



NURSES' BARGAINING ASSOCIATION

**highlights of the tentative agreement**

for registered psychiatric nurses and registered nurses

April 1, 2006 to March 31, 2010

Health Sciences Association  
The union of caring professionals



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# Tentative agreement provides major gains

**T**he HSA Board of Directors and your bargaining committee strongly recommend that you vote YES in favour of the four-year tentative agreement reached March 31.

The agreement was reached after 25 days of collective bargaining between the Nurses' Bargaining Association and the Health Employers' Association of BC (HEABC). Those negotiations followed six weeks of policy discussions where representatives from the Ministry of Health and the two associations were able to have thorough discussion about a number of long-standing issues important to nurses.

Highlights of this tentative agreement are wage increases and premiums that put BC nurses on a competitive level with nurses across the country, language to address workload issues, seniority with province-wide portability, and initiatives to address violence prevention.

In addition, responsive shift scheduling will be introduced to workplaces across the province and the government is committed to funding the initiative.

The tentative agreement also addresses long-term and critical staffing issues with incentives to support nurses who want to continue to work even after they have maximized their pensionable service, and premiums for nurses working in areas identified as having the most acute combination of vacancies and overtime use.



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The full text of the tentative agreement can be viewed and downloaded from the HSA website at [www.hsabc.org](http://www.hsabc.org).

The HSA board is proud of what your representatives at the Nurses' Bargaining Association table – Kathy McLennan, HSA Membership Services Coordinator, Audrey MacMillan, Region 7 Director and RPN, and Bruce Wilkins, HSA Counsel – have been able to achieve for HSA members.

We urge you to review the details of the tentative agreement and to support this contract by voting YES. □



Cindy Stewart, HSA President, on behalf of the HSA Board of Directors



Audrey MacMillan, RPN and Region 7 Director, on behalf of the bargaining committee



Kathy McLennan, Membership Services Coordinator, on behalf of the bargaining committee



Bruce Wilkins, legal counsel, on behalf of the bargaining committee



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## Significant compensation increases

The proposed contract provides wage increases totalling 14.2 per cent over four years (15.0 per cent compounded). It also doubles the premiums for night shifts and weekend shifts, and increases other premiums as well.

### Wage increases

Wages will increase by 3.0 per cent on April 1, 2006, by 3.5 per cent on April 1, 2007 (from which one per cent will be allocated to nurses' pension plans for inflation protection and group benefits accounts for future retired nurses, if the pension plans agree), by 3.5 per cent on April 1, 2008 and by 4.2 per cent on April 1, 2009.

### Example of wage rates

		Level One	
		1st year	9th year
March 2006		\$25.49	\$33.46
April 1 2006	3%	\$26.25	\$34.46
April 1 2007	2.5%* (3.5% less 1%)	\$26.91	\$35.33
April 1 2008	3.5%	\$27.85	\$36.56
April 1 2009	4.2%	\$29.02	\$38.10

\* 1% allocated to pension

**Total % or 14.2% (incl 1% to pension) approximately 15% compounded**

### Premium increases

- Night shift premium – increases to \$3.50/hour effective immediately (now \$1.75).
- Weekend shift premium – increases to \$2.00/hour effective immediately (now \$1.00).



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- On-Call premium for the first 72 hours in a calendar month – increases to \$3.25/hour on April 1, 2007 (up from \$3.00/hour), to \$3.50/hour on April 1, 2008, and to \$3.75/hour on April 1, 2009. After the first 72 hours the rate remains at \$4.25/hour.
- Mileage Allowance – increases to 50 cents/kilometer effective immediately (from 46 cents).
- Out of office vehicle premium – Nurses who use their own vehicle to deliver community-based services shall receive an out of office vehicle premium of \$50/month.
- Isolation allowance – The isolation allowance has been changed so that everyone in the location named will be eligible, rather than only the individual worksites that had been named. Also, other locations were added.

### Funds allocated to protect pensions

Since 2002, the Municipal Pension Plan and the Public Service Pension Plan have had to reduce Post Retirement Group Benefits (MSP, Extended Health and Dental benefits). Both plans also project a shortfall in the funding for full inflation protection for basic pension benefits into the future.

The Municipal Pension Plan faces another round of cuts to Post Retirement Group Benefits as early as 2007. In response to these pressures on their pensions, the NBA made pension improvements one of the top priorities in bargaining. The proposal in the tentative agreement is to re-allocate the one per cent market adjustment wage increase scheduled for April 1, 2007 to provide funding for inflation protection and benefits. Discussions will take place with the MPP and PSPP Board of Trustees in order to determine any required rule changes.

