innovative approach. Like New Zealand, Canada has an aging population. Only the sickest patients are admitted to hospital, leading to high acuity levels in all sectors. As modelled in New Zealand with the CCDM programme, governments, employers and unions can work in partnership to address safe staffing concerns. To innovate, the greatest impact would come from safe staffing models led by frontline nurses, allowing for real-time adjustments in staffing, leading to better outcomes for patients, for nurses, and for organizations in terms of patient flow.

Care Capacity Demand Management (CCDM) requires engagement, trust and openness, and equal attention to processes and practices. It is not a panacea; change cannot happen overnight. What is required is the ability to listen and engage through patient feedback surveys, staff shift reports, operations meetings and union feedback. It is built on partnerships.

When nurses see the value in something, and see the positive results of their efforts, they will be the catalysts for change. When governments, unions and employers work together, pulling in the same direction, much can be accomplished. Ultimately, the process must be based on teamwork and nurses feeling respected and valued so they can take pride in delivering quality, safe care to their patients.

The CFNU will continue to look for opportunities to share our learnings and to explore with the federal government and other stakeholders ways in which the learnings from the tour could inform our work here in Canada.

4. Speaking Up

Federal Election: Vote for the Health Care We Deserve!

As noted in my introduction, a significant occurance since our last convention was the 2015 Federal Election. The CFNU took a very proactive role in calling for the health care we deserve.

Our focus was on social media and member-to-member engagement. All the while maintaining a good position with decision makers, such as with the two papers we published (*Before It's Too Late: A National Plan For Safe Seniors' Care;* and *The Canada Health Transfer Disconnect: An Aging Population, Rising Health Care Costs and a Shrinking Federal Role in Funding*) before the Council of the Federation meeting in July 2015.

Our key focus area for health care in the last federal election was a national prescription drug plan, a Health Human Resource strategy, a safe seniors strategy, and defending federal funding of public single-payer health care system with a key ask of 25% federal funding to the provinces and territories by 2025.

We had over 18 press releases and ran stories in 15 national and provincial medias, including *Canada AM, Global, CTV, CBC* and *National Newswatch*. We had everything from letters to leaders, provincial joint op-eds, Ask a Nurse Twitter events, Reddit Ask Me Anything events to Get Out the Vote.

On October 19, 2015, over 17 million Canadians cast their ballots in the country's 42nd Federal Election, making for the highest voter turnout since 1993. Canadians overwhelmingly elected Prime Minister Justin Trudeau and the Liberal Party of Canada on a platform of change, with nearly 40% of the popular vote.

The CFNU compiled the Liberals' health platform on the four issues that we highlighted during the election. We continue to monitor their progress on these issues and we intend to hold them accountable for their commitments.

National Prescription Drug Program

The Liberal Party promised to return to the table with the provinces to negotiate a new Health Accord. Their priorities for a new Health Accord include improving access and reducing costs to prescription drugs.

Safe Seniors Strategy

The Liberals put much of their focus on seniors, committing to $3 billion in funding for home care over the next four years. Further, they committed to $20 billion in social infrastructure with a priority on investing in seniors facilities, including long-term care.

Defending Public Funding and Delivery of Health Care

The Liberals promised to return to the table with the provinces and develop a new Health Accord. They also expressed their belief that every Canadian deserves access to timely, publicly-funded health care.

National Health Human Resources Plan

The Liberal plan did not release details of an HHR strategy.

Council of the Federation

The CFNU has a long-standing tradition of holding a roundtable breakfast at the Council of the Federation meetings; 2015 and 2016 were no exception.

On July 16, 2015, we hosted a very successful event outlining the impacts of reduced federal transfers on provincial health budgets, at the Council of the Federation meeting in Newfoundland and Labrador. The breakfast meeting was attended by 75 key health care stakeholders from around the country and included the Premiers of Newfoundland and Labrador, Prince Edward Island, New Brunswick, Ontario, Manitoba, Alberta and the Yukon, along with senior staff from all other provinces and territories.

Key health care stakeholders such as CMA, CDM, Council of Canadians, CLC, CHC and CNA were also in attendance. For speakers, we had Hugh Mackenzie, author of *The Canada Health Transfer Disconnect*, and Kevin Page, former Parliamentary Budget Officer.

On Thursday July 21, 2016, the CFNU hosted Canada's premiers for a breakfast briefing entitled "Filling the Prescription – The Federal Role for Pharmacare." The event was part of the Council of the Federation meeting in Whitehorse, Yukon.

Close to 100 government representatives, health care stakeholders and labour leaders attended the event organized by the CFNU working in collaboration with the government of Yukon, the Council of the Federation host.

The breakfast was a resounding success with eight premiers attending, along with ministers, deputy ministers and senior staff from across the country. Attending were Premiers Pasloski, Notley, Pallister, Wynne, Gallant, McNeil, MacLauchlan and Ball, representing Yukon, Alberta, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador respectively.

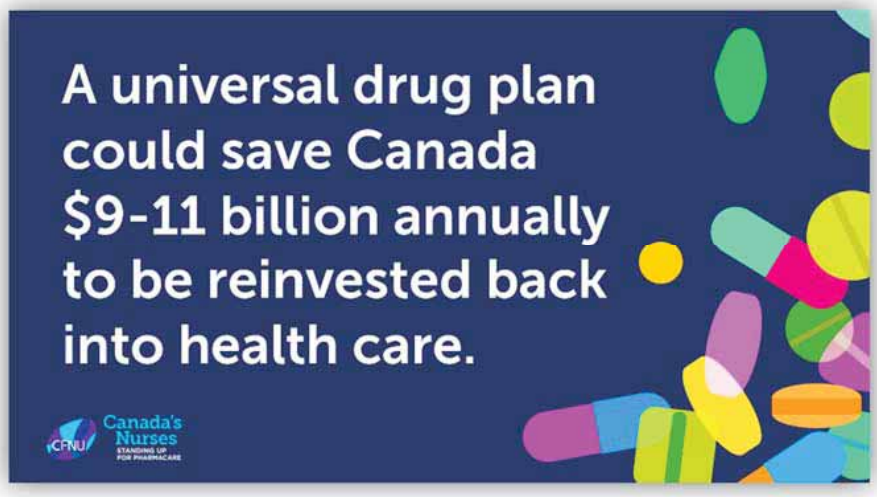
Health Ministers Meeting, January 2016

As the CFNU has done for the last few years, we hosted a breakfast meeting for all the provincial and territorial health ministers. The meeting was held at the Fairmont Hotel Vancouver on January 20, 2016, and we were very pleased to receive the support of Terry Lake, BC Minister of Health, to sponsor this breakfast and give opening remarks as host minister. All confirmed ministers attended resulting in a very successful roundtable held with 13 provincial health ministers. The room was packed as many senior staff and deputy ministers also attended. Federal Health Minister Jane Philpott sent her regrets as she was scheduled to be on *Canada AM*, but sent her senior policy advisor to represent her.

The presentations focused on the next Health and Social Accord, with Mike Villeneuve introducing the outcomes of the December 15, 2015, stakeholders' consultation meeting. Linda Silas presented on Making It Happen, which had an HHR component, including bridging the generational divide and stable funding from the federal government to stop current cuts in health care. Within this section, CNA addressed the issue of access to seniors, and CNSA contributed concerns around unresolved NCLEX issue. We concluded by committing that we are ready to work together to achieve the best Health and Social Accord.

Parliamentary Breakfast, May 31, 2016

On May 31, 2016, the CFNU hosted a breakfast meeting on Parliament Hill, entitled Filling the Prescription: The Case for Pharmacare Now (provincial and expert perspectives). Members of Parliament, Senators and a wide range of health and labour stakeholders came together to hear expert speakers make the compelling case for Canada implementing a universal pharmacare program as the next step in the evolution of our health care system.



This event had 63 participants (17 MPs, 2 Senators, 44 Stakeholders). There were many no-shows that year due to late Parliamentary budget discussions the night before.

Parliamentary Breakfast, February 7, 2017

CFNU's annual Breakfast on the Hill, entitled *Stop the Waste: Patients & Citizens Speak Out for Pharmacare*, was attended by Senators, MPs and health care stakeholders, featured a panel of three individuals – Hugh Mackenzie, economist, Peter MacLeod, Chair of the Citizens' Reference Panel on Pharmacare in Canada, and Edson Castilho, a nurse who works at IWK Health Centre in Halifax, Nova Scotia – speaking about the impact that the lack of a pharmacare plan has every day on Canada, Canada's health system and patients.

This event had 62 participants (18 MPs, 1 Senator, 41 stakeholders).

Meeting with Minister Philpott

On April 4, 2016, CFNU president Linda Silas met with Federal Health Minister Jane Philpott in Ottawa. Silas and Philpott discussed Canada's nurses' ongoing work towards the next Health and Social Accord.

The meeting was very productive, and the CFNU is optimistic that it signaled a new era of governments and health care leaders working collaboratively to strengthen the public health care system.

This meeting was scheduled to come just a few weeks after the 2016 Federal Budget was released, which included details reaffirming the election promise to engage with the provincial and territorial governments to renegotiate a new Health Accord.

Therefore, the CFNU used this meeting with the minister to present recommendations to expand on this Health Accord to include a Social Accord, identifying that long-standing talk about the social determinants of health has not led to progress. In 2016, it is time to recognize that all government policies must be viewed through a health equity lens and focus efforts on Health in All Policies (HiAP) approach. Canada's nurses are also calling on all levels of government to implement coordinated health human resources (HHR) planning and Indigenous health strategies.

Canada's nurses look forward to further positive meetings and follow up discussions with the Health Minister's team in the months ahead. A second meeting was held post discussion with F/P/T Health Ministers on a possible Health Accord. Also on January 10, 2017, Minister Philpott held a roundtable on home care, where I was able to participate.

Women's March on Washington – Ottawa, January 21, 2017

Following the inauguration of Donald Trump as President of the United States, women activists from around the world mobilized. The CFNU joined in solidarity with over five million women and allies around the world for the Women's March on Washington.

Local marches took place around the world, and the CFNU was invited to speak at the march in Ottawa. CFNU President and Communications Officer, Emily Doer, joined the estimated 8,000-10,000 proud feminists marching in the capital for our children's freedoms and for respect.

NCLEX

There have been many conversations around the low passing rate of the NCLEX exams for Canada's new graduates. In 2015, the national first attempt pass rate for the NCLEX was 69.7% (used to be 87%). In New Brunswick, with a significant francophone population studying in French language programs, the first attempt pass rate was 50%.

The CFNU has been working with Linda McGillis Hall on examining the NCLEX's impact on the future of nursing health human resources. Linda McGillis Hall has published two articles on the impact of the NCLEX – *People are failing! Something needs to be done: Canadian students' experience with the NCLEX-RN;* and *Changing nurse licensing examinations: media analysis and implications of the Canadian experience.* Linda McGillis Hall is also currently undertaking research on the human capital implications for Ontario of the change to the NCLEX-RN, as well as looking at what preparation strategies were employed by individual schools of nursing and/or individual nursing students across Canada to prepare for the NCLEX-RN exam.

The CFNU is also supportive of the CNSA's NCLEX campaign which arose out of its 2017 AGM.

CFNU's New Activism and Action App

We are excited to share that the CFNU has successfully launched a new action and activism app called CFNU Speak Up, which is available to download for free on your Apple or Android devices.

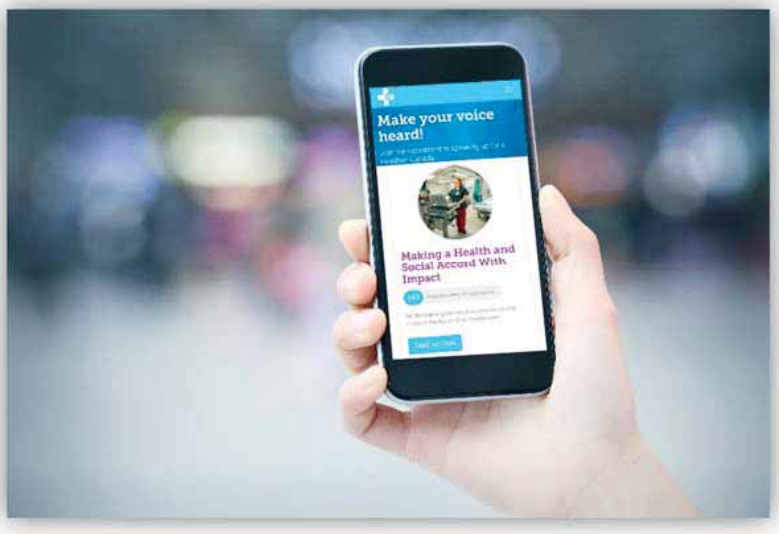
Speak Up unifies and empowers nurses from coast to coast to coast, enabling us to speak directly to the federal government, provincial premiers, ministers and policymakers in the House of Commons.

This app was designed with you in mind. The CFNU's goal with the Speak Up app is to create a tool that makes it easy for nurses across Canada to communicate with politicians – with strategic pre-written key messages on the issues that matter, right at your fingertips. Through the Speak Up app, the CFNU can send out push notifications for urgent and important national or provincial issues that require the action of Canada's nurses.

The app is made of three main components: *Issue Alerts*, *Legislators*, and *Reports*. Together, they allow Canada's nurses to present a united front on issues that truly matter. Here's how it works:

Issue Alerts

The *Issue Alerts* feature explains the issue and what you can do about it. Each page offers a brief outline of what action the CFNU and provincial nurses' unions are calling for, and provides the user with a seamless integration to their social media to amplify these calls to action.



Issue Alerts will be sent out to you directly through the Speak Up app on a particular issue that requires Canada's nurses to speak up and take action.

Following this, active *Issue Alerts* will be released and displayed on the main page of the app. To get started, simply select the issue of your choosing by clicking on *Take Action*. From there, you can follow the prompts found in the *Take Action* box, that will allow you to share the message on Facebook, tweet at your chosen legislators, send them an email, sign up for the CFNU newsletter, and learn more about the issue and what has already been done.

Legislators

This feature allows users to look up government officials by name, geographic location or postal code. Each legislator page features a short bio of the MP, minister, or premier, their riding area, contact information, website, social media, and their voting data as noted on the public record. This is useful for those wanting to know more about their elected officials, and particularly how they voted in key policies of interest.

Reports

This feature allows users to keep track of what has been said and done on the issues. This includes media reports, statements in legislature, and meeting reports as they apply. This feature is useful for those who wish to keep informed on actions already taken on specific issues.

If you are reading this and have not already downloaded the app, join over 1,000 nurses across Canada already using Speak Up! Download the app in four simple steps and start using it:

1. Download the App

On your Apple or Android device, search for the CFNU Speak Up app in the app store and download it for free today!

2. Enable Push Notifications

Go into the settings on your device and enable push notifications to be sent to you in order to stay informed on the latest *Issue Alerts* requiring the action of Canada's nurses.

3. Take Action

Make your voice heard by speaking up and telling the politicians what you think – with strategic pre-written messaged right at your fingertips.

4. Help Spread the Word!

Tell your friends and colleagues to download the app and help all of Canada's nurses Speak Up on the issues that matter.

5. International Solidarity

ICN Conference June 19-23, 2015 Seoul, Korea

The CFNU had a strong delegation under the banner Canada's Nurses Standing Up for Health Care at the ICN Conference in Seoul in 2015 Heather Smith (UNA), Tracy Zambory (SUN), Linda Haslam-Stroud (ONA), Vicki McKenna (ONA), Marilyn Quinn (NBNU), Janet Hazelton (NSNU), Mona O'Shea (PEINU), Debbie Forward (RNUNL) and Linda Silas (CFNU) were all present.

The CFNU held two symposia: the first one on June 20, *Protecting the Human Rights of Nurses with Mental Health Disabilities and Addictions While Safeguarding Patient Care*, presenters were Linda Silas, Linda Haslam-Stroud (ONA president), Marilyn Quinn (NBNU president), Elizabeth McIntyre (legal expert for ONA).

The second symposium was June 22, *Safeguarding Patient Safety through Responsible Workforce Design,* presenters were Linda Silas, Vicki McKenna (ONA vice-president), Tracy Zambory (SUN president), Debbie Forward (RNUNL president) and Dr. Maura MacPhee (UBC).

Korean Health & Medical Workers' Union (KHMU)

As a parallel event to the ICN meeting, the CFNU had two meetings with the Korean Health & Medical Workers' Union during the ICN conference. The first one was on June 22, 2015 – a joint meeting with their Board of Directors and CFNU's NEB. Topics of discussion were around health and safety, our experience with SARS and Ebola, and South Korea's current experience with MERS disease.

Linda Haslam-Stroud made a presentation to the group on ONA's experience with SARS.

Following this meeting, Linda Silas made a presentation on June 25 with KHMU, health and safety researchers and members of the media on CFNU's Ebola policy directive. The CFNU was very pleased to note that KHMU adopted CFNU's motto "Safety Is Not Negotiable."

President Jihyen Yoo expressed her gratitude to the CFNU and the NEB for hosting such a great event. She emphasized that it encouraged their members to continue battling key health and safety issues while lobbying for safe staffing models.

Global Nurses United
September 22-23, 2016

The CFNU had a large delegation attending the meeting in 2016.

CFNU
Linda Silas, Pauline Worsfold

UNA
Jane Sustrik

SUN
Tracy Zambory, Denise Dick, Laurelle Pachal, Maureen Arseneau, Lynne Eikel, Leslie Saunders, Pat Smith

MNU
Chris Boychuk, Sheila Holden, Dana Orr, Cheryl Lange, Kim Fraser, Colleen Johanson, Cindy Hunter, Donna McKenzie, Holly Cadieux

NBNU
Marilyn Quinn, Kelly Quinn, Nancy Arsenault, Ronda McCready

PEINU
Mona O'Shea

RNUNL
Debbie Forward

NSNU
Janet Hazelton, Maria Langille, Jennifer Chapman, Geraldine Oakley, Jayne Fryday, Michelle Lowe, Lillian Fynes, Ann Marie Murdock, Sheri Gallivan, Christine VanZoost, Jennifer Thiele

CNSA
Caitlyn Patrick

Safe staffing and attacks on unions are just some of the topics discussed at the latest meeting.

Some agenda items:

- The role played by nurses and midwives in the events that took place in Dublin at Easter 1916
- Presentation and lecture based on the recollections of nurses who served in the Northern Ireland Troubles
- Modern Day Nursing in Conflict Zones

May 27-31, 2017

This year's ICN abstract submission process was very competitive. ICN reports that they received more than 4,400 submissions, and therefore they were forced to delay their response to submissions. ICN has also chosen this year to focus on concurrent oral presentations and posters, rather than symposiums.

Concurrent Oral Presentations

Presumptive PTSD Legislation: an important lobby for nurses – Sandi Mowat, MNU; Linda Haslam-Stroud, ONA

Information and Communications Technology: a policy and advocacy tool – Jane Sustrik, UNA; Linda Silas, CFNU

Regularization: Collaborative Problem-Solving for Quality Improvement – Tracy Zambory, SUN

The CFNU has the following members attending the meeting in 2017:

CFNU
Linda Silas, Pauline Worsfold

UNA
Jane Sustrik

SUN
Tracy Zambory, Lorna Tarasoff

MNU
Sandi Mowat

ONA
Linda Haslam-Stroud, Vicki McKenna, Marie Kelly

NBNU
Paula Doucet Marilyn Quinn, Shelley Duggan

PEINU
Mona O'Shea

RNUNL
Debbie Forward

NSNU
Janet Hazelton

SATSE Meeting May 24, 2017

The CFNU has planned a meeting with Sindicato de Enfermería Sede Estatal (Unionized Nurses of Spain) prior to the ICN Congress in Spain. We will meet with them on May 24 in their office.

There will be short presentations on how each of our health systems work, including how nurses are unionized.

Violence in the workplace, safety in the work environment, safe staffing, certification programs and the maintenance of the nurses' certification in Canada will also be discussed.

