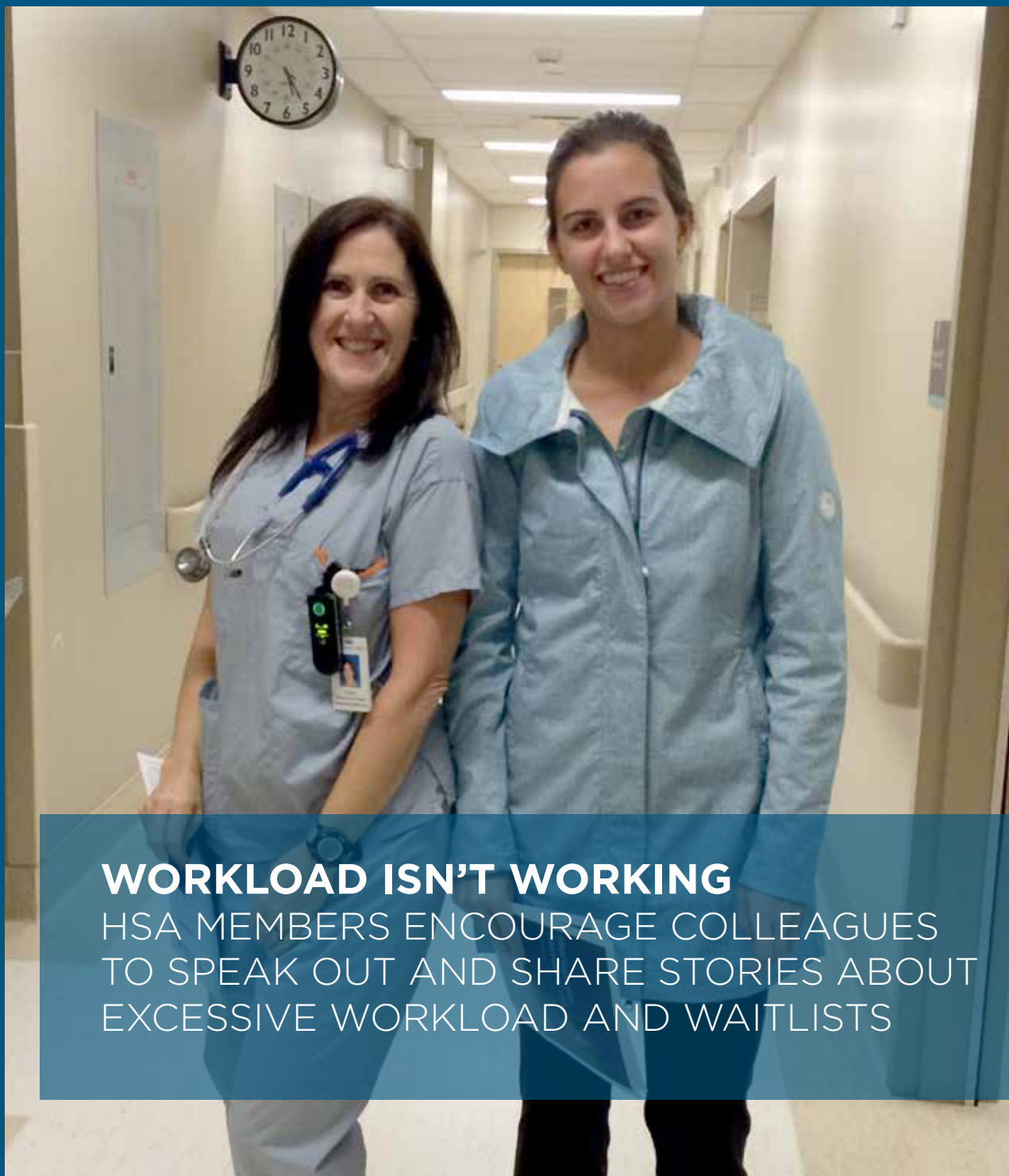


THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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WORKLOAD ISN'T WORKING

HSA MEMBERS ENCOURAGE COLLEAGUES TO SPEAK OUT AND SHARE STORIES ABOUT EXCESSIVE WORKLOAD AND WAITLISTS

THE STORIES BEHIND THE NUMBERS

79 PER CENT OF HEALTH SCIENCE PROFESSIONALS ARE CONCERNED THAT THEIR WORKLOAD IS NEGATIVELY AFFECTING THEIR PATIENTS.

That's one of the significant findings from the annual member poll, conducted in October. Over 2500 health science professional members of HSA took part in the on line survey.

