

Good afternoon Honorable Members and fellow citizens of Nova Scotia. My name is Lynn Stanton, I come here today to address you with many hats on.

First, I come as a citizen and taxpayer of Nova Scotia. I feel that democracy is an inherent right of all of us in this province and country. I am saddened that you, as our government are trying to take that right away from us. Democracy has been described as "having equal access to legislative processes." How equal is the process when the legislation that you have tabled has in effect negated the ability of the employee to negotiate a fair contract. If the employer simply has to go to you as the government and say we want this recourse taken away from employees and you buckle under to that demand you are not fairly and equitably representing all of the citizens of Nova Scotia. When a party pretends to negotiate but secretly has no intention of compromising, the party is considered to be negotiating in bad faith. That is what the employer is doing in this case.

There has been lots of talk in the past number of years about bullying. The government supports anti bullying from everything I have read. One essential prerequisite is the perception by the bully of an imbalance of social power. In effect by passing this law you are providing the opportunity for any healthcare employer to bully their employees.

On a personal level, I have had the pleasure of meeting some of the finest people of Nova Scotia. These Home Support Workers came into our home to help us keep our mother at home for almost 5 years. She had end stage Louie-Body Dementia. They treated her with the utmost respect and were some of the kindest, caring individuals that I have ever had the pleasure to meet. They are trying to get a fair and just contract. They need

the right to negotiate at the table without threats from their employer.

*This bill is about the Home Care Workers this week I expect*

~~Now to put on my other hat.~~ I am an ICU nurse at the VG site of the QEII. I have worked at the QEII for over 27 years, of which I have spent the last 22 years in the ICU. Many things have changed over that time, some good and some bad.

*In the next few weeks it will involve me.*

There have been many advances in medicine but the thing I am most proud of is that as nurses we have taken on a more active, professional role in the care of our patients. We are no longer just the doers who perform tasks. We are the heart and soul at the bedside advocating for our patients.

One of the things we are presently fighting for is mandated minimal staffing for safe patient care. What does that mean you may ask? It means that the acuity of the patient is taken into account when determining the right patient load for the right level of nursing staff – whether that be RN's, LPN's or CCA's. What I have asked staff as I have gone floor to floor to determine emergency service staffing levels in the event of a strike is what do you need to help you provide safe patient care. It may surprise you that none of them thought they were picking out staffing from the Tiffany catalogue. I felt I got honest fiscally responsible answers from every single floor I visited. All floors said they need to replace sick calls instead of refusing to replace the first sick call and in some cases even the second sick call. Some floors said that is all we need, others said that because the type of patients that they now have are sicker or are a different type of patient population that require additional nursing care, they felt that they may need an extra RN or LPN on days, others felt if they could use an extra CCA for 4 hours on evenings to help tuck every one in at night in a timely fashion. They were not asking for the moon.

*a mechanism we already have in place so no need to incorporate us in this type of action*

Has the employer had a conversation with the union about this? No they refuse to discuss it. Instead they have chosen to fear monger the citizens of Nova Scotia by telling them that they would have to hire 800 nurses to the tune of over \$60 million. First of all if the employer feels that they need 3100 nurses to run the ship instead of the approximate 2300 nurses that they have plus the additional 100-150 nurses to meet safe nurse patient ratios, then it is no wonder the wait times for surgery are so long, it is no wonder that the number of readmissions to hospital or even readmissions to ICU are so high, it is no wonder that the length of stay of many patients is long past what it should be because they have come down with some complications.

Now there are many pieces of paper at the QEII, and God knows I dread it every time they come out with a new piece. I do have a favorite piece of paper though. It is the piece of paper that was given to me about 4-5 years ago that came from the accounting department trying to encourage us as charge nurses, to try to keep the flow of patients from ICU to step-down or the floor as efficient as possible. On that piece of paper it stated that the cost of a patient on the floor or in step-down was just over \$6000/day. The cost of an ICU patient was just over \$16,000/day. The ICU's get backed up all the time even overflowing into PACU areas. This in turn slows down OR's which in turn increases wait time for surgeries. If the floors were better staffed, patient stays would be shorter, less complications and therefore patients that we have in an ICU bed that don't require ICU services would be moved out sooner and cost you and me as taxpayers \$10,000 less per day per patient.

You want to save money ask the frontline worker. I had the pleasure of working on the project of building the ICU at the VG



over 14 years ago. It was a \$2.2 million project and we brought it in \$200,000 under budget. Unheard of!!! There is not one red cent of government money in the unit. We designed and helped the foundation with the fund raising. We did not let the engineering company get away with trying to change the design as we met with them and the subcontractors every 2 weeks. We knew what was needed and what was not; like the many things that they wanted to put in that served no purpose except to elevate the cost.

At present we are dealing with similar situations at the QEII. Only this time it is the administration - the same administration that won't even discuss mandated minimal nurse patient ratios. Instead of asking frontline workers like myself "what are you doing in your unit that has allowed you to come in under budget for the past 2 years and probably will again this year?" they have chosen to buy a program for staffing that has cost the hospital \$2.6 million just to get it and that does not include the cost of administering it. They have racked up overtime costs beyond your wildest dreams because they do not follow the rules or simple logic. There are 1-2 pages of mistakes on the payroll sheets almost every 2 weeks that we did not have when our ward clerks looked after it at no additional cost to the unit. On top of this the hospital has chosen to place new scheduling guidelines that have frontline workers in an uproar. The guidelines have made it almost impossible to have any kind of valuable work-life balance. They are increasing the stress of the frontline worker as they are scrambling to figure out how they are going to possibly cover their increased childcare needs or parent care needs. We used to be able to switch our schedule with our coworkers to accommodate short notice changes in our lives. The rules they have set down now pretty much make it impossible for you to switch with anyone so that you can attend a family members

medical appointment or a child ballet recital that you didn't know was happening when you put in your schedule 2 months ago. Your only alternative is to call in sick or take family appointment time that costs the unit money to cover. That could be eliminated if we were allowed to switch shifts like we used to. There really is no advantage to the hospital in doing what they are doing, other than to show their peacock feathers to you as possible hires in the administration of the new health board.

Much the same can be said for the way they are abusing our vacation time. Previously we would use the number of hours of vacation that corresponded to the hours we would have worked in a given period of time. For instance, if we are only working 2 shifts from July 1 - 7<sup>th</sup> we would use 22.5 hours. They have changed that so we now have to use 37.5 hours to take that time off because that is what Monday - Friday people have to use. Shift workers and Monday - Friday people are like comparing apples to oranges. They don't work evenings or nights so they can attend most school functions with their kids and be home every night to tuck them into bed. They have every weekend off for family functions. While the shift worker misses half of their children's lives, not to mention that you lose almost 10 years off your life because you do work shift work.

All this just so that they can show you that they have us under their thumb. I ask do you condone bullying!!