6. Defending Workers' Rights

Canadian Labour Congress Meeting with Prime Minister Trudeau

On November 10, 2015, Prime Minister Trudeau addressed a national meeting of Canadian Council labour leaders from across the country, including CFNU President Linda Silas and Secretary Treasurer Pauline Worsfold. Trudeau is the first sitting Prime Minister in 50 years to address the Canadian Labour Congress (CLC), signaling the onset of a new era in relations between the labour movement and the federal government.

Nearly a year later, Prime Minister Trudeau attended and spoke with young workers from across Canada at the first ever CLC Young Workers' Summit in Ottawa, where he faced tough questions from delegates about precarious work, payroll, and pipelines.

At the time labour leaders were optimistic that this was a strong message of collaboration.

In his address to labour leaders, Trudeau spoke about the middle class, gender equality and received a standing ovation for recommitting to repeal anti-union bills C-377 and C-525.

UNCSW 60th Session March 14-19, 2016

Representing the CFNU, I had the honour to be part of the Canadian labour delegation at the United Nations Commission on the Status of Women in March 2016 and to join over 160 trade women representing 34 countries at the United Nations Headquarters. We came together to address issues, to learn from one another, and to stand in solidarity for all women and girls around the world.

UNCSW 61th Session March 13-17, 2017

Once again, the CFNU had the honour of joining our Canadian trade union sisters from around the world for the UNCSW 61st Session in New York City. The theme was women's economic empowerment in the changing world of work.

Canadian female labour leaders were pleased to attend many interesting sessions which included international perspectives on labour rights and injustices around the world. During the conference, the delegation had a constructive meeting with Minister of Employment, Workforce Development & Labour Patty Hajdu on women in the workforce, child care and pay equity.

The CFNU also had the pleasure of participating in the Canadian Labour Congress' Labour of Love panel which explored how Canadian unions are advancing women's rights.

CLC Convention May 7-12, 2017 Toronto, ON

The CFNU continues to be active in its role within the House of Labour and submitted 14 resolutions and three constitutional changes for consideration to the CLC Convention.

Trade agreements; Pharmacare; Child care for health care workers; Fairness in paid leave while pregnant; Secure work for young workers; Free education for all; No taxing benefits; Public health system; Secure pension; Violence in the workplace; Post TRC; Health funding; Safe at home, safe at work; Health care workers in conflict zones

Linda Silas and the National Executive Board will be joined by approximately 130 nurses union activists from across the country at the CLC 2017 Convention.

2017 Governor General's Canadian Leadership Conference June 2-16, 2017

Linda Silas is pleased to have been asked once again by the Governor General, David Johnston, to sit on the GG Canadian Leadership Conference Executive Committee for 2017.

The theme for 2017 is 'Leadership And The Canada We Will Build.'

Each Study Conference follows the same basic format of short introductory plenary sessions followed by Study Group tours and closing sessions to which each group reports back with its impressions and observations. Each Study Group is a reflection of the diversity of the whole membership. The Study Groups each tour a specific region of Canada to look at the interaction between industry and commerce and the community, through a series of locally planned visits and discussions.

The Study Group must try and reach a group view of what they have seen to present to their fellow members at the closing sessions. Reaching that consensus is where the real work of a Study Conference takes place. Anyone who genuinely engages in the process will find their most basic assumptions challenged and themselves giving consideration to entirely new perspectives on a whole range of issues.

Participants will be drawn from business, labour, government, academia, and the community. Applications are reviewed, and all qualified applicants are interviewed by local alumni who pass their recommendations to the National Membership Committee which makes the final selection.

Participants attend as individuals, but they must be sponsored by their employer, trade union, or by a recognized organization that will attest to their suitability as participants. Participants are generally in mid-career and will likely be in high-level, decision-making positions within the next ten years.

For the 2017 conference, the CFNU is pleased to have four members participating: Diana Kutchaw (ONA), Matt Hiltz (NBNU), Kendra Gunn (PEINU), and Yvette Hynes (RNUNL).

7. Conclusion

It is always very appropriate to end a convention report by giving my heartfelt thanks to our team in Ottawa: Julien Le Guerrier, Oxana Genina, Kathy Stewart, Carol Reichert, Emily Doer. More recently we have added Jolanta Scott-Parker as Executive Director, Sebastian Ronderos-Morgan as Government Relations and Carrie Steeves as Administration Support. Jolanta comes to us after many years working with health NGOs, and Sebastian comes from Parliament Hill where he worked in a number of MP offices, including with Health Critic Don Davies. We have said thank you and goodbye to Anil Naidoo, Government Relations, who is pursuing his career with another union, and Sheila Cameron who is the first CFNU team member to retire. We wish her the best in her retirement.

I also take a moment to say a special "Merci" to the National Executive Board (Pauline, Heather, Jane, Tracy, Sandi, Linda HS, Vicki, (Marilyn), Paula, Janet, Mona, Debbie); you are not only the guardians of the CFNU, you are its and my friends.

As for Member Organizations' Senior Staff, Communications Officers, Researchers, Negotiators, and Government Relations: know you all make the CFNU the success it is. Merci.

One of the biggest honours and humbling experiences the position of CFNU President gives me is to address different groups of nurses, workers, women, students across this great country. In the month of January, I had two amazing experiences. The first was to be a speaker at the Women's March on January 21, 2017, where 8,000 to 10,000 women were present in Ottawa. Following this a few days later, I spoke at the Canadian Nursing Student's Association annual meeting in Winnipeg where a few hundred future nurses stood strong against the NCLEX.

Then in March, on International Women's Day, as part of Daughters of the Vote, I was proud to witness 338 young women under the age of 23 from across Canada take their seat in Parliament and speak up on the issues that matter to them and shed light on the challenges and

injustices they see happening in their communities. It gave me goosebumps to witness these young women stand with their fists raised in solidarity with one another and to know there are young female leaders across Canada shattering the glass ceiling.

I will finish this report with a few words I said at these events. "We are people of all genders, ages, races, abilities, backgrounds and orientations. We stand strong because we know how to stand together. We stand strong in saying: discrimination of any kind has no place in our homes, workplaces or communities. Discrimination has no place in our heart."

If someone wants to build walls, we will build bridges of solidarity, bridges of fairness and respect. To build those bridges, we will need to speak up, stand strong, and we will be ready!

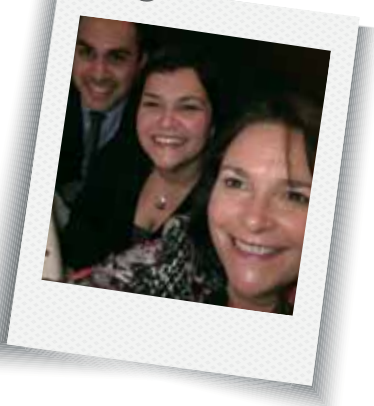
In Solidarity always,

Linda Silas

Stop worrying about what you have to lose and start focusing on what you have to gain.

Unknown

#SilasSelfies




LIKE
LOL
?!!


FOR FAIRNESS
WI-FI

CANADIAN FEDERATION OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES ET INFIRMIERS

STRATEGIC PLAN 2017-2019

MISSION

To be the national voice advocating for nurses and quality public health care.

VISION

A strong, national voice for unionized nurses in Canada and part of the world voice for unionized nurses.

CORE VALUES

The CFNU is driven by the core values of:

- Solidarity and unity
- Accountability and transparency
- Integrity and trustworthiness
- Leadership, forward thinking and action

The overarching priority of the CFNU Strategic Plan for 2017-2019:

Amplifying Nurses Voices and Building the Movement

The CFNU seeks to build a movement and to amplify the voices of nurses and nurses unions all across the country.

The key pillars that ground and give focus to the strategy are:

Safe Nurses, Healthy Work, Quality Patient Care

The CFNU will work to support safe and healthy workplaces that offer high-quality patient care. We will do this in a variety of ways, including promoting safe staffing and high levels of occupational health and safety standards. We will work with Member Organizations to eliminate violence and reduce injury and illness in the workplace, and to secure better socio-economic and working conditions for nurses.

Better, Broader Public Health Care

The CFNU will promote a better, broader public health care system that is publicly funded, administered and delivered, and that will always be there to meet the needs of people living in Canada. We will do this by speaking out against privatization and substitution. We will advocate for health care improvements that address a broad range of social determinants of health. We will advocate for a national, publicly funded pharmacare plan and will work tirelessly for better home, community, long-term and acute care.

OVERARCHING PRIORITY

Amplifying Nurses Voices and Building the Movement

The CFNU seeks to build a movement and to amplify the voices of nurses and nurses unions all across the country.

In the coming three years, decisions will be made that could have a transformative effect on Canada's public health care system – and the lives and working conditions of nurses. With the change of government at the federal level and mounting pressures on provincial health care systems, it will be more important than ever that there be a strong voice representing the interests of Canada's nurses – bringing a coherent, compelling message to Canadians and their governments.

There are more than 350,000 nurses in Canada who enjoy the trust and respect of the public and make a huge contribution every day to our well-being and quality of life. They are not often in the public spotlight, but nurses are on the front line 24/7, every day of the year, caring, comforting and coordinating health services. They enjoy huge credibility and great public sympathy.

The CFNU has a critical leadership role to play in channeling and amplifying their experience, ideas and insights, to influence public opinion and public policy to improve the lives and promote the rights of nurses and the communities they serve.

The contributions of CFNU's Member Organizations are equally important. For these are the MOs that are closest to the ground, dealing directly with members, employers, provincial funders and regulators.

Key Initiatives

The CFNU should:

Enhance its **crucial leadership role in representing Canadian nurses at the national level** to elected officials, including the Prime Minister and ministers as well as other federal officials, to allies in the social movement, and to the public. The CFNU will ensure that nurses claim their important policy leadership role;
Continue to **connect nurses and nurses unions across the country**, channeling their energies and catalyzing their contributions;
Continue its role as a **convener of premiers, health ministers and other key decision makers** to press for reform in the public interest and in nurses' interest;
Continue to **create and curate research that promotes evidence-based innovation** that improves safe and healthy working conditions for nurses and improves the quality and coverage of public health care;
Implement **strategic communications in support of its key priorities to amplify the voice of nurses and nurses' unions,** with special emphasis on social media, including the Speak Up app. **Develop its plans in consultation with MOs to coordinate efforts**, ensure alignment and capture synergies;
Highlight MO campaigns, using the CFNU website and other communications mechanisms such as the Speak Up app;
Work strategically with relevant nurses unions, allied groups and organizations from coast to coast to coast to advance common priorities. Continue to **connect Canada's nurses with the global labour movement,** identifying opportunities for mutual support and solidarity;
Continue to **voice the concern and solidarity of Canada's nurses in support of human rights and human dignity, inclusiveness, climate justice and an end to violence, including calling for the implementation of the recommendations of the Truth and Reconciliation Commission**.

Pillar One

Safe Nurses, Healthy Work, Quality Patient Care

The CFNU will work to support safe and healthy workplaces that are free of violence and that offer high-quality patient care.

Nurses have a right to a workplace free of violence. Yet every day nurses find themselves subject to verbal and physical violence and, increasingly, to sexual, psychological and economic violence at the hands of patients and their families, co-workers and employers. The CFNU will work to eliminate violence and prevent injury and illness in the workplace.

The CFNU is well placed to raise public awareness and solidarity in support of safe staffing and healthy work environment. The CFNU will leverage the work of its Member Organizations to press for nation-wide action on issues of safe staffing mix based on the evidence and patient's needs, the elimination of violence and improving the working conditions of all nurses.

Key Initiatives

- A **public campaign to raise awareness** and concern, change behaviour and promote solidarity with nurses, pressing for action by government, employers and the public. This campaign would combat the normalization of violence and unsafe working conditions for nurses. It would emphasize that overwork and burnout are undermining patient care – and increasing violence. The campaign would include a component that targeted nurses, encouraging them to speak up and say "It's not OK," to support each other and model good behavior. Finally, the campaign would call for government action to prevent violence and reduce risk.
- The CFNU can **sponsor research and publish evidence on the day-to-day reality of nurses confronting violence in the workplace and in their homes and communities**, highlighting actions that governments, employers and the public can take to prevent and eliminate violence.
- This work would **build on the existing work/evidence (for example, the Safe Staffing deck) but look for ways to add urgency to the call for action**. This research would examine ideal staffing levels, making the case for more nurses, the proper mix of nurses and safer working conditions – to assure safety and make the link between improved safety and quality of care.
- The CFNU could facilitate an **analysis of health and safety legislation across Canada and from other countries** to identify best practices and promote reforms.
- **The CFNU should develop resources that could support nursing schools to include the issue of violence and safe staffing in the curriculum** so they can better prepare a new generation of nurses to know that: 1) violence is not acceptable and need not be tolerated, and that there are remedies and support available; 2) safe staffing equals safe patient care, and nurses have a professional responsibility to report unsafe situations.
- **The CFNU will work with strategic partners and stakeholders to leverage existing mechanisms, including Workers Compensation and accreditation processes, to create violence-free workplaces.**
- Support the Member Organizations in their foundational work to improve the socio-economic welfare and working conditions of nurses.

Pillar Two

Better, Broader Public Health Care

The CFNU will promote a better, broader public health care system that is publicly funded, administered and delivered, and that will always be there to meet the needs of people living all across Canada.

Given sky-high public trust, nurses are uniquely positioned to advocate for healthy reform of public health care to improve its quality and increase its scope.

Public debate is dominated by those who appear to defend the status quo or those who press for increased privatization as a magic solution.

Nurses are on the front lines every day. They know the status quo is indefensible. But they also know that increased corporate control of health care is not the solution. And they know too many people are falling through the big gaps in our public health care system – putting their health and lives at risk.

Attention has been focused on funding formulas and ideological debates, while the day-to-day reality of patients and families and frontline health care workers is often overlooked.

The CFNU can build on the credibility enjoyed by nurses and their experiences and insights to reframe the debate and rally public support for innovation that improves quality and extends coverage, realizing our vision for a country where everyone has access to the health care they deserve.

Given the relationships the CFNU has developed over the years, it has access to key decision makers and can make its views known on important but technical issues such as the Health Accord. At the same time, it can mobilize public support for dramatic and urgent innovation such as national pharmacare.

Key Initiatives

- Pharmacare: Pharmacare is a critically important missing piece of the national public health care system. We need to simplify our message, enlist the support of employers, engage our members and the public, and collaborate with allies in the social movement to develop political and lobby strategies as well as public awareness activities. A reframing of the issue in the context of the waste was identified as a key message adjustment moving forward.
- The CFNU should continue to undertake or commission strategic research on issues of concern and relevance to inform the public discussion.
- In addition to its public-facing work in support of pharmacare, the CFNU can use its voice, access, credibility and research to advocate on broader, **longer-term and systemic issues**:

    - **Expanding and enforcing the *Canada Health Act*, including calling for much needed national strategies on long-term care, home care, palliative care and seniors**
    - **Drawing attention to growing gaps in the system**
    - **Increasing federal health care funding to a minimum of 25% of total health care costs by 2025**
    - Assuring increased funding is invested in support of **quality public health care in all sectors: acute care, community care, home care and long-term care**
    - **Opposing privatization and corporate control of health care**, removing profit and shareholder dividends from health care costs
    - **Pressing for innovation** that improves continuity and quality of care
    - Challenging technological changes and skill mix transitions that are driven purely by cost, and generating evidence to support changes that prioritize quality patient care
    - Advocating reforms to tackle the **underlying social determinants of health**, including ending poverty and assuring quality child care, adequate housing and decent work, and promoting health **improvements for rural, remote and Indigenous communities** and calling for improved support for mental health services for all.

Long-Term Bargaining Goals

Introduction

The purpose of this policy statement is to create a national bargaining strategy, with long-term bargaining objectives that are endorsed by all CFNU member unions and supported by their respective memberships. Once ratified, each member organization is asked to respect the spirit of these objectives as part of their overall bargaining strategy always recognizing that member organizations retain total bargaining autonomy in accordance with their respective constitutions and policies.

Long-Term Bargaining Objectives

A Pay and Benefits

1) Nurses should be paid salaries, premiums and benefits that recognize their professional status and invaluable contribution to health care. Unions should negotiate wage rates which promote retention and recruitment. Wage and benefit rollbacks are not consistent with this principle and should be rejected. Salaries and benefits should be consistent across all health care sectors so that nurses are not disadvantaged monetarily because of the sector in which they choose to work.
2) Notwithstanding our long-term objective of complete universal publicly funded health care, provisions should be negotiated for employer-paid health and welfare benefits for nurses and retirees. Such benefit plans should include the employee's right to treatment and/or services in a publicly funded facility.
3) In case of disciplinary or criminal charges placed against a nurse, salary benefit protection and leave of absence should be made available to them until the charges are proven or not.
4) Unions should negotiate provisions that ensure time spent on short- or long-term disability, and Workers Compensation should be considered pensionable service.

B Retention & Recruitment

1) Nurses should be enrolled in defined-benefit pension plans which, in addition to any government retirement benefits, provide secure, predictable and adequate retirement income.
2) Unions should negotiate provisions that allow nurses to work fewer hours without negatively affecting their pension benefits such as phased-in retirement concepts or individual special circumstance arrangements.

3) Unions should promote the employment of new graduates in supernumerary positions prior to assuming permanent employment to ensure that they have the proper fundamentals to begin a successful nursing career. Unions should negotiate contract provisions which establish and promote mentorship and preceptorship in the workplace.

4) Employers should provide work opportunities, equipment (e.g., electric lifts) and human resources (e.g., porters) that address the needs of nurses and will encourage them to participate in the workforce longer.

5) Unions should negotiate contract language which reduces the reliance on casual workforces and promotes the establishment of appropriate levels of permanent employment.

6) Unions should negotiate family and personal leave, child and elder care, and maternity/parental top-up provisions that make it possible for nurses to combine their home and work responsibilities.

7) Unions should negotiate provisions that promote portability and recognition of service and seniority.

8) Unions should negotiate provisions to incent nurses to start and continue rural and remote nursing, such as tuition reimbursement, travel/accommodation and remote living allowances.

C Safe Staffing & Quality Patient Care

1) A national moratorium should be placed on any reduction of nursing hours in any sector of health care. While Canada is experiencing the highest levels of patients' acuity in all sectors, it is important that governments and employers protect and enhance nursing positions to provide safe and quality patient care.

2) Unions should negotiate contract provisions which promote safe patient/client/resident care workloads. Unions should negotiate provisions that ensure appropriate and sufficient staff to meet the needs of patients and families, consistent with the patients/clients/residents' complexity and acuity.

3) Unions should negotiate for appropriate safe staffing levels that minimize the need for overtime. Overtime should be strictly voluntary.

4) Unions should negotiate appropriate safe staffing levels that anticipate rest breaks, time off, and planned and unplanned absences. Unions should negotiate contract clauses which provide for vacation relief positions and float pools to staff for leaves and vacations.

5) While respecting our bargaining unit integrity, unions should negotiate provisions that ensure appropriate skill mix and scope of practice to optimize patient/resident/client outcomes.

6) Recognizing nurses have a leadership role in health care, unions should pursue all opportunities to achieve nursing input into all levels of decision-making in their workplaces.

D Professional Practice Concerns

1) Nurses have a right to refuse to practice in violation of their professional standards. Collective agreements should recognize more decision-making autonomy for nurses.
2) Unions should negotiate contract provisions for joint union-management nursing advisory committees with equal management and union nurse participants at each worksite. Independent professional responsibility practice committees/panels should have jurisdiction to make binding decisions.
3) Unions should negotiate collective agreement provisions that promote high-quality practice environments. Such measures would include a ban on situations in which the demand for care exceeds the ability to provide it (e.g., hallway nursing, assignment of patients/residents/clients without appropriate safe staffing levels and/or their admission to inappropriate working and care environments).

E Education for Nurses

1) Unions should negotiate improved employer-paid short- and long-term education leave provisions and mandatory education programs.
2) Unions should negotiate collective agreement provisions that respect nurses' professional autonomy and allow individuals to direct their own professional development activities.