That's not a rogue result. A similar percentage of members expressed concern about how increased workload is compromising patient care in the 2016 member survey. The workload survey tools at www.workload.hsabc.org reveal the same.

The previous government's legacy is one of health care facilities strained to the breaking point by years tight-fisted budgeting, including government-imposed wage mandates that have seen health care workers in BC fall behind our colleagues in other parts of the country. Skilled professionals are facing burnout, quitting to move to other jurisdictions or leaving the profession altogether. The next generation, squeezed by high housing costs and wages that have fallen behind those of our neighbours, is getting harder to recruit.

It's a message the previous government chose not to heed, forcing both health science professionals and patients to pay a growing price.

The new government has given many indications they are more willing to listen, and take action. But it's up to us to prosecute our case. And numbers alone won't do the job.

That's why we are turning to members again. Last year, thousands of members from

a wide range of professions in worksites around the province stepped up to complete surveys on their workload and patient impact concerns. HSA is now taking those results forward as an unprecedented number of policy grievances that – so far – cover more than 70 per cent of our members, at almost 500 departments. You can read more about that on page 8 of this issue.

This year, we're asking members to tell us more about how workload is affecting care for our patients and clients. Because while it's shocking to hear that 79 per cent of the people who deliver modern health care in BC are worried their patients aren't getting the right care, it's important for us to share the stories that support the numbers. As we prepare to negotiate our next contract, these stories, and the awareness they create, will help build our case for the fair wage settlements needed to hang on to our current workforce and attract the new recruits needed to reduce shortages, lower workload, improve care and shorten waitlists.

Member engagers are visiting worksites around the province. Spend a bit of time with them, or go to www.workload.hsabc.org. Either way, please share your story. The people we care for depend on it.



“The new government has given many indications they are more willing to listen, and take action. But it’s up to us to prosecute our case.”

Val Avery



“As a dietitian – one of the founding professions of HSA – I am proud to be part of this union.”

“I have been a member of HSA for 20 years and have had the opportunity to attend a variety of education events and the Annual Convention. It is at these events that I have learned how the union has always been focused on making sure every one of the professions the union represents is heard equally.”

KATHLEEN, DIETITIAN, ST. PAUL'S HOSPITAL



HSA RESPIRATORY THERAPISTS RANJ JABAL, TREVOR WHYTE, CHRISTINE FRIEDRICH SMITH, SHERRY MORANTE, AND JENNIFER LINNEY JOHNSON

CELEBRATING THE WORK OF RESPIRATORY THERAPISTS

TREVOR WHYTE, HSA STEWARD AND RESPIRATORY THERAPIST AT PEACE ARCH HOSPITAL, MARKED OCTOBER'S RESPIRATORY THERAPY WEEK WITH A SOCIAL MEDIA POST THAT STRUCK A CHORD WITH MANY COLLEAGUES.

"Breathing is life. The implications of a loss of normal function can have drastic effects and yet the average person will

never know who we are or what we do.

"The position of a respiratory therapist is a challenging one. Whether it's babies, kids, adults or the elderly. When breathing or airways are involved, we aren't far behind. The pressure spotlight will find you quickly when things appear to get off track. The thanks received are few and far between but will often name you directly instead of by profession and I wouldn't want it any other way.

"Respiratory therapy is a profession that is literally created out of a desire to better manage and connect complex care and quickly evolving technology.

"The job itself gives back to you exactly what you put into it, and for me that has been everything."