### Incentive to retain pre and post retirees

This incentive will be paid to any employee who is eligible to retire, has maximized their pensionable service and is not eligible or elects not to contribute to the pension plan, and agrees to continue to work in a regular full-time or regular part-time position. The annual payment will equal the contribution the employer would have made to the employee's pension plan based on earnings in the previous year. It will be paid directly to the employee's RRSP where allowable, or directly to the employee.



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### Managing staffing challenges

A premium of \$50/month will be paid to nurses working in areas identified by the Ministry of Health and the health authorities as having the most acute combination of vacancies and overtime use (OR/PAR, ER, ICU/CCU with permanently assigned staff).

The NBA recognizes that many other areas are struggling with staffing challenges as well. A Memorandum of Understanding describes that this allocation will be reviewed, in due course, to reach further agreement on the application of this on-going funding.

### One-time signing bonus

A one-time signing bonus of \$3,150 will be paid per full time FTE, pro-rated for part-time and casual. It will be paid to all regular and casual employees who are employed by a health sector employer covered by the Provincial Collective Agreement as of March 31, 2006.

The bonus will be **pro-rated as a proportion of 1879.2 hours based on straight time hours paid** between the first pay period in April 1, 2005 and the first pay period before March 31, 2006. Extra shifts worked at straight time will count in addition to your regular FTE up to full time hours (1879.2 hours). Also included will be paid days off such as sick leave, compassionate leave, special leave, vacation, lieu days and union leave.

Employees on parental leave and WCB will receive the bonus money **based on their posted full-time equivalent** (i.e. this does not include additional shifts worked as a regular part-time employee before the leave) **as of the last day worked before their leave of absence**. HSA's Long term disability recipients will also be eligible for the payment. For more information, see the Q&A document posted on HSA's website at [www.hsabc.org](http://www.hsabc.org).

### Monthly car allowance

For community nurses required to drive to various locations to do their jobs, it has been a long struggle to restore something of what they lost when they first came under the Provincial Collective Agreement in 1996.

That's when an arbitrator ruled against the variety of superior car allowances and employer-provided vehicles that were included in the nurses' contracts with the Public Service and municipalities. Since then, HEABC adamantly refused to consider restoring anything resembling a car allowance, even though the rising cost of gas and



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maintenance has made the financial burden of providing a car for the employer's business even more onerous. That changed this time. The NBA succeeded in negotiating an additional allowance of \$50/month for community nurses who are required to use their personal vehicle for work.

The amount may be modest, but the establishment of the allowance is a major achievement that will provide a foundation for the future. The combination of 50 cents/km and the new \$50/month allowance will begin to address the additional work expenses associated with providing a vehicle to carry out the employer's business.

### Agreement to measure and address nurses' workloads

This process includes steps to take immediate action at sites with pressing workload problems.

A major breakthrough was achieved in negotiations when the provincial government and health authorities made a commitment to measure and address nurses' workload. A memorandum of agreement (MOA) was signed which acknowledges that patient safety and positive patient outcomes are dependent upon having appropriate staffing plans which provide reasonable workloads for nurses. The MOA provides a process for resolving excessive workloads.

A critical element is the inclusion of a set of objectives to guide the assessment of, and response to, workload issues. These include:

- Staffing level to be aligned with the mix of patients
- Appropriate relief allocated to account for vacancies due to vacation, union leave, leave of absence etc.
- Appropriate surge capacity to deal with changes in patient load and acuity over the course of time
- Accessible, empowered, skilled frontline leadership
- Other key resources, including such things as equipment and clerical support, may need to be made available.

### STEPS IN THE PROCESS

As this is a major project, involving acute, residential, mental health and community care, it contains a number of phased steps and will require careful coordination. To ensure this happens, the following is contained in the MOA:



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**Provincial Nursing Workload Committee (PNWC)** [meets within 30 days of ratification] - a joint Nurses' Bargaining Association (NBA), Health Authority, Ministry of Health committee, chaired by the Chief Nurse Executive, with BCNU president as vice-chair, which will:

- Investigate and determine appropriate workload measurement tools
- Recruit nurse academics/researchers for development and evaluation
- Select initial areas to implement workload measurement tools and nurse staffing plans (minimum of 2 areas, sites or locations for each sector: acute care, residential care, community and mental health).
- Develop a timeline and target goals.