F Health & Safety

1) All employers should implement and enforce policies aimed at eliminating physical and psychological violence (bullying), abuse and harassment in the workplace. Contract provisions must be negotiated which recognise workplace violence as an occupational hazard and establish standards which provide enforcement mechanisms, including the grievance procedure, where the standards are breached.
2) Paid leave of absence provisions should be negotiated to protect nurses who are victims of domestic violence.
3) Nurses lose more time away from work because of avoidable illnesses and injuries than any other occupation. Unions should negotiate clauses which promote both physical and psychological health and safety, including personal protective equipment (PPE), safety engineered devices and training.
4) Unions should negotiate collaborative return-to-work programs that gradually and safely return nurses to work. Unions should negotiate contract language which provides clauses to enforce duty to accommodate provisions for disabled nurses, which includes nurses suffering from mental illnesses, including but not being limited to PTSD and addictions.

5) Unions should negotiate provisions that ensure meaningful participation in emergency and pandemic planning while protecting the integrity of our collective agreements, including mandatory consultation in regards to protocols and procedures that impact the health and safety of nurses caring for patients with communicable diseases.

6) Comprehensive influenza prevention strategies should be negotiated.

G Union Security

1) Unions should negotiate contract provisions for adequate and accessible employer-paid union leave, with same classification replacements (replace like with like) to ensure that nurses' rights can be adequately protected.

2) Nurses have a vital role in patient and public advocacy. Unions should negotiate provisions that protect whistle blowers and promote the culture of safety.

3) Unions should negotiate contract provisions that promote, protect and respect bargaining unit integrity across Canada.

4) Unions should negotiate contract provisions that promote a positive image for the union and ensure its growth, survival, importance and relevance to members.

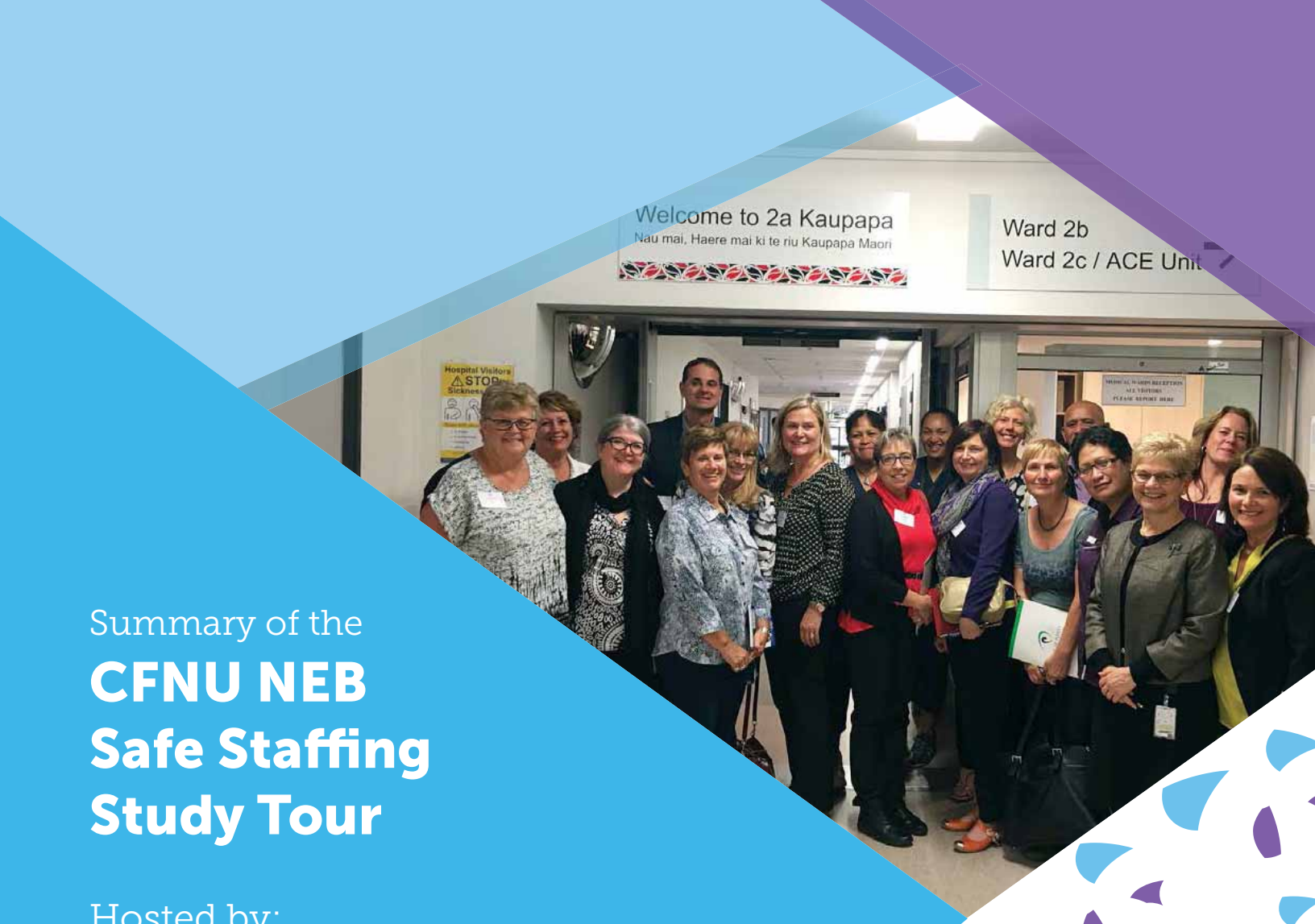
5) Union security provisions should include mandatory dues deduction and remittance based on the Rand Formula.

H Diversity in the Workplace

1) Unions should negotiate collective agreement language which respects diversity and employment equity, and provide education/awareness on how to build a work culture of inclusiveness.

2) Unions should negotiate provisions that protect human rights and promote equity issues, with the overall objective of eliminating all forms of inequity and discrimination in our workplaces.

February 2017



Summary of the

CFNU NEB Safe Staffing Study Tour

Hosted by:

New Zealand Nurses Organisation

July 4-8, 2016

IN THIS REPORT

Executive summary

Key messages

Lessons learned

Conclusions & next steps

EXECUTIVE SUMMARY

The CFNU undertook a study tour in cooperation with the New Zealand Nurses Organisation (NZNO) to determine whether New Zealand's Care Capacity Demand Management (CCDM) programme could be adapted to the Canadian context to address the need for safe staffing, healthy work environments, and the optimal and innovative use of organizational resources. Prior to undertaking the study tour, the CFNU met with Health Canada and developed a research questionnaire.

The weeklong visit included presentations about the New Zealand Nurses Organisation (NZNO), the Tripartite Collective Agreement, the Safe Staffing Healthy Workplaces (SSHW) Unit, the TrendCare software, the CCDM programme and site visits to two District Health Boards (DHBs), one of which (Bay of Plenty DHB) has completed implementation of CCDM, and the other (Auckland DHB) where CCDM is in the initial implementation stages.

New Zealand's CCDM programme employs a bipartite partnership framework in conjunction with the tripartite Health Sector Relationship Agreement (HSRA). This framework is a familiar one for nurses in Canada, 90% of whom are unionized. New Zealand's CCDM model prioritizes the importance of partnerships between government, employers and unions as a key enabler of organizational adaptation and change.

The model offers a potential means by which all parties concerned with addressing safe staffing can move forward together on finding positive solutions that recognize the interdependence of healthy work environments, patient outcomes, and the optimal use of organizational resources.

In addition to documenting the genesis and rationale for CCDM implementation in the New Zealand context, this report outlines the government, employer and union roles in terms of the funding, development, implementation and evaluation of the CCDM programme.

The report also documents the barriers and enablers to CCDM, as well as the costs, in relation to the impacts, with a particular focus on the two site visits. Governance, CCDM processes, tools, and lessons learned are also highlighted in this report.

The report concludes that there are many lessons to be learned about safe staffing from international experience, including that of New Zealand, a small country that has taken an innovative approach and, through CCDM, is transforming its health system so that the patient is at the centre of all planning.

KEY MESSAGES

- Every year, Canadian patients spend more than one million extra days in hospital, being treated for injuries or complications of their hospital care. The annual economic cost of preventable patient-adverse events in acute care in Canada (2009-2010) was estimated to be $397 million. The annual rate of adverse events in Canadian home care clients is 10-13%.
- Safety concerns and inconsistent quality of care are of concern to governments, employers, unions and the public. They have led to calls for improved quality patient care and patient safety nationally and globally.
- The erosion in the quality of care contributes to patient-adverse events which are associated with tremendous personal, social and fiscal costs.
- Caring for Canadians from birth to death, Canada's frontline nurses work in every province and territory and at every point across the continuum of care, providing the foundation for our health care system.
- As the CFNU has documented in two recent publications, the evidence is clear that in hospitals, having fewer patients per nurse or more direct nursing care hours per patient per day is associated with an increase in patient satisfaction and a decrease in adverse outcomes, in particular mortality, failure to rescue, and some specific adverse events.
- It is well-documented that having adequate base staffing, based on accurate data to identify the acuity level of patients (in all wards, in all sectors), is the foundation of any safe staffing program. In addition, annual base staffing calculations must account for projected human resource requirements such as vacation, family responsibilities, professional development, etc., as detailed in collective agreements.
- Canada's health care workforce is currently stretched to capacity with patient acuity on the rise, as evidenced by excessive workloads. Patient care is suffering as a result.
- Capacity concerns are intensifying as Canada transitions to an emphasis on community, home care and long-term care; workforce issues, including staffing levels to meet rising patient acuity levels in the acute care sector, need to be addressed to support an integrated, optimally functioning system.

- There are many lessons to be learned about safe staffing from international experience, including that of New Zealand, a small country that has taken an innovative approach.
- Canada's experience is very similar to that of New Zealand:
    - Canada's population is aging. People are living longer and suffering from long-term chronic diseases.
    - Only the sickest patients are admitted to hospitals, leading to higher patient acuity levels in acute care, without an increase in staffing levels to meet higher demand.
    - High acuity levels significantly impact the nursing workload (which is already at capacity), reducing the quality of nurses' work environments, potentially impacting retention and recruitment efforts and eroding patient safety, as well as public confidence in the health care system.
- As modelled in New Zealand with the CCDM programme, governments, employers and unions can work in partnership to address safe staffing concerns so as to safeguard the health care system.
- This is a critical juncture – an opportunity for governments, policy makers and organizational leaders to improve patient experiences, safety of care, and system quality while containing costs.
- The federal government has called for innovation in health care. What is needed is innovation that has an impact. The greatest impact in health care comes from safe staffing models that are led by frontline nurses, allowing for appropriate base staffing and the opportunity to enhance staffing through real-time daily adjustments as required to meet patient care needs. The result is better outcomes for patients, for nurses, and for organizations in terms of patient flow.
- The evidence is incontrovertible – the time for action is now!


dividual staff actions

LESSONS LEARNED

CCDM is a long-term solution to an acute problem. Unfortunately, the health care sector tends to have a short-term, budget-driven focus, rather than a longer-term focus on quality improvements. Quality improvement initiatives, such as CCDM, can shift the focus of the health system from merely managing to delivering outputs to improve patient experience and outcomes.

Better quality care is less expensive care. It is more efficient and less wasteful. It is the right care at the right time. It should also lead to fewer patients being harmed or injured.

For CCDM to be successful, all programme components need to be fully implemented. Further, when issues are identified, the required recommended changes need to be put in place.

CCDM is not a panacea. It cannot solve all problems or be used to fix a chaotic, badly functioning ward. CCDM works best on wards in which a foundation has already been laid through the recommended processes to create a well-organized, optimally functioning environment. This is why CCDM often works well when it is combined with other quality improvement programmes such as Releasing Time to Care.

CCDM requires engagement, trust and openness. It requires the ability to listen and engage through patient feedback surveys, staff shift reports, operations meetings and union feedback. It is built on partnerships. When nurses see the value in something, and see the positive results of their efforts, they will be the catalyst for change. When governments, unions and employers work together, pulling in the same direction, much can be accomplished. Ultimately, the process must be based on teamwork and nurses feeling respected and valued, so they can take pride in delivering quality, safe care to their patients.

CONCLUSION & NEXT STEPS

According to New Zealand Chief Nursing Officer, Jane O'Malley, CCDM was a recognition by the New Zealand government that something had to be done to ensure patient safety within New Zealand's hospitals. Although implementation has been slower than expected, the results to-date have been gratifying for all participants. There is a recognition that CCDM is a long-term solution to a long-neglected problem, and that it is better to get it right, allowing for organizational cultural change and partnerships to develop.

The Canadian context in terms of the challenges with respect to safe staffing is very similar to those that acted as a catalyst for CCDM implementation in New Zealand. Canada needs to follow a similar path bringing together governments, employers and unions in recognition that the current problems in our health care system can only be addressed through a joint effort based on a respectful partnership model.

The CFNU would like to convene a meeting of health care stakeholders, including government representatives, health care employers and nurses' unions in late fall 2016 or early 2017 to discuss the lessons learned and the potential for joint collaboration.

CFNU

STANDING UP FOR
SAFE PATIENT CARE

International Solidarity Fund Report

Respectfully submitted by:

Debbie Forward, RNUNL, Chair

Mona O'Shea, PEINU

Tracy Zambory, SUN

Jane Sustrik, UNA

The International Solidarity Fund (ISF) Committee meets twice each year in conjunction with the National Executive Board meetings. In between board meetings, teleconference meetings are also held when required. The committee is quite pleased with our accomplishments since last convention.

To provide core funding to the ISF, one cent per member per month is contributed from monthly CFNU dues. Other funding is achieved through the silent auction that is held at the CFNU Biennium, and we ask Member Organizations to fundraise at their own conventions/AGMs in support of the ISF.

The committee has an annual budget of $25,000. This money is divided between Capacity Building ($15,000) and Worker Exchange support ($10,000). Prior to 2013, the ISF also provided money for Humanitarian Assistance for local or international disaster relief. However, our experiences have taught us that when tragedy strikes, our member organizations, locals and individual members step up to the plate and donate generously. The CFNU and MOs will continue to provide humanitarian assistance when required.

Applicants for the Worker Exchange are increasing, which is a very positive sign. Our members are doing great work, and we want to make sure they are aware that this fund is available to provide support. **Applications for support must be received by December 31 for travel in the following year, which is a critical requirement that must be met**.

Worker Exchange

Our members are making a difference around the world. In the past two years, we have been able to support members volunteering in countries such as Rwanda, Peru, Ecuador, Honduras, Haiti, St. Lucia, Madagascar, and Guatemala.

Capacity Building

Since our last convention we have supported several initiatives under this program. We donated funds to Buy-a-Net Malaria Prevention Group. The Buy-a-Net program had an initial focus on malaria, but it was extended to include pneumonia and diarrhea. These are the three leading causes of death in children under age five. The CFNU has been a significant contributor to the Buy-a-Net program for a number of years. However, just recently this program was discontinued.

The CFNU also committed $5,000 to another Clean Water Project in Village Primary Schools in Kenya. This is the second well that CFNU has supported in the past two years.

In 2015, the ISF supported CFNU's attendance as a Canadian Labour delegate to the first national South African grandmothers gathering in Durban, South Africa. The Labour delegation traveled alongside Canadian members of the Grandmothers to Grandmothers campaign. This campaign raises funds in Canada for the Stephen Lewis Foundation's work with community-based organizations in Africa. This was the first labour delegation sponsored by the SLF, and the invitation to participate was extended to a select number of unions who have supported the work of the SLF in the past. In addition to the CFNU delegate, ONA very generously supported ONA member Anne Clark's participation in the labour delegation. The purpose of CFNU's participation was to investigate the possibility of a CFNU retiree network with connections to the SLF Grandmothers to Grandmothers Campaign, and to explore the feasibility of strengthening ties with SLF though a capacity-building project.

A report on the project was presented to the NEB in October 2016. The NEB is not recommending moving forward with a retiree network at this time. However, we are quite excited to be announcing at the Biennium support for a significant capacity-building project.

The Ontario Nurses' Association, the Canadian Federation of Nurses Unions (through the International Solidarity Fund) and its Member Organizations are very pleased to be teaming up to support the work of the Stephen Lewis Foundation with a strong three-year commitment of $135,000 a year for each of three years. $50,000 of this funding will come from the ISF per year.

The Stephen Lewis Foundation (SLF) works with community-level organizations which are turning the tide of HIV & AIDS in Africa by providing care and support to women, orphaned children, grandmothers and people living with HIV & AIDS. Since 2003, they have funded over 1,400 initiatives, partnering with more than 300 community-based organizations in the 15 African countries hardest hit by the global AIDS epidemic. These grassroots groups are the lifeline for their communities: they provide counselling and education about HIV prevention, care and treatment; distribute food, medication and other necessities; reach the sick and vulnerable through home-based health care; help orphans and vulnerable children access education and work through their grief; and support grandmothers caring for their orphaned grandchildren.

The work that will be supported by this investment includes two projects with a particular focus on health care, including health human resources. The first project is the Panzi Hospital Mobile Outreach Clinic and Blood Bank in the Democratic Republic of Congo (DRC). This clinic facilitates the safe collection of blood donations, and blood screening to ensure adequate supply of safe blood at the Hospital where they are much needed. Among other surgeries performed at the Hospital, a common surgery requiring blood products is fistula repair, which is desperately needed. Fistulas are often caused by multiple rapes which are used as a weapon of war in the DRC. The second project that will receive support is the Swaziland Nurses Association for their mobile clinic. Through their Swaziland Wellness Centre, the Nurses Association has provided health and wellness services to more than 10,000 health care workers. Health care workers are often unable to seek care during working hours, and the mobile clinic allows them and their families to be seen quickly and easily in their home communities and workplaces.

Since the very beginning, SLF has relied on the support of Canada's labour movement. From funding special initiatives to general unrestricted funds, the support, solidarity and commitment of our movement has had, and continues to have, a profound impact on communities across sub-Saharan Africa. The CFNU, ONA and other MOs are proud to continue this tradition of solidarity with the Stephen Lewis Foundation and are particularly pleased to be able to direct our support to our sisters and brothers in the health care sector, who are working tirelessly under very difficult circumstances to turn the tide of HIV & AIDS, an epidemic which continues to disproportionately impact women and girls.

Our members and the CFNU are making a difference. The ISF provides much needed funding to allow us to share our knowledge, skill and expertise with developing countries. On behalf of the Committee and the National Executive Board, I want to thank you for your continued support.

Included in this report are the financial statements for the Fund for the years 2015 and 2016. We look forward to answering any questions you may have at the Biennium.

Here are just a few of the images sent by recipients of our Worker Exchange assistance followed by reports from two of the many participants from 2015 and 2016.

Team Heart Rwanda 2016 – Rwanda, Africa

March 2016

This past March I had the amazing opportunity to travel to Rwanda, Africa, and volunteer with a non-profit medical organization known as Team Heart. Team Heart has been traveling to Rwanda for over nine years, providing lifesaving cardiac surgery to those affected by Rheumatic heart disease. Rheumatic heart disease has been virtually eliminated in developed countries, but remains the most common form of heart disease among young children and adults in the developing world.

Team Heart has partnered with the Rwandan Minister of Health and King Faisal Hospital, in developing sustainable cardiac care and surgery in Rwanda. Currently, Rwanda does not have a cardiac surgery program, and only four cardiologists to care for over 10 million people in the country.

The Team Heart team is made up of medical (*cardiac surgeons, cardiologists, anesthesiologists, perfusionists, nurses, bio-med experts)* and non-medical volunteers from primarily the United States, and for the first time this year Canada. The program also focuses on mentoring Rwandan health care professionals in caring and managing cardiac patients.

This year, Team Heart performed 16 open heart surgeries on patients from all around Rwanda. All patients received mechanical valves (single, double, triple valve replacements). The patients ranged from 12 to 37 years of age, all with significant debilitating symptoms of congestive heart failure from their failing valves. Many had to relinquish their family, work or school duties due to their illness.

All 16 patients made it through surgery and are currently recovering at King Faisal Hospital. The surgery for these patients was a true gift of life, something we do not always think about here in Canada as health care is easily accessible. Without surgery these people would die. They were filled with joy, and you could see them looking forward to their futures. They would have the opportunity to go back to school, work, and take care of their families.