Sonographer Carol Peterson (see page 14) helped mark Sonography Week 2017 by guest hosting HSA's Twitter feed, but also HSA's new Instagram feed. Among other things, HSA's annual surveys indicate a growing number of members are active on Instagram, a richly visual social media platform that presents another great opportunity to share the images – and jokes – of our member professions. Follow along at [instagram.com/hsa.bc](https://www.instagram.com/hsa.bc).

MANY HSA MEMBERS TO RECEIVE ADDITIONAL PAY INCREASE IN 2018

Starting with the first pay period after February 1 next year, most HSA members can expect a pay increase of 0.4 per cent over and above the 5.5 per cent increase rolling out over the life of the current public sector contracts.

This increase is the result of the Economic Stability Dividend (ESD), a feature of the current agreements which requires the government to increase negotiated wages when provincial economic growth exceeds official forecasts.

In order to activate the ESD, growth for British Columbia must exceed forecasts set by the independent Economic Forecast Council at the start of the fiscal year. The wage increase is calculated based on 50 per cent of any positive difference between the forecast and the November GDP data released by Statistics Canada. Statistics Canada has reported that in 2016 the BC economy grew by 3.5 per cent, exceeding the forecast provided by the Economic Forecast Council of 2.7 per cent.

The wage increase is in addition to the ESD increases of .45 per cent in 2016, and .35 per cent in 2017. Combined, the three dividends amount to an additional 1.2 per cent over the remaining term of agreement.

The ESD will benefit all HSA members covered by the Health Science Professionals, the Nurses, the Community Social Services, and the Community Bargaining Association agreements.



HSA members from around the province gathered in October to meet with President Val Avery and former BC finance minister Elizabeth Cull for government relations training as part of HSA's Constituency Liaison program. Volunteer Liaisons will be helping HSA convince the government to take action on professional shortages, surgical wait times, mental health services and improved funding for child development centres.

FEDERAL FUNDING LEAVES BC WITH \$4 BILLION SHORTFALL

THE FEDERAL GOVERNMENT IS CUTTING \$31 BILLION FROM PUBLIC HEALTH CARE FUNDING.

That's the findings of the Canadian Health Coalition, which released an October report showing recent bilateral health funding deals between the federal and provincial governments leave the provinces short in health care funding. For worst-hit provinces, the funding gap ranges from \$3.4 to \$13.6 billion.

"The funding formula in these deals is not sufficient even to support existing health services," says Edith MacHattie, BC Health Coalition co-chair. "In BC, a \$4.13 billion cut is hugely significant. Those kind of re-sources buy critical services: for

example, 15,140 physicians for 10 years, 300,757 hip and knee replacements, and 13,409,090 MRIs."

The bilateral deals have been strongly opposed by the majority of the provinces, who are concerned about the gulf between their health care budgets and the federal governments' proposals.

In December 2016, after only a cursory effort at negotiations, the federal government tabled an ultimatum unpopular among the provinces. The federal government then walked away from discussions without the promised Accord and instead opted to push through bilateral funding deals with the provinces and territories one at a time.

"Instead of building off Prime Minister Paul Martin's legacy of reinvesting in public health care, creating accords with money targeted at improving public health care, and providing federal leadership, the Trudeau Government has aligned itself with the retrenchment policies of the Harper era," says Natalie Mehra, Executive Director, Ontario Health Coalition. "Bilateral agreements are no way to build and promote an equitable national vision and move it forward."

Health Coalitions across Canada are calling on the federal, provincial, territorial and First Nations governments to return to the negotiating table for a new accord and sustainable funding agreements.

LEGAL SLAP-DOWN OF BC NURSES A ‘BIG WIN’ FOR UNION MEMBERS

BC SUPREME COURT RULING FINDS NO MERIT IN ARGUMENTS FOR TARGETING HSA, PEA JOBS

A BC SUPREME COURT RULING TO REJECT THE BC NURSES’ UNION REQUEST FOR A JUDICIAL REVIEW OF EARLIER DECISIONS DISMISSING THEIR APPLICATIONS TO RAID OTHER UNIONS IS AN IMPORTANT VICTORY FOR THE LABOUR MOVEMENT.