### Local Nursing Workload Committees (LNWC)

These are joint NBA, Health Authority (including Chief Nursing Officer) committees in each health authority which will:

- Advise Health Authority management and PNWC on implementation and tracking of workload measurement indicators and staffing plan processes
- Develop specific strategies and interventions to address workload in key areas or units identified as needing immediate action.

### Immediate response

In recognition of work sites that need immediate action to tackle workload, one of the first tasks of the PNWC will be to review all outstanding Professional Responsibility Forms (PRFs) related to workload and make recommendations for resolution. The LNWC will act upon this information but also may identify other areas or units of concern needing intervention.

### Strategic Workload Analysis Team (SWAT)

Each Health Authority will develop a SWAT (joint NBA, Health Authority) which will be sent to areas/units with pressing workload concerns to develop recommendations and strategies that will have an immediate positive impact on workload.

### Resolution

Any unresolved workload concerns will be addressed through the PNWC. This committee will have direct access to the provincial Leadership Council, comprised of the six health authority CEOs, and senior Ministry of Health officials, including the Deputy Minister, Dr Penny Ballem.



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### New PRF Process for Health Authorities, Providence Health and St. Joseph's General Hospital in Comox Designed to increase accountability and resolve issues earlier

In this new Professional Responsibility Form (PRF) process, where the issue has not been resolved at the earlier stages, the presentation to the Health Authority Board of Directors has been eliminated and instead the PRF complaint will be reviewed by a three person Assessment Committee made up of an RN/RPN chosen by the Union, an RN/RPN chosen by the Employer and an RN/RPN Chair mutually agreed to by both parties.

Within 14 days of the selection of the Chair, the Assessment Committee is required to set a date to conduct a review into the issue, and is empowered to investigate and make findings as necessary.

A report of the findings and nonbinding recommendations is to be provided to the parties within 30 days following completion of the review and copied to the Health Authority Board of Directors.

If the recommendations are not responded to with a satisfactory implementation plan within 14 days of receipt of the report (or longer time that would require mutual agreement), then the report will be sent to the joint Provincial Nursing Workload Committee (PNWC) for review and action.

The PRF language has not changed for affiliated worksites other than Providence Health and St. Joseph's General Hospital, Comox. (See chart next page)

### Contract expands seniority rights

Nurses will be able to port their seniority province-wide when moving to new regular positions. But they cannot use their seniority to compete against qualified internal candidates before they're hired at a new employer.

Nurses who leave a regular position with one employer covered by the Provincial Collective Agreement and are hired into a regular position with the same or another PCA employer, will now be able to port the seniority they accrued as a regular employee with their former employer. However, nurses can only use their seniority after they are hired into their new regular position. They can't use it in a competition for a position at a new employer. They can only be considered for a regular position at a new employer if there are no qualified internal candidates there.

The length of the portability period in Article 51.01 has been doubled to a maximum of 180 days.

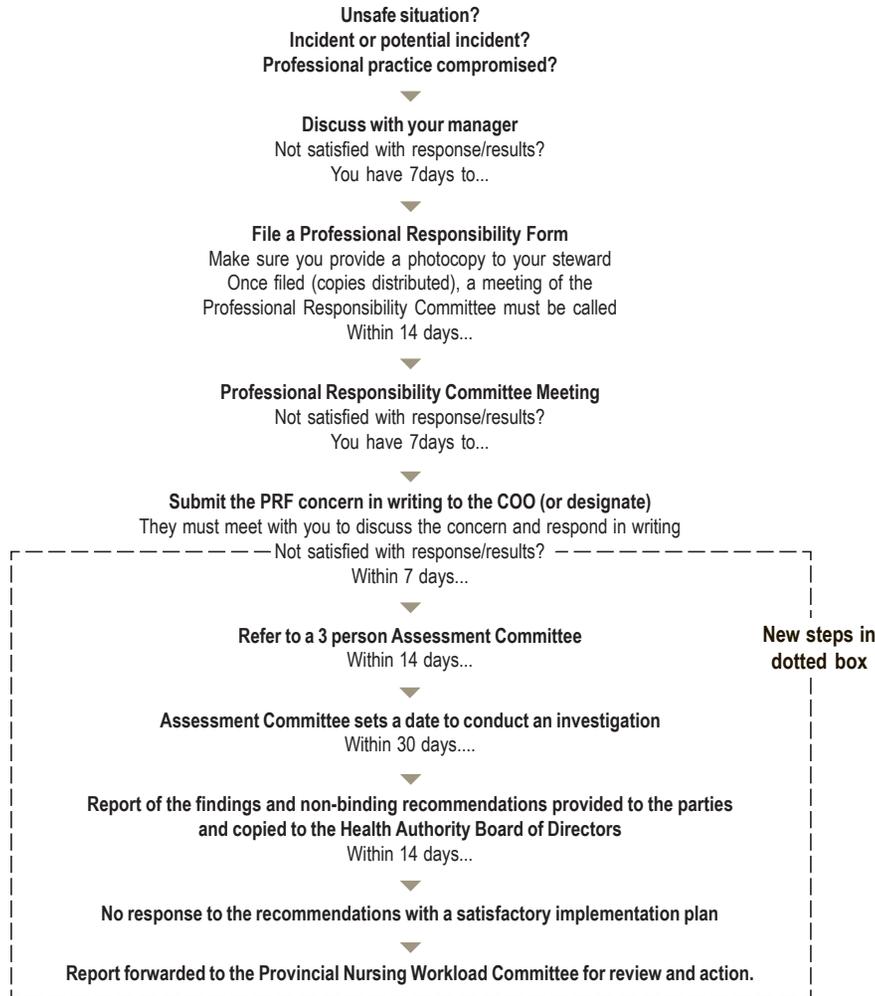
In addition, where the employee is hired as casual pending placement into a regular position at a new employer, the portability period has been extended to a maximum of 365 days.