This was a very rewarding trip, and I hope to do more humanitarian work with my nursing career.

Jennifer Hayward

Manitoba Nurses Union (MNU)

Project Amazonas, Young Nurses Take Action (YNTA) – Peru, Amazon

April 2016

In April 2016, I and 11 other nurses traveled to the Peruvian Amazon. There we lived on a river boat with staff/crew members from Project Amazonas for two weeks and traveled down the river to a different remote community each day to provide medical care. Each clinic was set up in the single room school building and included nursing assessment, physician assessment, dentistry and pharmacy.

Each clinic day was faced with new challenges. Often we were able to help relieve discomfort related to dehydration and generalized aches/pains from working and farming. But occasionally we ran into some severely dehydrated children and even a young jaundiced girl. These often treatable conditions here in Canada were difficult to manage with the limited resources we had. Oral rehydration was our only option for dehydration. As for the jaundice girl, we urged the family to get her to the closest town where there was a clinic that could do blood work at the least.

Learning to adapt to these new challenges was certainly difficult, but there was so much resilience within the people of Peru, and we never left a town without a million thank-yous and smiles as these people see health care support maybe once a year.

After the two weeks on a boat, we spent four nights at Madres Salva which is a remote location off the river where Project Amazonas owns land. They have built cabins to house health care and conservation workers that come to volunteer with the company. For the health care workers, there is a clinic that Project Amazonas built five minutes down the river. This is their newest pride and joy, and we were able to help finish setting up the clinic, participated in an official opening, and ran two clinic days there. It was quite the experience and a huge accomplishment for Project Amazonas.

The trip was an experience of a life time, to say the least. Thank you for providing me with funding to help make this happen. It's been a dream of mine to be able to volunteer abroad! I couldn't have asked for a better first experience.

Sarah Losty

United Nurses of Alberta (UNA)

International Solidarity - As of December 31, 2015			
	ISF	**CFNU/MO's General**	**TOTAL**
Opening Fund Balance - December 31,2014	**257,408.97**		**257,408.97**
Revenue			
SUN	2,952.50		2,952.50
NBNU	2,050.00		2,050.00
NSNU	2,100.00		2,100.00
RNUNL	800.00		800.00
MNU	300.00		300.00
			-
Sub-Total	*8,202.50*		*8,202.50*
CFNU Convention Silent Auction	7,460.00		7,460.00
Dues allocation	14,535.51		14,535.51
CFNU & Member Organizations' General		33,570.85	33,570.85
Total Revenue	**30,198.01**	**33,570.85**	**63,768.86**
Expenditures			
Humanitarian Assistance			
Florence Nightingale Int'l Foundation - Girl Child Educaton Fund		6,000.00	6,000.00
MSF - Nepal Earthquake Relief		11,179.85	11,179.85
MO Cont'ns to MSF for Ebola relief		2,201.11	2,201.11
MO Cont'ns to NNU/California Fdn - Ebola		2,189.89	2,189.89
MO Cont'ns to MSF - Nepal Earthquake Relief		2,000.00	2,000.00
MO Cont'ns to			
CLC - donation to Council of Cdns Refugees re:Syria	10,000.00		
			-
Sub-Total	***10,000.00***	***23,570.85***	***33,570.85***
Worker-to-Worker			
Nancy Duguay - Global Brigades/Medical Mission, Honduras	1,000.00		1,000.00
Deborah Eckstein - Medical Mission, Haiti	1,000.00		1,000.00
			-
Sub-Total	***2,000.00***	**-**	***2,000.00***
Capacity-Building			
Buy-A-Net donation	1,000.00		1,000.00
CLC HIV/AIDS Fund		10,000.00	10,000.00
Rotary Club of West-Ottawa - Well in Kenya	5,000.00		5,000.00
			-
Sub-Total	**6,000.00**	**10,000.00**	**16,000.00**
Total Expenditures	**18,000.00**	**33,570.85**	**41,570.85**
Net Increase for 2015	**12,198.01**	**-**	**22,198.01**
Closing Fund Balance - December 31, 2015	**269,606.98**	**-**	**269,606.98**

International Solidarity - As of December 31, 2016			
	ISF	**CFNU/MO's General**	**TOTAL**
Opening Fund Balance - December 31,2015	**269,606.98**		**269,606.98**
Revenue			
SUN	2,357.50		2,357.50
NBNU	2,270.00		2,270.00
NSNU	2,200.00		2,200.00
RNUNL	4,458.85		4,458.85
MNU	400.00		400.00
			-
Sub-Total	*11,686.35*		*11,686.35*
Dues allocation	14,548.45		14,548.45
CFNU & Member Organizations' General		20,324.23	20,324.23
Total Revenue	**26,234.80**	**20,324.23**	**46,559.03**
Expenditures			
Humanitarian Assistance			
Florence Nightingale Int'l Foundation - Girl Child Educaton Fund		1,000.00	1,000.00
			-
Sub-Total	**-**	***1,000.00***	***1,000.00***
Worker-to-Worker			
Deanne Wiebe - Haiti Mission	500.00		500.00
Diane Labossiere - Haiti Mission	500.00		500.00
Patricia Taylorson - Rwanda mission	500.00		500.00
Kathy MacDougall - Guatemala mission	500.00		500.00
Simone Donnelly - St. Lucia mission	500.00		500.00
Edith Hiebert - Mercy Ships Tamatave, Madagascar	500.00		500.00
Jennifer Hayward - Rwanda mission	500.00		500.00
Danielle Becker - Young Nurses Take Actions Peruvian Adventure	500.00		500.00
Margaret Danko - Peru mission	500.00		500.00
Sarah Losty - Peruvian Amazon mission	500.00		500.00
			-
Sub-Total	***5,000.00***	**-**	***5,000.00***
Capacity-Building			
Buy-A-Net donation	-	5,000.00	5,000.00
CLC HIV/AIDS Fund		10,000.00	10,000.00
Global Nurses United (GNU)		4,324.23	4,324.23
Creation Retiree Network & SLF Grandmother to Grandmother conference	12,000.00		12,000.00
Sub-Total	**12,000.00**	**19,324.23**	**31,324.23**
Total Expenditures	**17,000.00**	**20,324.23**	**37,324.23**
Net Increase for 2016	**9,234.80**	**-**	**9,234.80**
Closing Fund Balance -December 31, 2016	**278,841.78**	**-**	**278,841.78**

Member Organizations News

Saskatchewan Union of Nurses

SUN President, Tracy Zambory, RN

There has been a lot of moving parts in labour and health care over the past two years in Saskatchewan. We continue to face challenges and external pressures where professional practice and safe patient care is concerned, and what were once threats against unions have begun to materialize and become a reality we are faced with.

Since we last came together in Halifax in 2015, the Saskatchewan Union of Nurses has been tested on many fronts. While some of the issues we faced had been in the making for months, even years, others were unexpected and required a quick response. With each issue we faced, we continued to focus on safeguarding and advancing the crucial role of the registered nurse in the safe delivery of patient care; however, the mounting external pressures made this work increasingly challenging.

In March 2016, SUN achieved a new Collective Agreement for our provincial bargaining unit; however, the journey to achieving the new Collective Agreement was not an easy one. January of the same year negotiations came to a halt when the two sides could not reach an agreement regarding the critical role of the registered nurse in ensuring safe, adequate levels of nursing staff during emergency situations.

The incredible show of strength and solidarity SUN members demonstrated during subsequent Special Membership Meetings was a fundamental catalyst to securing a tentative agreement that respected the legislated role of the registered nurse. The new Agreement saw Employers recognizing and respecting the professional judgement of registered nurses in making urgent, real-time staffing decisions based on patient needs – this was fundamental to providing safe patient care.

Throughout 2016, registered nurses continued to struggle with the ever-increasing lack of role clarity on the nursing team and the encroachment on the role and scope of the registered nurses. SUN actively monitored and expressed concerns about the external work taking place in the practice environment around role clarity and the expansion of the role of the LPN and other health care providers. Even with all of our efforts to ensure any changes in the practice environment were based on research, evidence, formal education, and best practices and standards, in January 2017 two documents that will have a significant impact on what nursing looks like in Saskatchewan reached their final stages of development.

SUN members come together to share their experiences and learn from their fellow registered nurses during the annual Education Conference.

The first is a Collaborative Decision-Making Framework; the product of months of work between the Saskatchewan Registered Nurses Association (SRNA), the Saskatchewan Association of Licensed Practical Nurses (SALPN) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). This document will play a substantial role in shaping the nursing team and have a considerable impact on whether role clarity improves or declines.

The second document is the new SALPN Competency Profile, which has the potential to have even greater impact on nursing and the existence of role clarity in the province; and raises a number of unanswered questions. The most significant question being whether Licensed Practical Nurses (LPNs) possess the foundational knowledge and formal education required to safely perform the additional competencies outlined in the document.

One of the most significant of all the external pressures SUN faces is the stark new reality of the approximately $1.2 billion deficit Saskatchewan is now facing. Provincial revenues from non-renewable resources such as potash, oil, natural gas and uranium have plummeted in the wake of record-low commodity prices. This has placed the province in the precarious position of having to make difficult choices that impact the health and wellbeing of Saskatchewan's citizens. Unfortunately, we have seen choices made in a number of health regions that involve the abolishment of registered nurse positions, replacement of registered nurses with other health care providers, and an increasing number of registered nurses layoffs.

Close to 1,000 SUN members from across the province came together over two days in strength and solidarity to speak out for patient safety and demand respect for the legislated role of the registered nurse. (Special Membership Meeting – February 2016)

Perhaps one of the greatest challenges facing health care in Saskatchewan is only beginning to unfold. In response to staggering deficits in the health regions, on January 4, 2017, the provincial government announced that substantial transformation to the regional health authority structure will occur. By fall of 2017, the 12 existing health regions will be reduced to a single authority and administrative entity. The stated goal for this change being a consolidation of services to reduce waste and create efficiencies, improve health service delivery and, in the long run, to save money for the province. How any of the changes and cost-saving measures will impact patient care delivery and registered nursing, remains largely unknown at this point. SUN continues to caution against rushing the process and is advocating for thorough decision-making processes based on research, evidence and best practices for health care to ensure we are meeting our shared goal of providing safe, accessible, quality health care for all citizens of Saskatchewan.

The growing provincial deficit has lead the Saskatchewan government to publicly contemplate wage freezes for collective agreements currently in place; extensive layoffs – specifically 4,900 jobs in health care alone; forcing public sector employees to take unpaid days off; and expecting unions to accept a 3.5% wage rollback. With all of these extreme pressures building – health care restructuring, economic instability, provincial attack on unions – the labour movement as a whole and individual unions are extremely vulnerable. Where we once had legislation to protect unions and the rights of their members, we now have legislation that can easily position us against each other.

SUN Board of Directors joins the members of UFCW Local 6 on the picket as they seek fair and equitable wages, respect and a fair bargaining process.

The professional and labour environment SUN is currently faced with leaves us with a lot of unanswered questions and potential risks. Now, more than ever, the work of SUN has become increasingly important to the health of our members, to the well-being of our patients and communities, and the sustainability of the health care system. SUN has a strong, proud and vibrant history of overcoming adversity, facing challenges head on and paving new roads to ensure safe, quality patient care and to meet the needs of our members. Fear of the unknown will not silence us, it will inspire us.

Manitoba Nurses Union

1. Presumptive legislation in effect

MNU successfully lobbied the provincial government to amend the *Workers' Compensation Act* to include a presumptive PTSD clause inclusive of nurses. Under this new legislation, the WCB will presume that a nurse's PTSD diagnosis was a direct result of the workplace. Manitoba's presumptive legislation came into effect on January 1, 2016.

2. Raising awareness about PTSD

MNU president Sandi Mowat has been traveling the world speaking about MNU's ground-breaking research about the prevalence of post-traumatic stress disorder in the nursing profession. In addition to speaking at events in Manitoba, including public health nurses, emergency nurses, employer audiences and more, she also presented at the Canadian Health and Wellness Innovations Conference in Phoenix, Arizona, and the Fifth International Conference on Violence in the Health Sector in Dublin, Ireland.

MNU's research and lobbying efforts regarding post-traumatic stress disorder was also highlighted at the Global Nurses United summit, also held in Dublin. Furthermore, MNU was invited to submit a poster, highlighting its PTSD research, to the Western Emergency Department Operations Conference. The conference brought together experts from around the world to focus on emergency department process improvements and efficiencies.

MNU Vice President Donna McKenzie and President Sandi Mowat

3. MNU laces up for diabetes

MNU president Sandi Mowat, joined by vice president Donna McKenzie and MNU staff, were the top fundraising team in Manitoba's Lace up for Diabetes event.

The MNU team raised a grand total of $10,970, much of which was contributed by locals and worksites from across the province.

In addition to being the top fundraising team, Mowat was also the top overall fundraiser. A special thank-you to all those who generously donated to this very important cause.

4. Supporting our neighbours

In a show of solidarity, the MNU board of directors voted unanimously in favour of donating $2,000 to the Allina Nurses' strike fund.

The 4,800 nurses from hospitals in St. Paul and Minneapolis went on strike due to the employer's refusal to address concerns over safe patient care staffing and workplace violence prevention.

5. Welcome Cross Lake Nurses

MNU has a new local. Welcome to Cross Lake Nurses, Local 143. This local is comprised of four members, working in the Cross Lake Home and Community Care Program.

6. Meeting with members

MNU president Sandi Mowat continues to travel the province, meeting with members and discussing their concerns face-to-face. On a recent tour to northern Manitoba she met with many dedicated nurses and heard about some of the unique challenges they face in delivering safe patient care.

Registered Nurses' Union Newfoundland and Labrador

1. RNUNL Extends Contract for One Year

Last year, RNUNL strategically decided not to serve notice for bargaining in light of its members' priorities and the province's poor fiscal environment. In error, government also did not serve notice. Article 49.01 of RNUNL's Collective Agreement states that, when neither party serves notice in the 120-day period before contract expiration, the contract stays in effect as is for another year.

In bargaining surveys, members had told RNUNL that maintaining benefits and wages was important. Extending the contract to June 30, 2017, was the best option to achieve that direction, given the province's fiscal situation. RNUNL politely declined government requests to return to the table regardless of the missed deadline.

2. Protecting Members' Privacy

RNUNL was one of several public sector unions and employers arguing for the protection of privacy for public servants on the "sunshine list" in court last November. A "sunshine list" was made public, following an access to information request by *The Telegram* newspaper. Along with the Newfoundland and Labrador Teachers' Association, Canadian Union of Public Employees, Newfoundland Association of Public and Private Employees and the four regional health boards, RNUNL did not believe the names of people who make over $100,000 should be released to the public. In December, the court ruled in favour of the unions, citing the public doesn't have the right to use the province's access to information legislation to get public sector workers' names and pay. Regrettably the case may be a moot point, since the Liberal government later passed a bill in the House of Assembly to create a formal, official "sunshine list" starting in 2017.

3. Advocating for a Core Staffing Review

To establish safe staffing and improve health care delivery, RNUNL has been advocating for government to complete a core staffing review. A core staffing review will examine the number and type of health care providers who are currently working in the health care system. The last review was completed in the late 90s. Since then there have been increases in patient acuity, complexity, shorter hospital stays, and advances in diagnostics and treatments. Demands have gone up, and staffing levels have not kept up with demand. A staffing review will help determine whether or not we have the right number of people to provide care. RNUNL firmly believes it is a critical first step in creating safe staffing.

4. RNUNL Increases Its Focus on PTSD in the Nursing Profession

During RNUNL's convention last fall, a resolution was passed to enhance efforts to address the impact of post-traumatic stress disorder (PTSD) on registered nurses. RNUNL is committed to the following:

1. Be it resolved that RNUNL commit to raising awareness about the prevalence of PTSD in nursing.
2. Be it further resolved that RNUNL lobby the provincial government for Registered Nurses to be included in any legislation related to the *Workers Compensation Act* and PTSD, and this legislation recognizes the cumulative impact trauma has on Registered Nurses and first responders.
3. Be it further resolved that RNUNL continue to lobby employers to develop workplace supports for Registered Nurses and other health care providers to address the impacts of workplace trauma, such as debriefing.

5. Continuing Clarity Project Efforts

RNUNL continues to make great progress with its Clarity Project – a member-driven initiative to protect and promote the role of registered nurses in health care. The project has become a guiding force within RNUNL and is embedded into how our union serves and represents members.

- White & Black Uniform: In addition to inspiring members to always introduce themselves to patients, clients, residents and families as a registered nurse, the project continues to make great headway with a visual identifier. Currently, 75% of members are voluntarily wearing the RN uniform colours of white and black, and the public is very supportive of the new uniform. All RNUNL branding and communication tools have been updated to feature the white and black identifier.
- Media Campaign: In 2016, RNUNL reran its Registered Nurses: Nursing to a Higher Level media campaign to highlight the unique and valuable role RNs play in the health care system. In addition to the television ad, new online shareables were added to expand the campaign's reach. Learn more at the campaign's website, RNValue.ca. Plans are underway to develop new Clarity Project social media materials.

- Targeting Decision-Makers: Targeting and connecting with decision-makers in government and employers is now at the heart of our Clarity Project. Every day these individuals are considering ways to address the province's deficit and are scrutinizing health care spending. We want to influence how they make their decisions. We want them to truly understand the value registered nurses bring to health care, to understand the value registered nurses bring to the bottom line. We want them to consider all of this when they make staffing decisions, whether those decisions are at the unit or system level. In the past two years, RNUNL has been at every table where health care was being discussed. We've used every opportunity to demonstrate how proper RN resourcing creates a more efficient system. From the premier to the minister, CEOs, chief nurses, and down the line, we are arming health decision-makers with research to understand the impact of RN staffing on patient outcomes and cost.

6. Celebrating 20 Years for RNUNL President

2016 marked the 20th anniversary for RNUNL President Debbie Forward. For nearly half of our union's history, Debbie has led the charge in protecting, championing, and advocating for registered nurses and their patients. A registered nurse for over 37 years, Debbie's influence is vast and far-reaching. Her knowledge and expertise is always at work, influencing positive change for registered nurses and patients alike. Her passion for registered nursing and high-quality public health care is inspiring. Debbie's forward thinking has helped make R NUNL a highly-respected union, a force to contend with. She continues to leave an indelible mark on nursing and health care both provincially and nationally.

RNUNL President Debbie Forward

7. New Website & App – February 2017

We've been working to improve communication with members by staying current, maximizing online communication tools and practices.

This includes updating and improving our public website and member website myRNU. The new websites were launched last fall. The sites are responsive to mobile devices, easy to navigate, and feature a fresh, clean look.

Earlier this year, we also launched our myRNU App. The myRNU app is designed to provide members with greater access to our myRNU member website. Using the app, members can access exclusive resources, a calendar of events, important updates and news, and search through the RNUNL collective agreement.

With push notifications and a shiftwork-friendly calendar, the myRNU app is a powerful tool for registered nurses and RNUNL. Now, updates on important topics like bargaining go straight to a member's mobile device. Members can also quickly look up something in the collective agreement from anywhere.

New Brunswick Nurses Union

1. Registered Nurses - 24/7 Commercial

In 2016 NBNU collaborated with a PR agency Revolution Strategy to create a campaign that depicted real RNs and NPs working around the clock in a variety of nursing roles. Titled Registered Nurses 24/7, our objectives for the campaign was to 1) Raise awareness of the role and value of RNs and NPs across targeted audiences, and 2) Connect New Brunswickers to the humanity and importance of nurses to help foster advocacy.

After two stints in market (during the spring and fall) a total combined outreach of the campaign lead to 260,828 people taking action on Facebook and 91,616 views on YouTube. NBNU also had 5000+ unique visitors view our landing page (http://www.nbnu.ca/rn247). The largest audience visiting the landing page were women age 25-34.

NBNU was elated to share with our members that the Registered Nurses 24/7 campaign won a gold AVA Digital Award at an international competition that recognizes outstanding work by creative professionals involved in digital communication.