In the late September ruling, BC Supreme Court Chief Justice Hinkson determined that the BCNU had no grounds for a judicial review of the BC Labour Relations Board’s original and reconsideration decisions on its applications to raid bargaining unit positions held by the Health Sciences Association and Professional Employees Association (PEA). The LRB vice-chair had found that the BCNU’s seven applications for certification as the bargaining agent for psychologists and psychometrists represented by HSA and PEA were completely without merit.

By upholding the LRB decisions, the Supreme Court ruling pours cold water on the BCNU’s attempts to chip away at existing bargaining units by targeting single classifications – a destructive practice that would

have allowed the BCNU to go after small groups rather than holding a larger raid to replace the incumbent union for all the members at a particular site.

“The petitioner [BCN] has failed to persuade me that the decision of the vice-chair was patently unreasonable or that it was made due to any breach of natural justice or procedural fairness,” ruled Chief Justice Hinkson. “Its application for judicial review of the decision is therefore dismissed.”

The Canadian Union of Public Employees (CUPE) was granted intervenor status in this case, sending a clear message to all parties that the judge’s decision would have broader consequences beyond the bargaining units in question.

“This decision is an important victory for unions that value solidarity as a fundamental principle of the labour movement,” said CUPE BC President Paul Faoro.

“Although the leadership of the BCN appears to remain committed to continuing their efforts to divide the labour movement in our province—we know they continue to arm themselves

for more raids – this decision at least puts their organizers on notice that they can expect resistance each and every time they engage in these hostile, unprincipled attacks on other unions.”

HSA President Val Avery echoed CUPE BC’s concerns and thanked the union for intervening in the case.



REGION 10 DIRECTOR MANDI AYERS MET WITH TERRACE MEMBERS AT MILLS MEMORIAL HOSPITAL IN TERRACE LAST FALL TO TALK ABOUT WORKLOAD CONCERNS

EXCESSIVE WORKLOAD ISN'T WORKING

STAFF AND PATIENTS PAYING THE PRICE; HSA PROCEEDS WITH POLICY GRIEVANCES AT 494 DEPARTMENTS ACROSS BC TO DATE

LAST YEAR'S OUTREACH ON WORKLOAD CONCERNS REVEALS WIDESPREAD PROBLEMS, BUT MEMBER PARTICIPATION IS MAKING A DIFFERENCE.

Over 4000 members from a wide range of professions completed last year's short workload survey questionnaire, and 1300 completed a more comprehensive version.

Now HSA is using the data collected to launch over 300 policy grievances covering 71 per cent of members around the province. And we've only just begun.

WORKLOAD SURVEY RESULTS

Last fall, HSA members in work-sites around BC stepped up to reach out to their colleagues about workload and shortage concerns, encouraging them to

speak up and complete surveys to track their concerns.

"The results are deeply concerning," says HSA President Val Avery. "We see health science and community social services professionals driven to the brink as they try to balance excessive workload and the needs of patients and clients."

- 53 per cent said their department currently had a wait list, and 81 per cent of those said that wait list had increased
- 58 per cent said their department had unfilled vacancies, and 56 per cent of those had been vacant for more than a year
- 79 per cent said they work more than their scheduled hours in a week, and of those

70 per cent said they did not claim overtime for this

- 71 per cent said the error rate had increased in their department
- 69 per cent said excessive workload had impaired their mental health
- 41 per cent said there had been an increase in accidents, injuries and illness at their work site

CONCERNS FOR PATIENTS UP

More recently, the annual poll of HSA members, completed late October, reveals that 79 per cent of members across professions are concerned that workload has a negative impact on patient care. That's up from 75 per cent a year earlier.



LAB/X-RAY TECHNOLOGIST MICHELLE CULVER TAKES A MOMENT FROM HER BUSY DAY AT ELKFORD HEALTH CENTRE TO FILL OUT HSA'S WORKLOAD QUESTIONNAIRE.

332 GRIEVANCES FILED TO DATE, COVERING 71 PER CENT OF HSPBA MEMBERS

As a result of information collected from the workload questionnaires, HSA's labour relations team has been able to proceed with a series of policy grievances that cover the majority of members across the province.

