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The union of caring professionals

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RETENTION AND RECRUITMENT COLLECTIVE AGREEMENT – MEMBERS' SUMMARY

Nurses' Bargaining Association reaches tentative deal to extend provincial contract

While there is no general wage increase, the 24-month extension provides a 3 per cent labour market adjustment in 2010 and in 2011. That's in addition to the 4.2 per cent wage increase already negotiated and scheduled for April 1, 2009.

HSA is conducting a ratification vote by mail-in ballot. Watch your home mail for your ballot. If you do not receive a ballot in the mail, contact Pattie McCormack at the HSA office pmccormack@hsabc.org.

Labour Market Adjustment– 3 per cent in 2010, 3 per cent in 2011

The agreement provides for no general wage increase in 2010 or 2011. However, to recognize the ongoing critical shortage of nurses, the 24-month contract extension would provide a labour market adjustment of 3 percent to be added to the nurses' hourly rate of pay on April 1, 2010 and an additional 3 percent to be added on April 1, 2011.

The current Provincial Collective Agreement (PCA) already provides nurses with a 4.2 per cent wage increase that will come into effect with the first pay period after April 1, 2009.

Here is a sample of pay increases if the agreement is ratified:

		LEVEL ONE	
		1st year	9th year
April 1, 2008 (current)		\$27.85	\$36.56
April 1, 2009 (scheduled)	4.2 %	\$29.02	\$38.10
April 1, 2010 (Labour Market Adjustment)	3.0 %	\$29.89	\$39.24
April 1, 2011 (Labour Market Adjustment)	3.0 %	\$30.79	\$40.42
		LEVEL TWO	
		1st year	9th year
April 1, 2008 (current)		\$33.11	\$40.59
April 1, 2009 (scheduled)	4.2 %	\$34.50	\$42.29
April 1, 2010 (Labour Market Adjustment)	3.0 %	\$35.54	\$43.56
April 1, 2011 (Labour Market Adjustment)	3.0 %	\$36.61	\$44.87

The tentative agreement reflects a positive recognition by the provincial government to deal with the critical need to retain and recruit nurses in the middle of an international nursing shortage, despite the current economic difficulties. It reflects the government's acknowledgement that critical healthcare needs require adjustments to address serious skills shortages affecting patient care.

Enhanced senior-level collaboration between the Nurses' Bargaining Association, the Ministry of Health Services, and the health authorities

Key nursing practice and patient care issues will be referred to the newly-formed Joint Quality Worklife Committee (JQWC). The JQWC will replace the plethora of senior workload and nursing management committees that emerged from the last round of PCA bargaining.

The JQWC will consist of two members appointed by the government, including Dr. Stephen Brown, the assistant deputy minister of health who led the government team in contract discussions; three senior health authority representatives, including two CEOs and one CNO; and five representatives, including the BCNU president, appointed by BCNU on behalf of the NBA.

The agreement states that *"The parties recognize that focusing on how to educate, recruit, retain, develop and support nurses is critical to providing high quality health services to British Columbians now and in the future. The parties also recognize that a healthy and safe workplace and quality of worklife are integral elements with respect to recruitment and retention of nurses and therefore optimal patient care."*

The JQWC's "healthy workplace/quality of worklife" agenda will be based on the document *"Within our Grasp – A Healthy Workplace Action Strategy."* The document was the product of collaboration between key nursing and healthcare organizations including the Canadian Federation of Nurses Unions. It's available at www.BCNursesSolutions.ca under "Learn More."

The JQWC will examine the current Strategic Workload Assessment Teams (SWATs) and Professional Responsibility Assessment Committee processes, and address barriers to implementation of recommendations. Appendix O remains in effect.

The JQWC will appoint ad hoc working groups on specific issues with clear terms of reference, specific work plans with timelines and clear reporting relationships.

Among the issues the JQWC will address are:

(1) Nursing Workload in acute care, long term care, and the community.