2. NBNU President & Executive Director

In June 2015, Executive Director David Brown retired after eight years with NBNU. He was replaced by Matt Hiltz, a former Labour Relations Officer with the Union. Prior to his employment at NBNU, Matt worked in the labour and employment field with a regional law firm and then at the Association of University of New Brunswick Teacher as their professional officer.

At the AGM in October 2016, Marilyn Quinn, president retired after 12 years in her role. Paula Doucet, former Vice-President was elected by acclamation. Most recently employed at the Chaleur Regional Hospital in Bathurst, Paula has 20 years of nursing experience and comes from a strong labour background.

3. BloodWatch.org

NBNU has joined in the fight with BloodWatch to ban a private, for-profit company Canadian Plasma Resources (CPR) to set up in Moncton. Kat Lanteigne, Executive Director and co-founder of BloodWatch, spoke at NBNU's AGM in October. She explained the importance of nurses getting involved in this fight. As registered nurses we never want to live through another tainted blood scandal, and by allowing private-for-profit companies to set up in NB, the possibility of this terrible tragedy being repeated could become a reality.

Part of NBNU's mandate is to protect the safety of those in our care and all New Brunswickers. As such, NBNU is gravely concerned that paying donors for their plasma will divert much needed volunteers away from the public system, and undermine the safety of this system contrary to the Krever Report. Despite letters and petitions delivered by NBNU members to Health Minister, Victor Boudreau, and Premier Gallant, the provincial government continues to support the opening of CPR, putting a handful of jobs ahead of sound public health values and the lessons learned from the tainted blood scandal. NBNU's Board of Directors has approved a $5,000 donation to BloodWatch. The money will aid BloodWatch as they evaluate their legal options and next campaign steps.

4. Workplace Violence Prevention

Addressing workplace violence continues to be a top priority for NBNU. New Brunswick is the only province in Canada that does not recognize violence in the workplace as a workplace hazard under the *Occupational Health & Safety Act*.

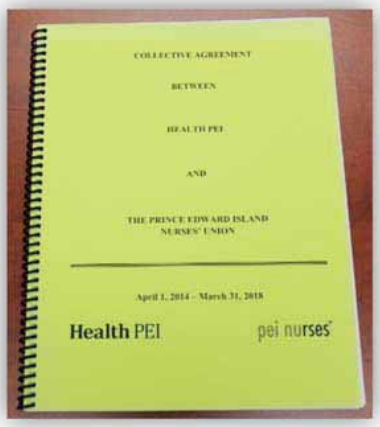
NBNU has negotiated letters during collective bargaining, in addition to working with employers, to develop and implement measures to prevent violence. Our work has also focused on providing better support to those involved when violence does occur. However, we need legislative change to guarantee this work will continue on behalf of the employer.

Paula Doucet, NBNU President, addresses media at a press conference on workplace violence.

At the AGM, members passed a resolution and kicked off a concerted effort to lobby the Minister of Post-Secondary Education Training and Labour to take overdue action on this serious issue. A press conference was held, generating significant media coverage. Letters were signed by all those in attendance and sent to Minister Arseneault and Premier Gallant.

We will continue to be vocal on this issue that has a direct impact on our members and those in their care.

Prince Edward Island Nurses' Union



PEINU Ratified Contract with 96% of members who voted in favour of the deal. Members will receive wage increases of 9.5% during the 4 years of the contract's term, which is retroactive to April 1, 2014.

Wear White Campaign/Photo challenge

Mona and Mary Boyd (PEI Health Coalition) brought to MP Hon. Lawrence MacAulay key issues such as: increasing concern with privatization of the public health care systems, a national drug plan that is public, affordable and safe, and voiced concerns with respect to Senior Care.

Lobby group in support of National Pharmacare lobby PEI MLA's: action at the PEI Legislature.

PEINU will celebrate 30 years in May 2017.

United Nurses of Alberta

1. UNA Wins South Health Campus Privacy Case

Alberta Health Services withdrew all formal disciplinary actions against 24 UNA members improperly accused in October 2015 of having inappropriately accessed a patient's information at South Health Campus in Calgary.

The registered nurses represented by UNA faced serious discipline, including in one case termination. But by December 2015, AHS informed UNA it had withdrawn discipline for all the nurses in the SHC Emergency Room related to allegations.

UNA vigorously disputed the conclusions reached by the employer in all cases and led grievances on behalf of all affected members, as well as a policy grievance, seeking withdrawal of the discipline and other remedies.

UNA strongly criticized former AHS CEO Vickie Kaminski's publication of a news release about serious and confidential disciplinary matters that remained in dispute. UNA called for her resignation.

"As we said at the time, the employer did not have a proper case against our members and seriously overstepped the bounds of the law and our collective agreement when it identified members affected in a press release and other documents," said UNA Labour Relations Director, David Harrigan. "We are gratified but not surprised by this outcome and pleased AHS has committed to learning from its actions in this situation."

2. New Essential Services Law

UNA was encouraged by new essential services law introduced by the NDP government in March 2016 that protects the public and patients at the same time as it respects the constitutionally protected rights of health care workers.

Legislation passed in 1983 removed the legal right to strike from all hospital workers, including nurses. Since then UNA has argued that nurses have a right to strike with reasonable measures to guarantee essential services as part of the collective bargaining process.

Rulings from the Supreme Court of Canada and the Court of Queen's Bench of Alberta said the constitution protects the premise all workers have a right to strike until such time they are deemed by the government, employer and union to be providing an essential service.

Under the new law, nurses have the right to strike provided that the parties involved first conclude an essential services agreement to ensure the safety of Albertans before job action is taken. UNA has always provided essential services during past job actions.

3. Fort McMurray Nurses Honoured

As flames licked at the edge of Fort McMurray and the city's nearly 90,000 residents prepared to follow orders to leave town, Alberta Health Services staff, including many UNA members, successfully evacuated more than 100 patients, among them nine newborn babies and their moms, from the Northern Lights Regional Health Centre. All were brought safely to Edmonton.

The devastating fire started on May 1, 2016, and the mandatory order to evacuate the city was issued on May 3 by city officials. Nurses, physicians, managers, and maintenance and security staff at Northern Lights swung into action, choosing to remain with the hospital's patients, even though many of them had no idea where their own family members were as the flames began to threaten the city.

On the night of the evacuation, AHS Interim CEO Verna Yiu told media the health care staff moved the 106 patients first to an oil sands airstrip north of the city, and from there to Edmonton. Escorted by nurses and other health care staff, the patients travelled in 17 buses to Suncor's Firebag site, and from there to the capital city aboard a WestJet Boeing 737.

One mom gave birth to twins at the hospital at 11:45 p.m. on May 3 and then went directly to Firebag at midnight.

Canadian nurses' unions and the Canadian Federation of Nurses Unions made significant donations of close to $60,000 to the Red Cross for the relief of Fort McMurray, the city's residents and its nurses.

Although spared the flames, the 136-bed Northern Lights facility suffered water and smoke damage. Heating and ventilation systems had to be completely cleaned. The building was scrubbed and disinfected.

4. UNA-CARNA Joint Nurses Week Campaign

UNA and the College and Association of Registered Nurses of Alberta jointly marked National Nursing Week in 2016, celebrating the work done by RNs in their role as the backbone of Canada's health care system.

A month-long outdoor advertising campaign featured traditional billboards and digital billboards at 70 locations near major hospitals in Calgary, Edmonton, St. Albert, Lethbridge, Medicine Hat, Red Deer and Grande Prairie.

5. No Involuntary Reduction of Full-Time Jobs

United Nurses of Alberta and Alberta Health Services on Nov. 4, 2016, signed a letter of understanding ensuring there would be no involuntary reduction of full-time equivalency of any member of the UNA bargaining unit as a result of implementation of AHS's Operational Best Practices targets.

Jane Sustrik, UNA Vice-President

The announcement came after several days of news stories speculating on the impact of the Operational Best Practices program being implemented by AHS – with another union stating flatly the program would result in layoffs, and both AHS and the government maintaining that was not so.

Heather Smith,
UNA President

6. New UNA Locals Welcomed

UNA welcomed new members into the union from a handful of newly organized worksites across Alberta. Nurses and allied health workers at the Father Lacombe Care Centre, Carewest Roleau Manor, Cedars Villa in Calgary, Allen Gray Continuing Care Centre, Jasper Place Continuing Care Centre in Edmonton and South Country Village in Medicine Hat voted to join UNA since 2015.

Nova Scotia Nurses' Union

1. CFNU Biennium 2015

One thousand nurses marched down Barrington Street in Halifax on June 5, 2015.

In June 2015, NSNU was proud to host the CFNU Biennial Convention in Halifax. The event was a wonderful way to show off a beautiful province to friends and colleagues from across the country, while working together to inform the goals and objectives of the CFNU for the next two years.

The event was a great success, culminating in an exciting thousand-person march through historic downtown Halifax. It was a great thrill to be able to showcase the strength of nurses from across Canada by – quite literally – shutting down the busiest street in the province, and claiming national media attention in the process.

2. Broken Homes

In January 2016, NSNU released a report on the state of long-term care in Nova Scotia. Broken Homes used the experiences of nurse members to show the growing crisis in that sector caused by chronic understaffing, workplace violence and other related issues.

Panelists included NSNU President, Janet Hazelton; lead researcher and author Dr. Paul Curry; Sheri Gallivan, RN; and Gary MacLeod, Co-Founder of Advocates for the Care of the Elderly.

Since Broken Homes was released, a committee has been struck with the Government of Nova Scotia, several employer groups, the NSNU and other stakeholders to navigate the report's 15 recommendations and determine a path forward. Some changes have already begun to take place, and the NSNU is optimistic that others will come to fruition in the near future.

Broken Homes has received a great deal of media attention, as well as attention from fellow health-related organizations across Canada and around the world. Lead researcher and author Dr. Paul Curry has travelled to Dublin, Ottawa and Florida to present his findings.

3. 40 Years Committed, Courageous and Strong

At the 2016 Annual General Meeting the NSNU celebrated 40 Years Committed, Courageous and Strong. The anniversary provided an opportunity for the NSNU to travel around the province to film a video featuring members from all corners of Nova Scotia and all health care sectors.

The video, set to the song Stand By You by Rachel Platten, became the theme song of the AGM, fostering a sense of unity among all attendees. It was an honour for the NSNU to be able to share this anniversary with more than 240 of their most dedicated activists, working together to plan a strong future for the NSNU.

4. Private Deals – Proven Failures

NSNU is affiliated with many labour and health-related organizations, including the Nova Scotia Health Coalition (NSHC). In September 2016, NSHC launched Private Deals – Proven Failures, a campaign taking on private-public partnerships. P3 deals have been widely criticized for offloading debt on future generations and costing substantially more over time than paying upfront for new infrastructure.

The campaign was prompted by the government's consideration of such a deal for rebuilding one of Nova Scotia's largest hospitals, while at the same time, approaching deadlines to purchase numerous P3 schools around the province. More information about the campaign, along with videos and evidence supporting their concerns, can be found at privatedealsprovenfailures.ca.

5. New NSNU Building

On October 31, 2016, the NSNU moved to a new location at 150 Garland Avenue in Dartmouth, Nova Scotia. The move was a long-time coming, after years of struggling to fit staff and guests into a smaller building with limited parking and storage. The new office was custom-designed for the unique needs of the NSNU by Lindsay Construction.

In December an open house was held to show members, colleagues and friends the new building. It provides a functional and stylish workspace that fosters an environment of creativity and teamwork. The NSNU anticipates continued good work happening within these walls for years to come.

Janet Hazelton, NSNU President, cuts the ribbon on the new NSNU building in December 2016.

6. Improving Workplace Safety in NS Community Emergency Departments

In October 2016, NSNU president, Janet Hazelton, joined Premier Stephen McNeil in announcing a working group to examine safety protocols in community emergency departments. The announcement came in response to a troubling incident in the emergency department of a rural hospital earlier that month. Janet served as a co-chair on the committee.

In January 2017, the committee released a report that included 12 recommendations to put measures in place that protect the safety of staff, patients and visitors to community hospitals. NSNU is very proud of the work done by Janet and the committee, and is committed to ensuring the recommendations come to fruition.

7. Nurses for Teachers

The NSNU board of directors makes their way to a rally for teachers in February 2017.

In late 2015 the Nova Scotia Teachers Union (NSTU) began contract negotiations with Nova Scotia's Liberal government. The process was tumultuous and resulted in three rejected tentative agreements and two pieces of legislation designed to limit the bargaining power of all public sector unions.

In December 2015, after the first rejected agreement, the government passed Bill 148 which, if brought into effect, would legislate a wage pattern for all public sector workers. In February 2016, following the third rejected tentative agreement, the government passed Bill 75 which legislated a contract for teachers. Both pieces of legislation will directly impact the NSNU when they return to the bargaining table.

The NSNU has been a vocal supporter of the NSTU throughout this difficult period, launching the slogan "Nurses for Teachers" in a show of solidarity. NSNU members, board and staff were regular participants in rallies around the province, supporting teachers and calling on the government to bargain fairly.

Ontario Nurses' Association

1. ONA Fights RN Cuts

As the total number of RN cuts in a 24-month period hit more than 1,600 lost positions, ONA ramped up its efforts to preserve these vital RN positions in Ontario. ONA launched a multi-phase public awareness campaign under the umbrella slogan "Nurses Know" to inform and influence the public and policy makers. The campaign used television, radio, movie theatre, print, and social media ads to blanket the province with our messaging. At the local level, ONA members from Windsor and Hamilton took their fights to Queen's Park to reverse RN cuts that hurt patients. Lobbying and targeted media efforts – combined with RN member activism at Queen's Park and locally – resulted in the reversal of RN cuts in the Neonatal Intensive Care Unit at St. Joseph's Healthcare Hamilton and showed members the power they possess.

ONA's multi-media ad campaign "The Truth Hurts. Nurses know" continues to flag the negative impact of RN cuts in Ontario.

2. Landmark Vaccine-or-Mask Decision for ONA Members

In November 2015, ONA won a precedent-setting and far-reaching arbitration award for our members against Sault Area Hospital (SAH), striking down a controversial "vaccinate or mask" (VOM) policy introduced at some Ontario hospitals. The contentious VOM policy forced nurses and other health care workers to wear a surgical mask for the entire flu season if they chose not to receive the influenza vaccine. ONA maintained that receiving the vaccine needed to be a true choice and part of a more comprehensive, evidence-based infection control plan. As a result, ONA launched grievances on behalf of members, and during the last round of central hospital bargaining negotiated a central arbitration process with the employer, the Ontario Hospital Association (OHA), to deal with them, agreeing to a single arbitrator (Jim Hayes) and SAH as the lead case. The OHA recommended this binding process to all participating hospitals, and many agreed. During 18 days of hearings, ONA's expert witnesses made a strong case that forcing healthy RNs to wear masks during the influenza season did little or nothing to prevent transmission. Arbitrator Hayes agreed, rejecting the hospitals' argument that "any" evidence on masks was enough to justify the policy, which he also believed undermined collective agreement rights of employees. Since that decision, ONA has signed settlements with most hospitals in the Hayes group, and only a handful of Ontario hospitals are continuing to require vaccination or masking of our members. ONA will continue our legal battle until all hospitals are in compliance with the Hayes group.

3. ONA Works to End Workplace Violence

Noting that violence should NOT be part of the job, ONA continues to take action to stop workplace violence in health care. ONA earned media and put the issue in the spotlight. In early 2016, ONA President Linda Haslam-Stroud was named co-chair of a new joint Ministry of Health and Ministry of Labour provincial Violence Leadership Roundtable, with the mandate of developing recommendations to reduce the number of incidents of workplace violence against nurses. At the time of writing, a comprehensive action plan was expected to be released soon. In addition, ONA launched a Code White ad campaign to increase public awareness of the issue. Members individually have become involved as well, successfully circulating petitions and getting concrete action from employers to increase workplace safety.

Linda Haslam-Stroud, ONA President

4. Bargaining

ONA broke through a significant ceiling when it negotiated a 2% increase for its nursing homes sector members in 2016. Hospital sector members received a two-year award through arbitration, and ONA recently has negotiated settlements for one of its Community Care Access Centres and Public Health members. Preparation has started for the next round of hospital sector central bargaining.

5. Other Campaigns

A group of ONA members from Ontario's Central East Community Care Access Centre wearing white

ONA members became involved in pressing government to include registered nurses under post-traumatic stress disorder legislation for first responders, which would enable them to access compensation more easily. ONA has provided members with a PTSD Lobby Toolkit and encouraged them to speak out. ONA continues to promote Wear White Wednesdays to stand out and stand up for RN care.

6. ONA Provides Input to Government on Labour, Hospital Funding

ONA provided input to the government of Ontario regarding appropriate hospital funding levels and updating labour laws. The government of Ontario is reviewing its labour laws in view of growing precarious employment, and ONA made a number of recommendations to the Changing Workplaces Review in 2015 and 2016. ONA's recommendations are based on three principles: mandating working conditions that enhance dignity and respect for all working people; encouraging and promoting unionization; improving the labour relations process.

ONA First Vice-President Vicki McKenna, RN, and Government Relations Officer Lawrence Walter walk up the steps at the Queen's Park legislative building to make a presentation to a provincial committee holding hearings on Bill 41, the *Patients First Act*.

With regard to hospital funding, ONA made submissions to the Pre-Budget Standing Committee on Finance in both 2016 and 2017. Ontario hospitals have been held to a growth rate in base operating funding of 0% from 2012-2013 to 2015-2016, while base operating funding in 2016-2017 increased by just 1% (with a second 1% announced and allocated in late November). The reduction in the growth rate of hospital funding has also meant restructuring hospital services. Many hospitals are in constant overcapacity, and wait times for services are increasing. The 2% increase in 2016 has been insufficient to prevent hallway nursing or slow down the replacement/deletion of RNs; the RN share of nursing employment in Ontario has been falling significantly over time. ONA calls for hospital base funding to be increased to account for inflation, population aging and growth, and projected increased demand for hospital services. Ontario hospitals need an additional 5% of funding to maintain quality and safe care.

7. ONA Wins for Student Nurses!

ONA's hard work in advocating for an end to the three-write maximum of the controversial American National Council Licensure Examination (NCLEX) paid off! After meetings with and correspondence from ONA, in March 2016, the Ontario Minister of Health and Long-Term Care committed to amending a provincial regulation under the province's *Nursing Act*, that restricted the number of registration exam rewrites the College of Nurses of Ontario (CNO) may allow. A few months later, the CNO Council approved the proposed amendments to its registration regulation, saying it believed it is appropriate to allow an unlimited number of rewrites because, among other reasons, the redesign of the exam makes it extremely unlikely that a student would see the same questions again. ONA believed the three-write exam limit was unfair and not consistent with other jurisdictions (not one single jurisdiction in the U.S. allows only three attempts to pass the NCLEX or requires that a candidate complete a second BScN degree before being allowed another attempt). The change, which officially took effect in January 2017, was not only a huge win for ONA's 16,000 student affiliate members, but for all nursing students in the province, many of whom expressed their sincere gratitude to our union.