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## The new Professional Responsibility Form process



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## Recognition of seniority outside the PCA

Health employers have agreed to recognize seniority accrued by RNs/RPNs who belong to one of the unions in the NBA and work for an employer covered by either the 12th Nurses' Master or an independent agreement, when they are hired into a regular position covered by the PCA.

## Displaced RNs/ RPNs at affiliates get new options

To protect RNs and RPNs who are displaced in long term care facilities affiliated to health authorities, the proposed contract provides them the opportunity to move into a vacancy at another worksite within the same health authority, along with appropriate orientation and education for safe practice in acute or community care if required. This applies after they have exhausted their rights under Article 19.

## New rights and responsibilities for casuals

### Increments

The new contract enables casuals to move up the increment scale faster by combining seniority accrued at more than one PCA worksite during the same period of time. Casuals will be responsible for providing proof of their seniority hours and credit for these hours will be effective once the employer receives verification.

### Seniority Credit

A casual employee who is hired into a regular position will be entitled to seniority credit for the total number of hours worked as a casual at all PCA worksites, to a maximum of 1879.2 hours per year. However, the seniority hours are reduced to zero at the other worksites once the seniority is ported to the worksite where the casual has accepted a regular position.

### Credit for previous experience

Casual employees who terminate with a PCA employer will retain their current increment step as long as they are hired into a regular position by another PCA employer within 180 days.

### Availability for work

In return for these gains, casuals will be required to demonstrate an increased commitment to accept work.



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Casual employees who have not accepted work for longer than three months will continue to be required to meet with the employer and the union to discuss the reasons for refusal and their continued employment.

Under the new agreement, where the casual is not able to provide a bona fide reason for the refusal of work and has not worked any shifts for a further three months, the employer can then delete the casual from the applicable casual call-in list.

Casual employees' preferences for specific shifts or areas of work will no longer be accommodated at the expense of regular employees' work schedules or areas of work. Casual employees will be expected to work in any area they are assigned and can be moved within the shift, unless they do not have the skills or orientation required to practice in that area.

Once a casual employee has accepted straight time work, it cannot be cancelled by the employer, nor can the casual cancel the shift without a bona fide reason. Bona fide is defined as "circumstances beyond the employer's or employee's control".

### Other contract changes

- Improved **grievance/arbitration** procedures (Articles 9 & 10) – New wording ensures the production of documents relevant to the grievance at Step 3. Health authority-wide grievances can be filed at one worksite and the result will apply Authority- wide.
- An improved **expedited arbitration** process will handle grievances more efficiently starting January 2007.
- **Union representative visits** (Article 6) – New wording facilitates union presidents to visit with members at their worksites.
- **Equivalency statements** for postings (Article 17) – Level 1 positions cannot require a BSN qualification, except for Public Health/Preventative Nurse positions. Where the employer requires a BSN for Level 2 positions, they must equally consider applicants with an equivalent combination of education, training and experience.
- **Filling vacancies** (Article 18.02, 18.03) – Inferior language for filling vacancies in the community (continuing care component Article 18.03) has been deleted
- **Meal periods** (Article 26) – New language clarifies that this provision also applies during overtime hours worked.