The agreement states: *"management of workload is a critical aspect of the quality of work life. Literature suggests that continual excessive workload can lead to high levels of stress, turnover, recruitment problems, increased absenteeism and increased costs related to overtime."*

In acute care the committee will look at:

- Mechanisms for maintaining appropriate staffing in the face of system overcapacity, such as regular vacation relief and float pool positions
- Effective change management when altering skill mix
- Effective frontline leadership

- Processes for examining and reducing non-nursing duties including addressing availability of equipment and supplies
- Exploration of processes for establishing more effective communication amongst/between healthcare teams.

In long term care, the JQWC will examine:

- Workload issues related to computerized assessment tools
- Effective change management of altered skill mix
- Systematic evaluation of effective staffing and supports to address increased resident acuity
- Processes for examining and reducing non-nursing duties including availability of ancillary services, equipment and supplies.

In the community, the JQWC will look at:

- Workload and increased education requirements in light of the increasing complexity of care needs and of care environments with manageable performance expectations
- Appropriate relief, replacement and back-fill coverage during absences
- The impact of new information technology
- Processes for examining and reducing non-nursing duties including addressing availability of equipment and supplies.

(2) Violence Prevention Priorities

The JQWC will review initiatives to issues of violence in healthcare workplaces based on the following principles:

- The utility of developing a systemic approach to:
 - Alert systems respecting patients/clients/residents with a history of violent behaviour
 - Creating assessment tools for assessment of patients/clients/residents
 - Terminology respecting violence in the health workplace
 - Creating education modules respecting the health workplace and violence
- Joint investigation of all accidents and incidents and, where appropriate, near misses consistent with WorkSafeBC
- The need for an implementation strategy for a provincial violence prevention program approved by the JQWC
- Consultation with relevant law enforcement officials.

(3) Occupational Health and Safety

The JQWC will review initiatives to improve the culture of safety in healthcare workplaces based on the following principles:

- The need for a collaborative approach to addressing occupational health and safety issues
- The requirement for evidence-based approaches
- JQWC will allocate funds available to it for prevention initiatives
- Adoption of a marketing strategy focused on prevention
- Adoption of a systemic approach to health and safety with a goal of eliminating duplication and ensuring consistency in approach.

(4) Enhanced Disability Management

The parties agree that a focus on prevention and injury will improve the quality of working life for healthcare employees and will have a positive impact on patient care. An effective quality worklife program includes a comprehensive prevention program and an integrated disability management program.

To that end the parties have agreed to appoint an ad hoc working group to *jointly redesign* and *jointly administer* a disability management program. It will be based on the overriding principles of early intervention and rehabilitation, and will be incorporated into the collective agreement.

The goal is to improve the program that helps nurses return to work after they become ill or injured and make it a program that also helps nurses stay at work.

Referrals to the current *Early Intervention Program* take too long, administration is too bureaucratic and the program provides only medical case management, which helps overcome only one barrier to a timely and lasting return to work.

The redesigned program will help employees not only return to work, **but to stay at work, by addressing all barriers**, including medical, personal, **vocational and workplace issues, with an emphasis on prevention.**

Any cost savings will be allocated as a minimum of 25 per cent for prevention initiatives, a minimum of 25 per cent in improved disability management, and the remainder for general investment in health services.

To develop the program The JQWC will appoint an ad hoc working group to revise the disability management process consistent with the agreed upon principles and develop revised contract language.

The working groups will provide an interim report on July 31, 2009, and a final report with recommendations by October 31, 2009. Unresolved issues will be referred to an adjudicator, who will be guided by the overriding principles in the agreement.

(5) Continuing Discussions on a Short Term Illness and Injury Plan (STIIP)

The JQWC will establish a working group to examine options for short term disability models and make recommendations regarding an effective, affordable, sustainable STIIP.

A critical issue will be addressing the gap in sick leave coverage for nurses with serious illnesses who do not have a large enough sick bank to take them through to when they are eligible for Long Term Disability.

The working group's discussion on STIIP will take place in the overall context of improved disability management, and initiatives to prevent illness and injury and reduce the cost of sick leave and other benefits.

The working group must prepare a report and make recommendations to the JQWC no later than September 30, 2009 on a STIIP or alternative solutions.