8. ONA Achieves Significant Victory in Treatment of Nurses in Recovery

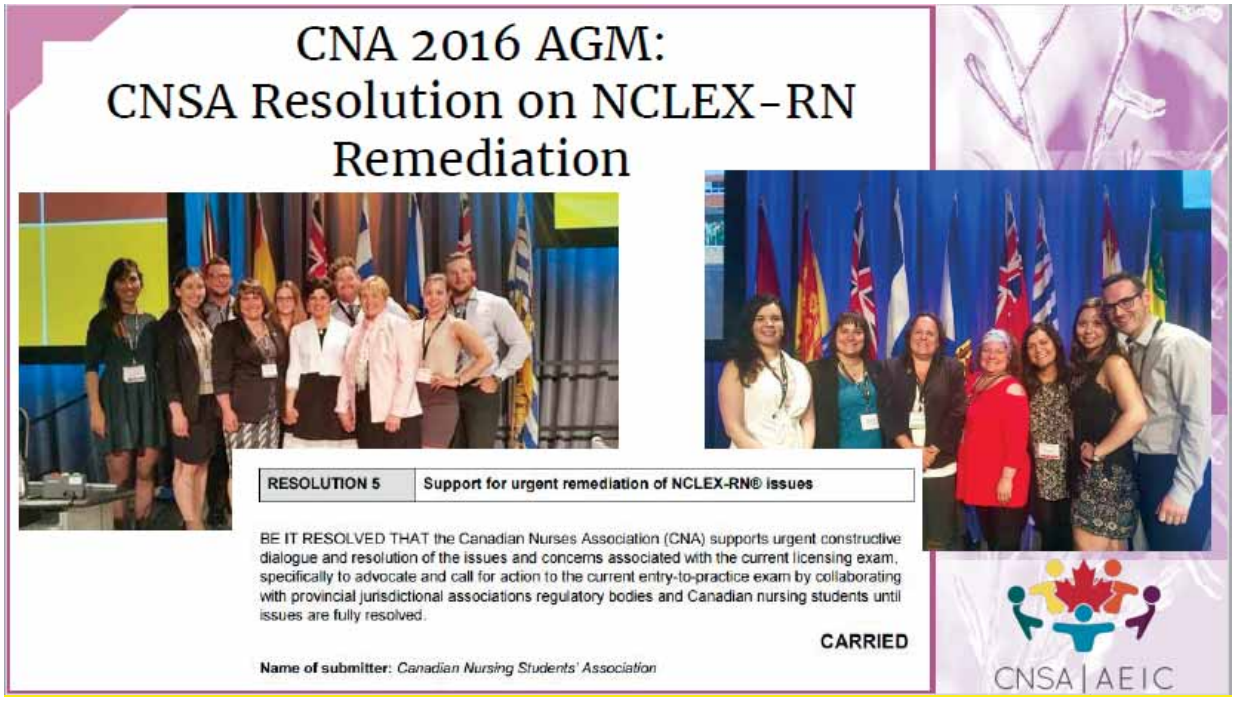
ONA reached a milestone agreement with the College of Nurses of Ontario (CNO) in the summer of 2016 that is a major step forward in treating nurses recovering from addiction and other mental health issues with compassion and respect. The CNO's previous practice was to ask its Fitness to Practice Committee to find nurses in recovery from addiction "incapacitated," even if they were fit to practice with restrictions on their license. Particularly concerning to ONA was that a finding of incapacity and a summary of the practice restriction would subsequently be posted on the CNO's Find a Nurse public website under the member's name. Even after practice restrictions were lifted, the finding of incapacity and the expired conditions would remain on the website as a past finding. ONA's Legal Expense Assistance Plan Team launched two challenges with the CNO, arguing that this policy amounted to discrimination on the basis of disability. After many months of negotiations with the CNO, ONA succeeded in achieving an agreement that, among other things, removes the word "incapacitated" on the CNO's website for nurses who are unable to practice and are deemed incapacitated, along with all references to incapacity, past findings and practice restrictions for nurses whose practice restrictions have been lifted. As well, nurses in recovery from addiction/mental health issues who are able to practice safely with certain practice restriction will no longer be found "incapacitated" by the CNO. This win will not only benefit ONA members, but all nurses in the province.

9. ONA Wins Important Union Member Votes Necessitated by Mergers

As Ontario continues to merge health care facilities, ONA often must engage in *Public Sector Labour Relations Transition Act* (PSLRTA) campaigns to not only retain current members, but persuade other affected union members that ONA is the right union for them. One of the most important campaigns in 2016 was for members with Providence Care, St. Mary's of the Lake nurses. The majority were members of another union, the Ontario Public Sector Employees Union (OPSEU), whose provincial president hailed from this Bargaining Unit. In a hard-fought campaign, the nurses from OPSEU and ONA's existing members overwhelmingly voted to make ONA their union.

ONA nurses from Providence Care celebrate a hard-fought campaign in a merger of health facilities, where ONA won the right to keep ONA's members and to represent nurses from another union.

Canadian Nursing Students' Association




CFNU
CANADIAN FEDERATION OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES ET INFIRMIERS
Canadian Federation of Nurses Unions (CFNU)
Beta Launch of "Speak Up" Mobile App at August BOD Meeting: Montreal, QC
CNSA | AEIC


Global Health
NEW! Global Nursing Podcasts
CANADIAN NURSE
PAISLY SYMENUK
GLOBAL LEADER IN THE MAKING
ADVICE ON STARTING A CAREER
CROSSOVER OF CARDIOLOGY AND ONCOLOGY
NEW! Formation of GASNN!
LEADERSHIP, MENTORSHIP, SCHOLARSHIP
The Next Generation of Nurses as Global Leaders
SAVE THE DATE
May 26,2017
Barcelona, Spain
You are invited to the first ever conference and annual general meeting of the Global Association of Student and Novice Nurses (GASNN)
WWW.GASNNURSES.COM
Exploring academic global health opportunities in chaper schools
CNSA | AEIC


What happens when a U.S. test is used for Canadian nursing graduates?
Passing rates fell by 20% overall
Confusing translation for French materials – passing rates fell by 60% for Francophone students
Limited Canadian competencies, such as Indigenous health,
Does successful completion of the NCLEX-RN exam lead to safer patient care?
Letter Writing Campaign at the 2017 CNSA National Conference – Winnipeg, MB
#REVIEWBEFORERENEW
#FRANCOPHONEHUNGUP
#CANADIANNONTENT
#GENERALLYDISPLEASEDABOUTOURLICEN
SINGEXAM

2015-2017 CLC RECAP

Canadian Labour Congress
Congrès du travail du Canada

Social media timeline of major campaigns & labour victories

By: Emily Doer, CFNU

@CanadianLabour
#CANLAB

BETTERCHOICE.CA

Can't get the health care your family needs? The #betterchoice invests in health care for #elxn2015 #elexn42.

42 16

Today @JustinTrudeau became the 1st sitting PM in more than 50 years to address Canada's labour movement.

#canlab

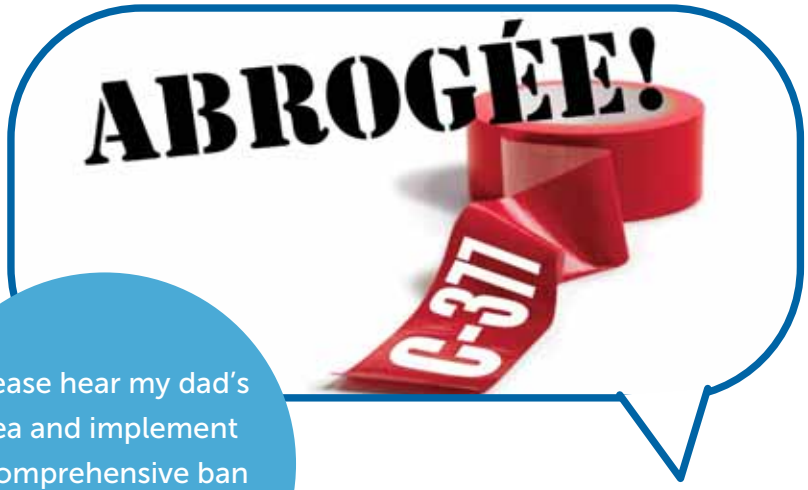
"Canada's unions & Canada's workers know that a green economy is #100possible."
- @Donald_Lafleur
#canlab #cop21

.@BarbByersCLC thanks @Puglaas for calling the inquiry into #mmiw, with @CFNUPresident at #AFN.

October 2015 — **December 2015**

#C377 and #C525 repealed! Thanks to @MPMihychuk on behalf of Canadian workers! #canlab

137 3 69



"Please hear my dad's plea and implement a comprehensive ban on #asbestos." @MichelleTCote

We think Canadians should be able to find out which public buildings contain asbestos. #banasbestos #cdnpoli #canlab

Happy Birthday to us! Let's look back at ways #canlab has worked for fairness over 60 years.

39 39

We're wearing green to #GETLOUD for Mental Health Week.

January 2016 — May 2016

No senior should be left struggling just to make ends meet. #CPP #betterplanforall

11 million Canadians don't have a workplace pension plan. We need a #betterplanforall.

Good to talk pensions, health & precarious work with Premiers tonight at #COF2016 #cdnpoli #canlab

#canlab Federation Presidents at the rally for a #stronghealthaccord and #NatDrugPlan4All #COF2016 #cdnpoli

June 2016

July 2016

"You stood by us when no one else believed." @NWAC_CA thanks @CanadianLabour for longtime support #MMIWG

50

49

PARTENARIAT TRANSPACIFIQUE

Le Canada doit bloquer le Partenariat transpacifique.

Proportional representation. It's not complicated. It's just fair. #ElectoralReform #cdnpoli #canlab

Canada's nurses call code blue on CETA and TPP trade agreements. @JustinTrudeau - #StopCETA #StopTPP

20

10

.@hassan_yussuff:

#canlab is making jobs better b/c too many Cdns lack regular hours, sick days, etc

#fairnessworks

September 2016

Rise Up! 2016 LIVE THE CHANGE

Debout! 2016 AU CŒUR DU CHANGEMENT

Our elected officers are sharing their stories about getting involved in #canlab & #humanrights activism.

YOUNG WORKERS' SUMMIT YWS 2016 BUILDING YOUNG WORKERS' POWER

"I truly believe the labour movement can be your movement."
- Bilan Arte

"Without tension, there will never be any change."
- Hassan Yussuff

"Engaging young people isn't a choice; it's a necessity."
- Pablo Godoy

"We believe in collective bargaining. We believe in what happens at the table." @JustinTrudeau at our #yws2016 #canlab #cdnpoli

October 2016

.@BarbByersCLC speaks to media at the #open4justice call for a corporate accountability ombudsperson.

25 27

Unions are joining students on Parliament Hill for #AllOutNov2 - education shouldn't come with a debt sentence.

"Canada pays the highest prices for prescription drugs in the world. The #TPP will make it worse."

- LInda Silas, CFNU

Fundamentally, this deal will threaten our sovereignty and our ability to shape our country's future.

- Hassan Yussuff

"Banning #asbestos in Canada will have a positive impact on the health of many Canadians."

- Health Minister Jane Philpott

Our #Ottawa office lit up to #ShinetheLight on #VAW. Learn more about the campaign @OCTEVAW.

Today we're celebrating as Canada joins more than 50 other countries who have banned #asbestos. #banasbestos #cdnpoli

135 6 124

December 2016

"We need a universal & affordable child care system." @DlafleurCLC shares with 1200 delegates at #bcfed16 conv

"We're taking part in continuing childcare discussions with gov't, as we champion a national, quality, affordable system. #canlab"

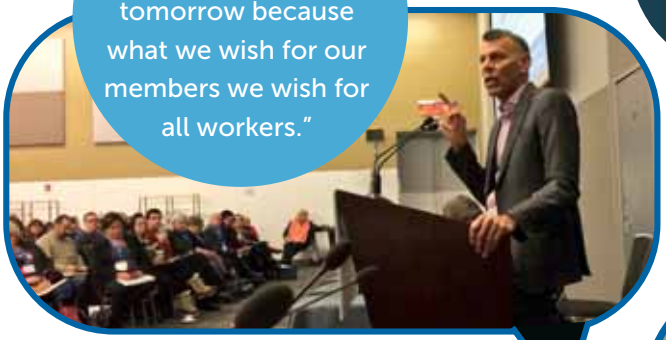
Canadians want our broken electoral system fixed. @justintrudeau needs to keep his promise.

"You want a wall? We will be building bridges of solidarity and respect."

- Linda Silas

"Getting ready to march with my Toronto sisters. Calling all women and allies. Labour marching for economic justice, childcare, housing, etc. #WomensMarch #canlab" - @mcwalker64

"We're meeting with MPs and Senators tomorrow because what we wish for our members we wish for all workers."



.@BarbByersCLC receives the #OrderofCanada from @GGDavidJohnston. #canlab

Marie Clarke Walker receives African Canadian Achievement Award (ACAA) for excellence in business.

34 3 61

January 2017 — **February 2017**

"We are saddened to hear of the passing of former CLC President Bob White, a tireless advocate for good jobs, peace, and fair trade. Our movement owes much to him and he will be deeply missed."

137 1 102

Today we're on the Hill giving MPs and staff a chance to see through the eyes of a refugee in VR. #FightRacism #canlab #RefugeesWelcome

CLC Convention 2017: Together for a fair future. More than 3,000 union activists from across Canada gather in Toronto from May 8 - 12 for the CLC's 28th Constitutional Convention.

31 1 28

.@CanadianLabour Sisters proudly participating in #CSW61 rally for equality and justice. #CanLabFem

March 2017 **May 2017**

SECRETARY-TREASURER'S REPORT

BY

PAULINE WORSFOLD

1. Secretary-Treasurer's Report
2. Audit Statements 2015-2016
3. Statement of Revenue and Expenses
4. Canadian Health Coalition Activity Report

Pauline Worsfold
Secretary-Treasurer

Kathy Stewart Accounting
Consultant

The role of Secretary-Treasurer focuses on the financial wellness of the CFNU. In collaboration with the accountant consultant Kathy Stewart, we have become a finely tuned team over the years. Over the last two years, we have seen many changes in the CFNU office. One of them is the retirement of Sheila Cameron who acted as CFNU Bookeeping Clerk. I wish her all the best of the good things in life that come with retirement. After years of ensuring every document is signed where it should be and filed accordingly too, many questions back and forth about expenses and cheques and mailing out cheque approvals for review, I am so grateful for all you have done for me and the CFNU. The auditor tells me each year that it is a pleasure to work with the CFNU because we are always very well prepared for the audit, and that is due in part to Kathy and Sheila's hard work. As Secretary-Treasurer, I personally thank you.

The finances of the CFNU are in good shape and we are exploring other opportunities for our investments that could yield higher interest rates than what we receive now. Currently our main investments are in GICs. All of our investments are closely monitored by our accountant consultant and the finance committee. In February, the National Executive Board adopted a new investment policy with quarterly reporting mechanisms. This is new for the CFNU, and we believe we are putting all the checks and balances in place with due diligence as required to ensure your money is looked after.

Please find the audited statement included in the Convention materials for your information. There were no concerns about our accounting practices by the auditor, and they gave us a "clean" audit without any suggestions as to how we should do anything differently. Again, thank you to the CFNU team.

I am currently the Chairperson for the Canadian Health Coalition (CHC), and we are continuing to build our coalition's strength as we advocate for improving and expanding our health care system. Please find the CHC year-end report in your Convention materials.

Every two years when I sit down to write this report I think to myself: where did those two years go?! Just like when a nurse sits down to write what it is they do when they are at work, when you put it on paper it's only an outline of what your work actually entails. Of course there is always the "other duties which may be assigned" clause too. All this to say, I love the job of Secretary-Treasurer of the CFNU, and as a bedside nurse also, I have a unique dual role. When I meet with a politician I can tell them about what happened at work on my last shift and relate it directly to why we need a national pharmacare program, for example, or why we need a national senior's strategy. The absolute best thing about being your Secretary-Treasurer is you, the members – it's an honour to represent the best thing about health care… nurses!!

In solidarity,

Pauline Worsfold, RN

Secretary-Treasurer

Courage is what it takes to stand up and speak;
courage is also what it takes to sit down and listen.

Winston Churchill

CANADIAN FEDERATION OF NURSES UNIONS

FINANCIAL STATEMENTS

DECEMBER 31, 2016

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

ÉTATS FINANCIERS

LE 31 DÉCEMBRE 2016

INDEPENDENT AUDITOR'S REPORT

To the Members,
Canadian Federation of Nurses Unions:

We have audited the accompanying financial statements of Canadian Federation of Nurses Unions, which comprise the statement of financial position as at December 31, 2016, and the statements of changes in net assets, operations 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 Canadian Federation of Nurses Unions as at December 31, 2016, 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.

OHCDLLP

OUSELEY HANVEY CLIPSHAM DEEP LLP
Licensed Public Accountants
Ottawa, Ontario
March 27, 2017

Ouseley Hanvey Clipsham Deep LLP
Chartered Professional Accountants

RAPPORT DE L'AUDITEUR INDÉPENDANT

Aux membres,
Fédération Canadienne des Syndicats d'infirmières/infirmiers:

Nous avons effectué l'audit des états financiers de la Fédération Canadienne des Syndicats d'infirmières/infirmiers ci-joints, qui comprennent l'état de la situation financière au 31 décembre 2016, et les états de l'évolution de l'actif net, état des opérations et des mouvements de la trésorerie pour l'exercice terminé à cette date, ainsi qu'un résumé des principales méthodes comptables et d'autres informations explicatives.

Responsabilité de la direction pour les états financiers

La direction est responsable de la préparation et de la présentation fidèle de ces états financiers conformément aux normes comptables canadiennes pour les organismes sans but lucratif, ainsi que du contrôle interne qu'elle considère comme nécessaire pour permettre la préparation d'états financiers exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs.

Responsabilité de l'auditeur

Notre responsabilité consiste à exprimer une opinion sur les états financiers, sur la base de notre audit. Nous avons effectué notre audit selon les normes d'audit généralement reconnues du Canada. Ces normes requièrent que nous nous conformions aux règles de déontologie et que nous planifiions et réalisions l'audit de façon à obtenir l'assurance raisonnable que les états financiers ne comportent pas d'anomalies significatives.
Un audit implique la mise en oeuvre de procédures en vue de recueillir des éléments probants concernant les montants et les informations fournis dans les états financiers. Le choix des procédures relève du jugement de l'auditeur, et notamment de son évaluation des risques que les états financiers comportent des anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs. Dans l'évaluation de ces risques, l'auditeur prend en considération le contrôle interne de l'entité portant sur la préparation et la présentation fidèle des états financiers afin de concevoir des procédures d'audit appropriées aux circonstances, et non dans le but d'exprimer une opinion sur l'efficacité du contrôle interne de l'entité. Un audit comporte également l'appréciation du caractère approprié des méthodes comptables retenues et du caractère raisonnable des estimations comptables faites par la direction, de même que l'appréciation de la présentation d'ensemble des états financiers.

Nous estimons que les éléments probants que nous avons obtenus sont suffisants et appropriés pour fonder notre opinion d'audit.

Opinion

À notre avis, les états financiers donnent, dans tous leurs aspects significatifs, une image fidèle de la situation financière de la Fédération Canadienne des Syndicats d'infirmières/infirmiers au 31 décembre 2016, ainsi que de sa performance financière et de ses mouvements de la trésorerie pour l'exercice terminé à cette date, conformément aux normes comptables canadiennes pour les organismes sans but lucratif.

