

BULLETIN

## An increasingly complex world for HSA members

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That a policy to improve health care should create so many headaches is ironic. But when the BC Ministry of Health implemented its *Better Teamwork Better Care* approach through regionalization, it created a tangle of jurisdictional and contractual issues.

Then-Health Minister Joy MacPhail called it the "dawn of a new era in the delivery of health care services," but HSA President Cindy Stewart says it has created a sense of uncertainty and concern for health care workers.

Stewart says the amalgamation of health care services, a key element of the governments regionalization policy, raises a lot of issues and questions. The creation of a single layer of health care governance ... either a regional health board or community health council ... means a transfer of authority from the ministry to each region. Who, then, asks Stewart, is functionally the employer ... the facility or the RHB/CHC? And as hospitals and community services fall under one governing body, is an employees work place defined as one site, multi-site or the entire region?

Existing collective agreements contain limited provisions to address human resources issues that arise when amalgamations occur. At this time, each amalgamation must be negotiated on a case-by-case basis.

"With the current collective agreement, many provisions such as seniority are site-specific, unless we negotiate otherwise with the employer," says HSA Researcher Pam Bush.

"Resolving such issues on a province- or region-wide basis would certainly help streamline the process ... with far less disruption for HSA members in the workplace, and a decrease in workload for both union and employer representatives."

It is complicated even when workers are in the same bargaining unit, explains Rick Lampshire, HSAs Executive Director of Labour Relations. "What happens when you get a merger of service ... the same classification but two different unions?" Lampshire asks. "What happens to seniority then?"

For example, if a community occupational therapist, represented by CUPE, gets a job posting in a hospital where occupational therapists are represented by HSA, how will that therapists seniority be affected? "Its an issue that hasnt been addressed by the facility, employer, health board or HEABC (Health Employers Association of BC)," Lampshire explains.

Working out the details, Stewart says, is still a work in progress. She says its a matter that has been taken to the negotiating table the last couple of rounds of bargaining. "Weve been disappointed when we were unable to open up a dialogue with the employer," she says.

But Stewart points out there can be difficulties even on the union side of the table. In negotiations with HEABC, workers are represented by four separate associations representing nurses, paramedical professionals, health support workers in facilities and those in the community. The make-up of each association bargaining team relates to the number of members a union has in each area.

HSA takes a lead role in the Paramedical Professional Bargaining Association since it represents over 85 percent of the workers in this group. "Last year, there were 19 members on bargaining team," Lampshire notes. "Ten were HSA and the rest were from PEA, BCGEU and CUPE, as well as from UFCW, and HEU."

Lampshire says under the current structure, it can be difficult to achieve consensus among the unions. Reaching an agreement over issues dealing with a same classification-same employer situation and addressing seniority provisions and transfers while moving between unions can be a challenge.

There are also other concerns for health care workers. The Ministry of Health says regional health authorities will "take on full responsibility for local health services, achieve efficiencies and ensure a better continuum of care for patients." Stewart says initiating the program to promote efficiency is an issue that has created a feeling of uncertainty. Eighty percent of the costs in health are attributed to the cost of labour so people understandably interpret "efficiency" as potential job loss, she says.

This is compounded by the fact that the system is already contending with serious staff shortages. Lampshire says there are critical shortages of pharmacists, rehab workers, occupational therapists, physiotherapists, lab technologists, ultrasonographers, radiation therapists, and nurses. "The government needs to open more seats in universities and institutes and train more health professionals ... but they also have to figure out how to attract new workers, and how to retain existing workers," Lampshire says. "Its a real problem because the health system is under intense criticism. People talk about how awful the health system is and as a result young people are not interested in entering the field. They hear these complaints and say, "Why should I?"

Unfortunately, the current situation is unlikely to change any of that. One HSA member called amalgamation "a dark, bottomless pit of despair" and said it is creating chaos in an already burdened health care system contending with shortages of skilled workers, heavy workloads, and a need for more funding.

When the Ministry of Health first introduced regionalization, the Health Minister said, "The result will be significant reductions in bureaucracy, waste and administration, freeing more of our health care dollars for direct patient care." But, the reality is that since 1991 acute care beds have fallen by about 40 per cent with no parallel transfer of resources to the community.

Also, while less bureaucracy, waste and administration is a commendable goal, it is far from being a reality in health labour relations. This is due to the continuing confusion resulting from the complex structures supposedly created to facilitate the objectives of regionalization. "The regions are at different stages of amalgamating services right now," Stewart says. "In some cases, the pace of change continues to be affected by issues related to union jurisdiction. What happens to people who transfer? What happens when you create this new group of employees? There are many issues that have to be worked out. It is imperative that decision makers consider the labour relations implications when they amalgamate services."

Stewart hopes that with contract talks beginning in the spring, some relief may be on the way. "The interpretation and application of the collective agreement in a new regionalized system will no doubt be a key

issue."

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