Implementation will be subject to ratification by both parties. If ratified, an implementation strategy will be developed.

(6) Health and Welfare Benefit Review

The JQWC, through a working group, will meet to explore means of redesigning, restructuring, costing and delivering health and welfare benefits with a goal of improving the quality of planned benefits while reducing cost growth. They will also explore the goal of improving the health of nurses through prevention plans.

The working group will make recommendations to the JQWC by March 31, 2010.

(7) Review of use of Agency Nurses

The parties recognize that utilization of agency nurses causes concerns for both parties, including continuity of care and costs.

A working group will review and examine “potential alternatives to the use of agency nurses including use of regional and/or casual float pools and over-hires available to health authorities and contracted employers.” The working group’s report may contain recommendations for amendments to the PCA respecting staffing issues around agency nurses.

(8) Review of Staffing Processes

The JQWC will establish a working group to examine problems related to staffing processes. The group will commence its review no later than one month after the ratification vote and will report to the JQWC by October 31, 2009, with recommendations for improvements.

The JQWC may recommend to the NBA and HEABC that they adopt the recommendations and amend the collective agreement.

(9) Reviewing Supervisory Capacity (Levels 2, 3, and 4)

The JQWC will appoint a working group to review the utilization of NBA job classifications in supervisory roles (Levels 2, 3, and 4). The working group will be guided by the following principles:

- Consultation with frontline managers and current nurse supervisors is essential
- Job descriptions for nurse supervisors should be standardized to reflect the exercise of supervisory responsibilities
- Consideration of classification reform and potential inequities in the present system
- Review and discussion of selection procedures is required
- Common and collaborative education and training of bargaining unit supervisors and excluded frontline managers is an important reform.

The working group will report to the JQWC with recommendations no later than October 31, 2009.

Contract Language Amendments

Union proposals agreed to:

- **Steward rights at orientation** (Article 6.09): adding a “reasonable opportunity” for stewards to meet with new employees. If stewards believe they don’t have reasonable opportunity or time allotments they can grieve.
- **Benefits for casuals in temporary positions** (Article 11.04 (G) (5)): casual employees who move from one temporary position to another with less than a seven-day break do not have to serve another waiting period for benefits.
- **Salary on promotion** (Article 18.06): changing the \$50 per month promotion amount to \$200. This was the agreement reached in the Bill 29 settlement agreement.
- **Maternity leave** (Article 38.01): if the birth occurs more than 11 weeks before the expected date of delivery, maternity leave can start immediately.
- **Scheduling of vacation** (Article 45.04 (E)): where vacation couldn’t be scheduled in the calendar year it shall be paid out by the last pay period in February of the following year. The payout does not include any carryover of vacation that had been cancelled by the employer.
- **Portable benefits (LTD)** (Article 51.02 (D)): LTD coverage is portable effective on the initial date of regular employment at “B” (the new employer) pursuant to the Bill 29 settlement agreement.
- **Previous experience** (Article 52.01): A new paragraph will be added that states: “Where more than two years have elapsed since such experience was obtained, salary recognition shall be granted as follows: One annual increment for every one year’s experience minus one increment for each year in excess of two years to a maximum of a five year lapse. If more than five years have lapsed, there shall be no credit for previous experience.”
- **Job share:** The job share language from the Ready arbitration will be added.
- **Recovery of seniority:** A Letter of Understanding regarding retroactive recovery of previous seniority for regular employees has been agreed to pursuant to the Bill 29 agreement.

Employer proposals agreed to:

- **Temporary Appointments** (Article 17.02 (B)): The parties agree to extend the period of time to which an employer can appoint to a temporary position from four months to six months. In doing that, the parties also agree that casuals appointed, or posting into temporary positions, shall have benefits pursuant to Article 11.04 (G) (5) after four months
- **Postings** (Article 17.01 (D)): Posting notices will be for 10 days instead of 14 days.
- **Casual Call-In** (Article 11.04 (E) (3)): The parties agree where the employer has received less than 48 hours notice [from 24 hours] they can call casuals out of seniority order.

Complete contract details will be posted at www.hsabc.org.