OHCD LLP

OUSELEY HANVEY CLIPSHAM DEEP LLP
Comptables public enregistrés
Ottawa, Ontario
27 Mars 2017

CANADIAN FEDERATION OF NURSES UNIONS

STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2016

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

ÉTAT DE LA SITUATION FINANCIÈRE
AU 31 DÉCEMBRE 2016

	2016	2015	
ASSETS			ACTIFS
CURRENT			À COURT TERME
Cash	$ 552,718	$ 332,676	Encaisse
Accounts receivable	163,228	162,886	Comptes à recevoir
Prepaid expenses	146,681	51,809	Frais payés d'avance
	862,627	547,371	
INVESTMENTS (note 4)	2,040,482	2,004,263	INVESTISSEMENTS (note 4)
PROPERTY AND EQUIPMENT (note 5)	8,656	9,387	BIENS ET ÉQUIPEMENT (note 5)
	$ 2,911,765	$ 2,561,021	
LIABILITIES			PASSIFS
CURRENT			À COURT TERME
Accounts payable	$ 234,069	$ 226,889	Comptes à payer
Accrued benefit liability	77,303	67,980	Charge à payer pour les indemnités
Deferred revenue (note 6)	58,825	-	Revenu reporté (note 6)
	370,197	294,869	
NET ASSETS			ACTIF NET
Invested in property and equipment	8,656	9,387	Investissement en biens et équipement
Internally restricted for contingency fund purposes	1,223,549	1,144,000	Affecté à l'interne comme fonds pour éventualités
Internally restricted for international solidarity fund purposes	263,282	248,734	Affecté à l'interne comme fonds international de solidarité
Unrestricted	1,046,081	864,031	Non affecté
	2,541,568	2,266,152	
	$ 2,911,765	$ 2,561,021	

Approved on behalf of the Board:
Approuvé au nom du conseil:

President/Présidente

Secretary-Treasurer/Secrétaire-Trésorière

CANADIAN FEDERATION OF NURSES UNIONS

STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2016

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

ÉTAT DE L' ÉVOLUTION DE L' ACTIF NET
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2016

	2016	2015	
INVESTED IN PROPERTY AND EQUIPMENT			INVESTISSEMENT EN BIENS ET ÉQUIPEMENT
Balance - beginning of year	$ 9,387	$ 14,914	Solde, début de l'exercice
Purchase of property and equipment	10,688	3,485	Achat de biens et d'équipement
Amortization	(11,419)	(9,012)	Amortissement
Balance - end of year	$ 8,656	$ 9,387	Solde, fin de l'exercice
INTERNALLY RESTRICTED FOR CONTINGENCY FUND PURPOSES			AFFECTÉ À L'INTERNE COMME FONDS POUR ÉVENTUALITÉS
Balance - beginning of year	$ 1,144,000	$ 1,282,465	Solde, début de l'exercice
Transfer from (to) unrestricted	79,549	(138,465)	Transfert de (au) l'actif non affecté
Balance - end of year	$ 1,223,549	$ 1,144,000	Solde, fin de l'exercice
INTERNALLY RESTRICTED FOR INTERNATIONAL SOLIDARITY FUND PURPOSES			AFFECTÉ À L'INTERNE COMME FONDS INTERNATIONAL DE SOLIDARITÉ
Balance - beginning of year	$ 248,734	$ 234,199	Solde, début de l'exercice
Transfer from unrestricted	14,548	14,535	Transfert de l'actif non affecté
Balance - end of year	$ 263,282	$ 248,734	Solde, fin de l'exercice
UNRESTRICTED			NON AFFECTÉ
Balance - beginning of year	$ 864,031	$ 750,885	Solde, début de l'exercice
Net revenue (expenses) for the year	275,416	(16,311)	Revenus (dépenses) nets pour l'exercice
Purchase of property and equipment	(10,688)	(3,485)	Achat de biens et d'équipement
Amortization	11,419	9,012	Amortissement
Transfer from (to) contingency fund	(79,549)	138,465	Transfert de (au) fonds pour éventualités
Transfer to international solidarity fund	(14,548)	(14,535)	Transfert au fonds international de solidarité
Balance - end of year	$ 1,046,081	$ 864,031	Solde, fin de l'exercice
TOTAL	$ 2,541,568	$ 2,266,152	TOTAL

CANADIAN FEDERATION OF NURSES UNIONS

STATEMENT OF OPERATIONS
FOR THE YEAR ENDED DECEMBER 31, 2016

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

ÉTAT DES OPÉRATIONS
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2016

	2016	2015	
REVENUE			REVENUS
Member contributions	$ 3,201,463	$ 3,132,231	Cotisations des membres
Convention fees	-	573,620	Frais de convention
Grant	3,150	-	Subvention
Investment	29,195	33,475	Investissement
	3,233,808	3,739,326	
EXPENSES			DÉPENSES
President's office	297,604	268,805	Dépenses reliées à la présidence
Administration, membership services and staff	929,382	899,991	Administration, services aux membres et personnel
National Executive Board	157,806	98,210	Conseil exécutif national
CLC per capita	1,019,154	946,163	CTC cotisations par membre
CLC per capita - special assessment	-	179,622	CTC cotisations par membre - cotisation spéciale
CLC affiliated events	38,144	35,089	CTC événements associés
Memberships, donations and scholarships	125,340	130,938	Adhésions, dons et bourses d'études
International liaison	23,579	44,538	Relations internationales
Convention and educational sessions	-	523,894	Convention et services éducatifs
Third party election advertising	-	83,187	Publicité électorale des tiers
Government relations and research	355,964	536,188	Relations gouvernementales et recherche
Amortization	11,419	9,012	Amortissement
	2,958,392	3,755,637	
NET REVENUE (EXPENSES) FOR THE YEAR	$ 275,416	$ (16,311)	REVENUS (DÉPENSES) NETS POUR L'EXERCICE

CANADIAN FEDERATION OF NURSES UNIONS

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2016

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIERES/INFIRMIERS

ÉTAT DES MOUVEMENTS DE LA TRÉSORERIE POUR L'EXERCICE TERMINÉ LE 31 DÉCEMBRE 2016

	2016	2015	
OPERATING ACTIVITIES			ACTIVITÉS D'OPÉRATION
Net revenue (expenses) for the year	$ 275,416	$ (16,311)	Revenus (dépenses) nets pour l'exercice
Item not affecting cash			Élément ne nécessitant aucune utilisation de fonds
Amortization	11,419	9,012	Amortissement
Net change in non-cash working capital items			Variations nettes d'éléments du fond de roulement
Accounts receivable	(342)	186,429	Comptes à recevoir
Prepaid expenses	(94,872)	6,205	Frais payés d'avance
Accounts payable	7,180	(198,590)	Comptes à payer
Accrued benefit liability	9,323	7,356	Charge à payer pour les indemnités
Deferred revenue	58,825	(40,560)	Revenu reporté
	266,949	(46,459)	
INVESTING ACTIVITIES			ACTIVITÉS D'INVESTISSEMENT
Sale (purchase) of investments	(36,219)	69,153	Vente (achat) d'investissements
Purchase of property and equipment	(10,688)	(3,485)	Achat de biens et d'équipement
	(46,907)	65,668	
INCREASE IN CASH	220,042	19,209	AUGMENTATION D'ENCAISSE
Cash - beginning of year	332,676	313,467	Encaisse, début de l'exercice
CASH - END OF YEAR	$ 552,718	$ 332,676	ENCAISSE, FIN DE L'EXERCICE

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016

1. NATURE OF ORGANIZATION

The Federation is a not-for-profit organization that promotes the nursing profession through unity within the nursing unions and other allied health fields, promotes educational goals, communicates labour legislation and strategies and promotes the highest standards of health care throughout Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

a) Estimates and assumptions
The preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. The estimates and assumptions are reviewed annually and, as adjustments become necessary, they are recorded in the financial statements in the period in which they become known.

b) Funds
The internally restricted contingency fund was established to provide financial stability for the organization.

The internally restricted international solidarity fund was established to maximize the organization's opportunities for international solidarity work in humanitarian assistance, worker exchanges and building the capacity of workers to advance their rights.

c) Financial instruments
Financial instruments are initially recognized at fair value and are subsequently measured at cost, amortized cost or cost less appropriate allowances for impairment.

d) Property and equipment
Property and equipment are recorded at cost less accumulated amortization. Amortization is provided on the straight line basis over 5 years on furniture and over 3 years on equipment.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2016

1. NATURE DE l'ORGANISATION

La Fédération est un organisme à but non lucratif qui vise à promouvoir la profession d'infirmière/infirmier par le rapprochement des syndicats d'infirmières/infirmiers et autres groupes oeuvrant dans le domaine de la santé, de promouvoir ses objectifs en matière d'éducation, la communication de la réglementation et des stratégies du travail et de promouvoir les plus hautes normes des soins de santé à travers le Canada.

2. PRINCIPALES MÉTHODES COMPTABLES

Ces états financiers ont été préparés selon les normes canadiens comptables pour les organismes sans but lucratif et inclus les principales conventions comptables ci-dessous:

a) Estimations et hypothèses
La préparation des états financiers exige que la direction fasse des estimations et des hypothèses qui ont une incidence sur le montant déclaré de l'actif et du passif et revèle l'actif et le passif éventuels à la date des états financiers ainsi que le montant déclaré du revenu et des dépenses pendant la période visée par les états. Les estimations et hypothèses sont revues annuellement et, quand des ajustements sont nécessaires, ils sont constatés dans les états financier dans la période au cours de laquelle ils deviennent connus.

b) Fonds
Le fonds pour éventualités affecté à l'interne fut créé afin de fournir une stabilité financière à l'organisation.

Le fonds international de solidarité affecté à l'interne de l'organisation fut créé afin d'accroître les occasions d'assistance humanitaire, d'échange de travailleurs/travailleuses et pour augmenter la possibilité des travailleurs/travailleuses de promouvoir leurs droits.

c) Instruments financiers
Les instruments financiers sont incrits à leur juste valeur au départ et sont mesurés par la suite au prix coûtant, le coût amorti ou le coût approprie moins des allocations pour la diminution.

d) Biens et équipement
Les biens et l'équipement sont consignés au prix coûtant moins l'amortissement cumulé. L'amortissement est calculé de façon linéaire sur 5 ans pour les meubles et sur 3 ans pour l'équipement.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

e) Revenue recognition

The Federation follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenditure is incurred. Unrestricted contributions are recognized as revenue when they are received or becomes receivable.

Members' dues are payable monthly and are recognized as revenue in the month to which they relate. Other revenues are recognized in the year in which the event is held or the revenue is earned.

2. PRINCIPALES PRATIQUES COMPTABLES (suite)

e) Comptabilisation des revenus

La Fédération utilise la méthode du report des contributions. Les contributions sont reconnues à titre de revenus au cours de l'exercice où les dépenses correspondantes sont enregistrées. Les contributions non affectées sont reconnues à titre de revenus lorsque reçues ou à recevoir.

Les cotisations des membres sont payables mensuellement et sont comptabilisés à titre de revenus au cours du mois auquel ils se rapportent. Les autres revenus sont comptabilisés dans l'exercice au cours duquel l'événement est tenu ou le revenu est gagné.

3. FINANCIAL INSTRUMENTS

Financial instruments of the Federation consist of cash, accounts receivable, investments, accounts payable and accrued benefit liability.

Unless otherwise noted, it is management's opinion that the Federation is not exposed to significant interest rate, currency, credit, liquidity or market risks arising from its financial instruments and the carrying amount of the financial instruments approximate their fair value.

3. INSTRUMENTS FINANCIERS

Les instruments de la Fédération se composent de l'argent comptant, des comptes à recevoir, des investissements, des comptes à payer et de la charge à payer pour les indemnités.

Sauf indication contraire, c'est l'opinion de la direction que la Fédération n'est pas exposée à des risques significatifs de l'intérêt, de la monnaie, de crédit ou les risques de liquidité ou marché résultant de ces instruments financiers et la quantité portant des instruments financiers rapproche leur juste valeur.

4. INVESTMENTS

The Federation has investment certificates that earn interest at annual rates that range from 1.35% to 2.23% and mature between April 2017 and April 2021.

4. INVESTISSEMENTS

La Fédération a des certificats de placement rapportant 1.35% à 2.23% d'intérêts annuellement et venant à échéance entre avril 2017 et avril 2021.

5. PROPERTY AND EQUIPMENT

5. BIENS ET ÉQUIPEMENT

	2016			2015	
	Cost Coût	Accumulated amortization Amortissement cumulé	Net	Net	
Furniture	$ 74,955	$ 74,078	$ 877	$ 8,649	Mobilier
Equipment	58,035	50,256	7,779	738	Équipement
	$ 132,990	$ 124,334	$ 8,656	$ 9,387	

6. DEFERRED REVENUE

Deferred revenue represents revenue received relating to next year as follows:

	2016	2015	
Convention fees	$ 58,825	$ -	Frais de convention

6. REVENU REPORTÉ

Les revenus reportés représentent les revenus reçus concernant l'année prochaine comme suit:

7. COMMITMENT

The Federation has leased office space at an annual rental of approximately $116,000 to December 2017.

7. ENGAGEMENT

La Fédération a loué l'espace de bureau à une location annuelle approximativement de $116,000 jusqu'en décembre 2017.

8. EMPLOYEE BENEFITS

The Federation participates in a multi-employer defined benefit plan providing pension benefits. The plan is accounted for as a defined contribution plan since sufficient information is not available to apply Canadian generally accepted accounting principles required for defined benefit plans. The expenditure for the plan for the year is $60,134 (2015 - $58,807) which represents the Federation's required current contribution to the plan for the year.

8. BÉNÉFICES D'EMPLOYÉ

La Fédération cotise à un régime de retraite interentreprises à prestations déterminées et offrant des prestations de retraite. Le régime est comptabilisé en tant que régime à cotisations déterminées car il n'y a pas suffisamment d'information disponible pour appliquer les principes comptables généralement acceptés au Canada et requis pour les régimes à prestations déterminées. Les dépenses relatives au régime pour l'année sont de 60 134 $ (2015 - 58 807 $), ce qui représente la cotisation actuelle obligatoire de la Fédération pour l'année.

Canadian Federation of Nurses Unions
Budget vs Actual 2015 and 2016, Forecast 2017-2018

	2015		2016		2017	2018
	Budget	Actual	Budget	Actual	Budget	Forecast
REVENUE						
Member Contributions						
MNU	296,291	297,079	297,000	297,000	297,000	297,000
NBNU	175,308	175,689	175,500	174,705	174,150	174,150
RNUNL	134,036	132,585	134,406	129,647	129,978	129,978
NSNU	152,760	160,517	153,009	159,842	157,599	157,599
ONA	1,324,882	1,329,247	1,399,500	1,399,500	1,471,500	1,471,500
PEINU	31,067	31,650	31,104	31,511	31,104	31,104
SUN	236,699	245,947	237,087	245,187	240,300	240,300
UNA	712,853	759,517	714,015	764,071	756,000	756,000
Total Member Contributions	**3,063,896**	**3,132,231**	**3,141,621**	**3,201,463**	**3,257,631**	**3,257,631**
Convention	455,000	573,620	-	-	585,000	-
Investment income	20,000	33,475	20,000	29,195	20,000	20,000
Grants/Miscellaneous Income	-	-	6,700	3,150	3,150	3,150
Total Revenue	**3,538,896**	**3,739,326**	**3,168,321**	**3,233,808**	**3,865,781**	**3,280,781**
EXPENSES						
Staff	653,785	600,136	720,163	640,601	734,283	745,298
Administration and Membership Services	343,165	308,867	326,882	300,200	326,380	332,651
Government Relations/Research	496,790	619,375	379,225	355,964	366,800	374,135
Memberships, Donations & Scholarships	93,480	130,938	124,000	125,340	154,000	154,000
International Liaison	30,000	44,538	50,000	23,579	50,000	50,000
CLC Affiliated events	15,000	35,089	30,000	38,144	100,000	35,000
Office of the President	340,810	268,805	295,276	297,604	354,629	311,070
National Executive Board	150,500	98,210	160,882	157,806	164,116	172,235
CLC Per Capita	927,207	946,163	927,207	1,019,154	1,085,877	1,085,877
CLC Special Assessment	172,988	179,622	-	-	-	-
Convention	582,750	523,894	-	-	799,600	-
Total Expenses	**3,806,475**	**3,755,637**	**3,013,635**	**2,958,392**	**4,135,685**	**3,260,266**
Annual Operations	**(267,579)**	**(16,311)**	**154,686**	**275,416**	**(269,904)**	**20,515**
Internal transfer from (to) Unrestricted Surplus	**267,579**	**16,311**	**(154,686)**	**(275,416)**	**269,904**	**(20,515)**
Net Annual Operations	**0**	**0**	**0**	**0**	**0**	**0**
NET ASSETS						
Unrestricted Surplus - Balance Jan 1	**750,884**	**750,885**	**898,178**	**864,031**	**1,046,081**	**993,821**
Transfer in from/(out to) Annual Operations	(267,579)	(16,311)	154,686	275,416	(269,904)	20,515
Transfer in from/(out to) Invested in Capital Assets	1,785	5,527	(10,000)	731	(3,000)	(3,000)
Transfer in from/(out to) Internally Restricted Funds	225,387	138,465	(79,283)	(79,549)	235,122	(304,078)
Transfer in from/(out to) International Solidarity Reserve	(12,363)	(14,535)	(14,283)	(14,548)	(14,478)	(14,478)
Unrestricted Surplus (Deficit) - Balance Dec 31	**698,114**	**864,031**	**949,298**	**1,046,081**	**993,821**	**692,780**
Invested in Capital Assets	**20,514**	**9,387**	**30,514**	**8,656**	**11,656**	**14,656**
Internally Restricted Fund Balance December 31	**1,057,078**	**1,144,000**	**1,223,291**	**1,223,549**	**988,427**	**1,292,505**
International Solidary Fund Reserve December 31	**246,387**	**248,734**	**260,670**	**263,282**	**277,760**	**292,238**
TOTAL NET ASSETS	**2,022,093**	**2,266,152**	**2,463,773**	**2,541,568**	**2,271,664**	**2,292,179**

251 Bank St., Suite 212
Ottawa, ON K2P 1X3
613.688.4973

w healthcoalition.ca t @healthcoalition
f Canadian Health Coalition

Canadian Health Coalition

Report on Activities and Campaigns

2016

List of 2016 Canadian Health Coalition's Board and Staff

Executive

Pauline Worsfold, RN
Chair
Canadian Federation of Nurses Unions (CFNU)

Barb Byers
Vice-Chair
Canadian Labour Congress (CLC)

Rita Morbia
Treasurer
Inter Pares

Julie White
Secretary
Congress of Union Retirees of Canada (CURC)

Board Members

Pat Armstrong, Ph. D.
Researcher

Sandra Azocar
Alberta Friends of Medicare

Morna Ballantyne
Public Service Alliance of Canada (PSAC)

Bill Blaikie
United Church of Canada

Michèle Brill-Edwards, MD
Alliance for Public Accountability

Marie Buchan
United Food and Commercial Workers Canada (UFCW)

Michael Butler
Council of Canadians

Len Bush / Anil Naidoo
National Union of Public and General Employees (NUPGE)

Katha Fortier / Andy Savela
Unifor

Shelly Gordon
Canadian Union of Public Employees (CUPE)

Martha Jackman
University of Ottawa

Joel Lexchin, MD
Researcher

Natalie Mehra
Ontario Health Coalition

Keith Newman
Congress of Union Retirees of Canada (CURC)

Pat Van Horne
United Steelworkers (USW)

Employees

Adrienne Silnicki
National Coordinator

Amélie Baillargeon
Campaign & Lobby Coordinator

Table of Contents

Year overview

Activities update:

- 2016 Lobby and National Medicare Week
- 2016 Spring Constituency Lobby
- Council of the Federation
- New Website and Logo
- Social Media
- Media Commentary
- Public Education
- Providing Services to Allies
- Fundraising
- Rebuilding/Building of Provincial Health Coalitions
- Network Coordination

Campaigns Update:

- Health Accord Campaign
- Anti-privatization campaign
    - Enforcing the *Canada Health Act*
    - No Paid Plasma
    - Cambie Clinic
- National Drug Plan for All Campaign
- Trade Agreements
- Seniors Care

Conclusion

Year Overview

Dear Members,

January 2016 marked the beginning of a new era on Parliament Hill, under the leadership of Prime Minister Justin Trudeau. At the Canadian Health Coalition (CHC), it also marked the return of National Coordinator Adrienne Silnicki from maternity leave. She and Campaign Coordinator Amélie Baillargeon had a busy 2016, calling for federal leadership in the Health Accord negotiations, promoting a National Public Drug Plan, defending our public health care system from increased privatization, and warning health care and international trade should not mix.

2016 also brought some changes to the CHC's Board. We were pleased to have United Food and Commercial Workers Canada (UFCW) return to our board, with Marie Buchan as their representative. After a decade as a board member, lawyer Martha Jackman stepped down from our board. We are very grateful for her contribution all these years. At the end of the year, Unifor National Health Care Campaigner Andy Savela replaced Katha Fortier, and NUPGE National Representative Anil Naidoo replaced long-time board member Len Bush.

Many thanks to our board members for their commitment and support!