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- **Special leave** (Article 43) – All the qualifiers around taking leave to care for family have been deleted. The maximum accumulation in the banks has been decreased to 20 days but anyone with greater than 20 days will not lose their accumulation. This provision is effective 1 month from ratification.
- **Scheduling of vacation** (Article 45) - When an employee's vacation is cancelled by the employer due to operational requirements, the employee will be able to carry over 7 days to be used by June 30 of the following year.
- **Full time shop steward positions** – To improve labour-management relations, the NBA negotiated 16 FTE employer-paid steward positions. These positions have been designated for many of the large urban worksites but the union has the ability to review and reallocate some of them. They will be evaluated annually.
- **Early Intervention Program** – To complement the existing disability plans by facilitating a proactive and customized service for ill and injured employees to effectively return to work in a safe and timely manner.

### Major breakthroughs in health and safety, preventing violence

The proposed new collective agreement includes major initiatives to enhance health and safety, particularly to reduce and eliminate violence in the workplace and in the community.

Employers will be required to take "all reasonable steps to eliminate, reduce and/or minimize threats to the safety of employees."

The new contract also gives community nurses the right to request backup "where there is reasonable cause to expect a violent situation and will have access to appropriate communication equipment."

The contract also calls for a "Respectful Workplace", involving clear policies so that everyone who works at or uses the workplace will understand expectations and consequences of inappropriate behavior.

The Ministry of Health has committed one million dollars over the next four years to support initiatives around the issues of violence in the workplace.

The Occupational Health and Safety Agency for Healthcare (OHSAH) will continue with ongoing funding not tied to collective bargaining. The Ministry of Health has committed to spend 19.6 million dollars with OHSAH to fund workplace health initiatives.



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### Major gains made at the policy table

Prior to the start of bargaining, policy discussions between union, employer and government representatives took place over a six week period. The aim was for the parties to come together to share information and concerns in a more informal forum.

Three key areas were discussed: retention, recruitment and occupational health and safety. The discussions resulted in some significant gains for nurses, and a clear commitment to implementation and accountability was made.

This will be achieved through a new provincial Nursing Policy Management Committee, which will be responsible for monitoring and supporting the implementation of policy objectives and recommendations and which will meet with the unions on a regular basis. In addition, a Nursing Policy Joint Committee will be formed to enable nursing unions to monitor implementation and continue policy-based discussions on a provincial level.

Out of the policy discussions, strategic policy commitments were made by the provincial government and Ministry of Health, which were described by Deputy Minister Ballem as reflecting "the extent to which the government values the role played by nurses in sustaining and improving patient care in BC."

The commitments are:

- Increase the number, and support the education of front-line leadership at the DC2 and DC3 level (\$50 million over 4 years).
- Fund and support the development of responsive shift scheduling. This continues the work started in 2004 that will allow nurses to be creative and develop rotations which better support a work-life balance (\$3.6 million over 4 years).
- Support the implementation and evaluation of workload measurement systems (\$2 million over 4 years).
- Enhancement of education for nurses to meet critical demands (\$30 million scholarship fund – RN, RPN, LPN).
- Funds channeled through the Michael Smith Health Research Foundation to support nursing workforce and other nursing research (\$8 million).



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- Funding to Occupational Health & Safety Agency for Healthcare to carry out workplace health initiatives (\$19.6 million).
- Support initiatives to address violence in the workplace (\$1 million over 4 years).
- Investments to support nursing education: Undergraduate Nurse program (\$44 million over 4 years); Nursing Leadership Institute (\$1.2 million over 4 years); Nursing Internship Initiative to support specialized training of new entry nurses (\$14.2 million over 4 years).

### Responsive shift scheduling

A Memorandum of Understanding has been added to the tentative collective agreement, continuing the work started in 2004 Policy Discussions that will allow nurses to be creative and develop rotations which better support a work-life balance.

Responsive scheduling options include, but are not limited to, working a combination of shift lengths, working permanent night shift, self scheduling or having regular week days off.

The aim is to provide flexibility to the individual nurse while meeting staffing requirements and operational service needs.

To assist wards, units or programs interested in developing new rotations, each Health Authority (and Providence Health Care) will now create a two person Responsive Shift Scheduling Committee to ensure the implementation of this strategy.

The committee will be comprised of one union representative and one health authority representative whose services will also be available to affiliate employers and nurses.

The Committees will develop implementation plans, including a communication plan so that nurses and managers will be aware of this initiative.

**The full text of the 62-page tentative agreement can be viewed and downloaded from the HSA website at [www.hsabc.org](http://www.hsabc.org)**

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