Activities Update

2016 National Medicare Week and Lobby

One hundred and twenty-three public health care advocates were on Parliament Hill on January 26, 2016, and met with 140 Members of Parliament (MPs), asking them to preserve and improve public health care for all through a new Health Accord. Advocates were asking MPs to commit fair federal funding to provinces and territories for health care costs and to attach that money to meeting new national standards. Advocates also called on the federal government to enforce the *Canada Health Act*, create a national public drug plan, and a home care and continuing care strategy.

In the evening, advocates were invited as special guests to a well-attended all-parties' parliamentary reception hosted by the NDP's Health Critic, MP Don Davies, to talk about the new Health Accord.

2016 Constituency Lobby

Some examples of public health care advocates meeting with their Member of Parliament in their federal riding:

In the riding of Edmonton Strathcona, Alberta

In the riding of Malpeque, Prince Edward Island

In the riding of Wellington – Halton Hills, Ontario

Following up on the Hill lobby, advocates were encouraged to meet with their MP in their constituency office the week of May 23-27. Some met with their federal MPs to let them know we need to negotiate a strong Health Accord to ensure the provinces and territories can preserve and improve our public health care. Others opted to make a quick phone call to their MP's constituency office. Through this constituency lobby we wanted to make it clear to politicians: it is particularly important that the federal government enforce the principles of the *Canada Health Act*, including the ban on extra-billing and user fees, as well as take action on seniors care and support a National Public Drug Plan. As the week coincided with Ontario Health Coalition's hospital cuts referendum and vote, the Ontario constituency lobby was held the week of October 11-14.

The Provincial and Territorial health coalitions have reported they like this event because materials are supplied by the CHC, and it is an easy way to engage their members.

In the riding of Charleswood – St. James – Assiniboia –

In the riding of Halifax, Nova Scotia

In the riding of Vancouver Kingsway, British Columbia

Council of the Federation

This year, the Council of the Federation meeting was held in Whitehorse July 20-22. Public health care advocates from social justice organizations, youth and seniors communities, and labour joined in a walk and rally organized by the CHC. It was the largest walk and rally held in Yukon in over 10 years. Advocates sent a clear message to Canada's Premiers that public health care needs to be improved and protected, and prescription medications need to be

publicly provided. We highlighted our message with a six-foot-tall medicine bottle that includes a prescription for a National Public Drug Plan.

In the weeks leading to the meeting, we asked our friends to take a moment and share why a strong Health Accord and a national drug program matters to them. Their messages were used in a public art demonstration at our local events, as well as shared on our Facebook and Twitter pages. Hundreds of Canadians took part in this campaign.

New website and logo

After three months of development with the Ottawa-based firm MarketAccess, the CHC launched its new logo and website (healthcoalition.ca / coalitionsanté.ca) in September 2016. The logo represents our Canadian public health care system providing care to everyone, regardless of where they live or their ability to pay. Just like an umbrella on a rainy day, it's got us covered.

Canadian Health Coalition / Coalition canadienne de la santé

The new website is much easier to navigate and update. We are able to obtain data about how visitors use the site. Its first three months, it received 5,955 visits from 4,559 users.

Five most popular pages on the new website (September 21 – December 31, 2016)

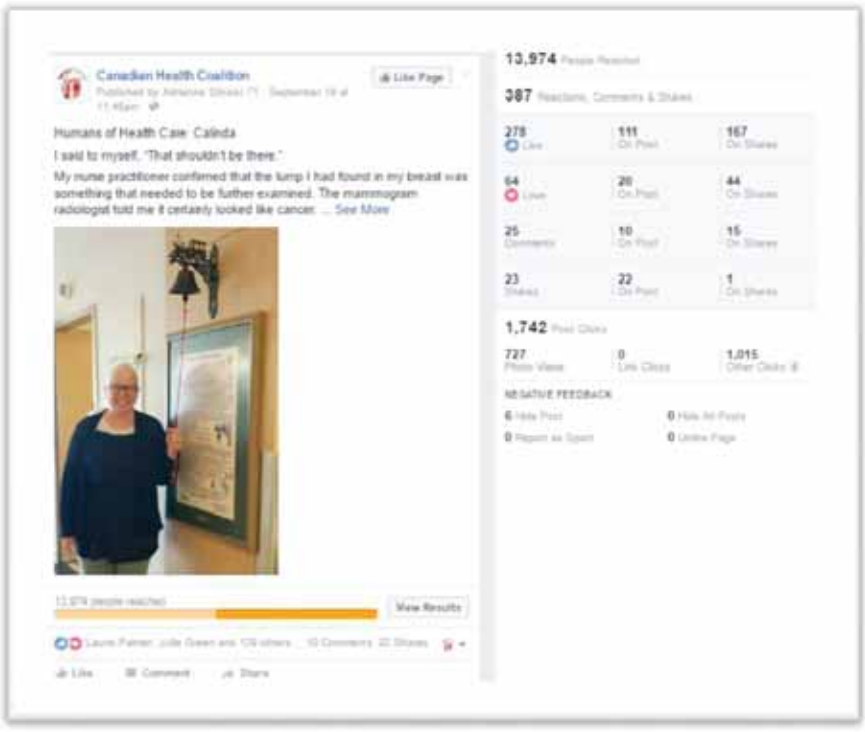
English website (healthcoalition.ca)	French website (coalitionsanté.ca)
1. Main page	1. Main page (FR)
2. History of Public Health Care in Canada	2. Québec annonce la fin de la surfacturation
3. Health Accord	3. Cambie Case (FR)
4. Cambie Case	4. National Public Drug Plan (FR)
5. National Public Drug Plan	5. History of Public Health Care in Canada (FR)

We made the website a place where interested individuals can easily get a grasp of the campaigns we are working on, and include actions advocates can take to get engaged and help protect and improve our public health care. For example, we have developed an online story booth to gather information about people's experiences in the health care system. The website content is also much easier to share on social media.

Social Media

The CHC is continuing to be present on social media as a source of information and for mobilization. Our twitter accounts (@healthcoalition and @coalitionsanté) have seen a total increase of 524 followers this year. At the end of 2016 we were followed by over 3,500 people and organizations in English and 140 people and organizations in French. We continue using the hashtag #Stand4Medicare along with #cdnpoli and #cdnhealth. #Stand4Medicare has been adopted by several other pro-medicare organizations and is now widely used to discuss health care issues in Canada. We are thrilled this has occurred as it strengthens our collective voice. We have also been using some campaign hashtags such as #NeednotGreed, #NatDrugPlan4all, #StopTPP and #santépourtous (shorter than our previous French hashtag #Assurancemaladieàdéfendre).

Our Facebook public pages (Canadian Health Coalition and Coalition canadienne de la santé) started in 2015 have also grown considerably. At the time of writing this report, the English page had 1,248 "likes" and the French page had 90, with 333 of them in the last six months of 2016. We are pleased with the continuous interaction the page provides.



Media Commentary

The CHC issued 18 media releases in 2016, held six media conferences, and was invited to comment in the media about many important issues, for example, the lack of resources earmarked for health care in the 2016 Federal Budget, the expectations for the new Health Accord, a national public drug plan, the Cambie clinic trial, the mandamus filed in court in Quebec, among others. The end of the year was particularly busy media-wise with National Coordinator Adrienne Silnicki giving six interviews between Christmas and New Year to talk about the Health Accord negotiations. The CHC also acted as a liaison with the CBC's *Fifth Estate* for their major story on pharmacare.

Public Education

The CHC has started hosting tables at events, including annual labour conventions, conferences and national events like the Broadbent Institute's Progress Summit. In 2016 we sold CHC-branded umbrellas, Tommy Douglas cards and raffled-off prints (thanks to Barb Byers who donated framed posters to us). We also developed an interactive booth where people can take photos supporting public health care and learn more about the work we do. We invested in new banners, pop-ups and flags displaying our new logo and advertising the work we do. A significant number of people have signed up for our updates and quarterly newsletter at these tables. People have also been signing up for them through our website and social media pages. National Coordinator Adrienne Silnicki was a guest presenter at the World's Social Forum and in a political science class at University of Ottawa.

Providing Service to Allies

In 2016, National Coordinator Adrienne Silnicki gave presentations at CFNU Eastern Labour School, CUPE Saskatchewan annual health convention, CUPE National annual health care convention, Unifor health care convention, CUPE Health Council, CUPE Health Research Council, and Inter Pares. Campaign Coordinator Amelie Baillargeon gave a presentation to the CUPE Health Council.

Fundraising

CHC Campaign Coordinator Amelie Baillargeon took a fundraising workshop and continued to experiment with fundraising ideas in 2016. We now have an online store and have been hosting fundraising tables at events. Again this year we participated in Giving Tuesday and were successful at reaching our fundraising goal. We are particularly pleased to have doubled our number of monthly donors this year.

Rebuilding/building of provincial health coalitions

Founded in 1981, the Saskatchewan Health Coalition (SKHC) has always been run by incredibly dedicated volunteers, including long-time coordinator Stan Rice. But the weight of running and organizing a pro-public health care organization while the provincial government continuously attacked public health care was draining on volunteers, leading the organization to become dormant in 2015. National Coordinator Adrienne Silnicki travelled twice to Saskatchewan in 2016 and, with efforts from local public health activists, the SKHC has now reopened its doors. Work continues in the province to stabilize the funding of the organization and work toward a paid coordinator's position. The CHC has also started the ground work necessary for the building of the Manitoba Health Coalition. This work is expected to continue in 2017.

Network Coordination

National Coordinator Adrienne Silnicki has continued to coordinate the Canada-wide network of allies. The CHC organizes and hosts monthly calls with provincial and territorial health coalitions (PTHCs) and allies, and coordinates multiple working groups: Cambie Clinic court case, Council of the Federation, private clinics report, April 2017 pharmacare conference, etc. In 2016 several joint letters with allies across the country were also coordinated on important issues – for example, on the Health Accord, the Anbang company takeover of long-term care facilities, and the TPP.

Campaigns Update

Health Accord Campaign

The Health Accord negotiations have kept us busy all year. In January, the CHC was in Vancouver at the health ministers' meeting to call on the provincial and territorial ministers to put the heart back in health care. The events organized by public health advocates received considerable media coverage, and CHC board member Sandra Azocar handed a basket of paper hearts to the federal Health Minister on behalf of the organization.

2016 Actions on Health Accord

- Public events at health ministers' meetings
- Roundtables with economists
- Joint letter to Minister Philpott
- Media commentaries, press releases and press conferences

The CHC organized two roundtables with economists Greg Marchildon and Hugh Mackenzie on the Health Accord with our allies at the direction of the CHC Board to help define our position.

On March 31, to mark the second anniversary of the expiry of the Health Accord, the CHC partnered with our allies in the provincial and territorial health coalitions and wrote to the federal Health Minister. Together we called on the federal government to recommit and enforce the *Canada Health Act*, to stop the privatization of public services, and to take a strong leadership role in expanding public health care to cover medicines and seniors care. We also held activities at the Council of the Federation in Whitehorse in July.

In the fall the Health Accord negotiations between the federal government and the provinces/territories continued to garner media attention. The CHC gave numerous interviews and co-organized a press conference when the ministers met to negotiate additional details in Toronto in October. No progress was made at this meeting. The November federal-provincial/territorial meeting in Ottawa also did not lead to concrete results. The CHC continued to be very present in the media when in late December the federal government abandoned the national Health Accord negotiation and signed bilateral health deals with New Brunswick, Nova Scotia and Newfoundland and Labrador. These deals will not fund public health care at the necessary levels to maintain today's public services.

Pro-Public Campaign

Our public health care system continues to be eroded across the country, whether it is increased user fees in Nova Scotia, the opening of a donor-paid private plasma clinic and private MRI clinics in Saskatchewan, or the Cambie Clinic court case in BC. The CHC was involved throughout the year on the coordination of three national campaigns in response to those attacks.

2016 Pro-Public Health Care Actions

- Developped and implemented a national campaign about the Cambie Clinic trial
- Through media events and legal actions asked the federal government to enforce the Canada Health Act
- Sent a letter to the federal government asking to revoke the establishment licence of the paid-plasma clinic
- Media commentaries, press releases and press conferences

1. Enforcement of the *Canada Health Act*

Our largest win in 2016 was in the province of Quebec. There the federal government was told to recommit themselves to the principles, criteria and enforcement of the *Canada Health Act* by a group representing 450,000 seniors. In May the CHC supported the group's petition for a writ of mandamus, filed at the Federal Court of Canada to prevent extra-billing of Quebec patients.

By September the federal Health Minister asked the Quebec Health Minister to end all extra-billing practices immediately, specifying the federal health transfer payment to the province would be reduced if the province did not comply. A couple of weeks later the Quebec government announced legislation to end extra billing would soon be tabled. We expect this would happen in early 2017. This is a major milestone, and we are exploring applying this model to other provinces.

We organized a press conference in Saskatoon, Saskatchewan, in March 2016, where health care professionals and public health care advocates urged Premier Wall to reverse a plan that will violate the *Canada Health Act*, and called on the federal Health Minister to impose penalties if it is implemented. The event followed an announcement by Premier Wall that, if re-elected, his party will create a second-tier in health care for both MRI and CT scans, allowing affluent patients to jump the queue. The CHC warned the evidence shows this approach will not solve the problems of wait times.

2. No Paid Plasma Campaign

In March 2016 the CHC wrote to the federal Health Minister to express our strong opposition to the opening of a for-profit clinic that pays clients to donate plasma in Saskatchewan.

The introduction of a pay-for-plasma clinic in Canada poses a serious safety risk to the security of our blood supply.

Safe blood advocates, tainted blood survivors, public health care allies, and labour representatives presented to the Canadian Blood Services (CBS) board in Winnipeg on June 23rd on the need to keep Canada's blood and plasma collection system public. They also called for CBS to continue adhering to both the recommendations from the Krever Inquiry – which investigated Canada's tainted blood scandal – and international recommendations, including those from the World Health Organization which state blood and plasma should be collected from 100% voluntary, non-remunerated donors. We urged CBS to publicly speak out against the collection of paid plasma because of the impacts it will have on public non-remunerated collection.

The CHC joined our friends Blood Watch and allies across the country in a press conference on Parliament Hill on November 15th and attempted to deliver a petition to federal Health Minister Jane Philpott with over 15,000 signatures. Unfortunately, the Minister declined the invitation to meet with safe blood and public health care advocates to accept it.

The CHC and Blood Watch also presented at the CBS AGM on World AIDS Day (December 1). The CHC made an in-person, on-camera suggestion to the CBS board that they publicly correct previous statements in support of two-tier plasma collection still available on their website. A week later, CBS issued a media statement saying the Saskatchewan private clinic is negatively impacting the voluntary collection in the province. The CHC is now calling on CBS to begin implementing their plan to expand voluntary plasma collection throughout Canada.

3. Cambie Clinic Campaign

The core values of Canada's public health care system are being challenged in a lawsuit against the British Columbia government, brought on by Dr. Brian Day, founder and medical director of Vancouver's Cambie Surgery Centre. The same physician who is billing the province for services patients already paid for, Dr. Day and other privatization proponents claim provincial health legislation, and subsequently the *Canada Health Act*, violate the *Canadian Charter of Rights and Freedoms* by restricting private, for-profit health care.

The CHC is leading the national campaign to inform Canadians about this important charter challenge.

The Cambie Surgical Centre and Dr. Brian Day want to see more private, for-profit diagnostic, surgical and medical clinics, even though these facilities remove needed medical practitioners from the public system, reduce access, increase inequality and lengthen public wait times. If the challenger wins, doctors will be allowed to charge patients additional fees on top of what they charge to the public system to whatever amount the market will bear.

The CHC hired a public relations specialist Kate Headley to help develop a communications and marketing plan. She developed a broad public material to explain what is happening in the court house, including backgrounders, a brief, a social media engagement plan and sharable images. She also produced a media analysis and talking points for our spokespeople.
As a response to the court challenge, the CHC borrowed from the powerfully engaging *Humans of New York* series and brought Humans of Health Care to our websites and Facebook pages. Canada's health care system works for millions of people every day. Their stories are not often widely told because it is just the system doing its job. Through this feature we are bringing stories of real people helped out in times of great need by our health system. These inspiring stories have gathered considerable attention and have been shared widely.

In October we began coordinating a group of five pro bono law students from the University of Ottawa. They worked at writing updates from the court house under the supervision of lawyer Steven Shrybman who generously donated his time, and in close collaboration with the BC Health Coalition. Their deliverables giving a glimpse of what is happening in the court house are shared with allies and the broad network.

National Drug Plan for All Campaign

2016 Actions on Pharmacare

- Released the CHC's Policy Paper
- HESA Standing Committee presentation, monitoring and summaries
- Organized a rally and walk at the Council of the Federation meetings
- Submission to the Patented Medicine Prices Review Board (PMPRB)
- Collected messages from Canadians
- 2017 event planning

In May 2016 the CHC launched its National Public Drug Plan policy paper authored by board member Julie White. We also presented to the House of Commons' Standing Committee on Health (HESA) about the development of a national pharmacare program. Legal students wrote summaries of other presentations done at these hearings to keep us informed about what is presented to parliamentarians.

At the Council of the Federation in Whitehorse in July we organized a rally with public health care advocates and several union leaders around a large inflatable medicine bottle, calling for a National Public Drug Plan, along with messages from Canadians to the provincial and territorial premiers, displayed on pill bottles. In October 2016 the CHC submitted comments to the Patented Medicine Prices Review Board (PMPRB) on its *Guidelines Modernization Discussion Paper* (June 2016). The end of the year was quite busy for CHC staff as they were preparing for the January 2017 conference and lobby on the topic of a National Public Drug Plan, as well as the International policy conference scheduled for April 2017.

Trade Agreements

2016 Actions on Trade Agreements

- Submission to CIIT on TPP
- Presentation to the World's Social Forum
- Public Statement on CETA

Canada's public health care system is based on the values of Canadians, and those are very clear when it comes to health care: need regardless of the ability to pay. Trade agreements, on the other hand, are in blunt opposition to these values. The principles which regulate the market support the ability to profit. Health care and international trade should not mix in

Canada, and that is why we recommend a strong general carve-out for all areas of health care in every trade agreement. We explained this position to the House of Commons Standing Committee on International Trade (CIIT) in our submission "The Trans-Pacific Partnership (TPP) and its impact on Health Care." National Coordinator Adrienne Silnicki gave a presentation on the TPP and its impact on health care at the World's Social Forum in Montreal in August. We also issued a public statement on CETA in November, as the trade agreement was debated in the House of Commons.

Seniors Care

The CHC started the ground work for a Seniors Care policy paper planned for 2017, meeting with experts and reviewing literature on the issue. In October 2016, we collaborated with the Ontario Health Coalition in co-hosting the Reforming Long-Term Care Homes in the Public Interest conference held in Toronto. We helped develop the agenda, and national Coordinator Adrienne Silnicki was a guest emcee at the event.

2016 Actions on Seniors Care

- Co-hosted LTC conference
- Response to Anbang company's takeover of LTC facilities and network coordination
- Worked on 2017 policy paper

In December it was reported in the media that a multi-billion-dollar Chinese-based Anbang Insurance Group announced its intention to take over BC-based Retirement Concepts in a bid estimated to be worth over a billion dollars. Retirement Concepts also owns and operates facilities in Alberta and Quebec. It appeared the federal government was trying to get this deal through quietly. The CHC helped sound the alarm, coordinating allies to send submissions despite the very short time frame. We sent our concerns to the Honourable Navdeep Singh Bains, Minister of Innovation, Science and Economic Development, on December 7, requesting at the same time an extension of the timelines for this review in order for interested stakeholders and the public to hear about this proposed takeover and share their responses. Our request remained unanswered at the end of the year.

Conclusion

Our coalition has worked since the inception of medicare to ensure all people in Canada can access the care they require regardless of where they live or how much they earn. It is because of your commitment and support that this work is possible. Thank you so much!

Please continue to check our websites (healthcoalition.ca / coalitionsanté.ca), Facebook pages (Canadian Health Coalition and Coalition canadienne de la santé) and Twitter accounts (@healthcoalition and @coalitionsanté) for regular updates.

We look forward to continuing to work with you through 2017. Thank you.