INTERIOR HEALTH: 73 department-wide grievances covering 1469 of the 2180 Health Science Professional Bargaining Association members – a total of **67 per cent of members**.

NORTHERN HEALTH: 37 grievances, three of which are for whole facilities, covering 470 of our 802 HSPBA members in the north, or **59 per cent of members**.

PROVIDENCE: 14 total grievances, covering 738 members out of 1125, or **66 per cent**.

PROVINCIAL HEALTH: 32 grievances, covering 2440 members of 3107, or **79 per cent**. This includes all 1362 lab members of this health authority.

FRASER HEALTH: 43 grievances, three of which are for whole facilities, in total covering 2166 of 2860 members, or **75 per cent**.

VANCOUVER ISLAND HEALTH: 73 grievances, including three facility-wide, covering 1736 of 2436 members, or **71 per cent**.

VANCOUVER COASTAL HEALTH: 60 grievances filed to cover 2739 of 3829 members, or **72 per cent**.

GRIEVANCES NOW IN PLAY

HSA's labour relations team has analysed results of the workload survey and is now proceeding with grievances in many departments.

"As policy grievances, they will not be tied to any one particular member," explained Avery. "But they will help push forward the ongoing conversations with employers as we prepare for bargaining."

Policy grievances aim for resolu-

tion focussed on systemic levels by addressing workflow design, recruitment strategies and human resources. Members hoping for more personal remedies would need to pursue an individual grievance with the employer, which, when filed alongside a policy grievance, can help strengthen HSA's position. Check with your steward to find out more.

WHAT'S NEXT

As the policy grievances move forward, members are being encouraged to share specific stories about how workload and shortages are affecting care for patients and clients. HSA member engagers are active in many work-sites, and you can also participate by completing a short questionnaire on patient/client impact and filling out a comprehensive survey on workload issues at your work-site at www.workload.hsabc.org.



ANNE DAVIS IS A PROGRAM COORDINATOR AT THE COMOX VALLEY TRANSITION SOCIETY

DIRECTORS GET IT DONE

WITH HSA DIRECTOR ELECTIONS COMING SOON, WE ASKED REGION 2 DIRECTOR ANNE DAVIS TO TALK A LITTLE ABOUT THE WORK INVOLVED

I FEEL VERY LUCKY.

I represent HSA members living and working in one of the most beautiful regions in the province: Vancouver Island north of the Malahat.

I have to admit, when I was first elected, I thought most of my role would consist of attending board meetings and chapter meetings. It was a surprise to learn it was much more than that!

Regional Directors sit on HSA's Board of Directors, and immediately after annual convention we gather the newly-elected directors and the incumbents to elect the Vice President, Secretary-Treasurer, and committee chairs. We also meet in person in June, September, December, and February, and via conference call whenever necessary.

Board meetings involve lots of discussion as we debate and vote on matters that affect our members. As board members, we are tasked with the overall governance of our union, while senior staff are tasked with overseeing day to day operations that provide service to our members.

Each board member is generally expected to chair one of the committees of our union, and to serve as a member on another committee, along with some of our Members at Large. Whether serving as chair or as a regular member, I've found that committee work is a great way to learn more about our union and to help set the agenda to move forward in different areas.

I have served on the Women's Committee, Political Action Committee and the Committee for Equality and Social Action, but this year I decided to challenge myself in a new area and I'm chairing the Occupational Health and Safety Committee. I'm learning a lot from our experienced OHS representatives! I'm also serving this year on the Women's Committee and the Elections Committee.

As directors, we interact with the National Union of Public and General Employees (NUPGE - our national union), the BC Federation of Labour, and the Canadian Labour Congress, by attending their conferences and conventions and by attending any events

they may have within our regions. Those are always interesting and are an opportunity to make others aware of our union's priorities.

And now the part I like best: interacting with HSA members. Whether at regional meetings in the fall, or at chapter meetings throughout the year, I always enjoy meeting with our members and hearing about their workplaces. Quite often, members contact me directly with questions. If the questions involve issues related to the workplace, I make sure they are put in touch with the appropriate HSA staff.

I've had the privilege of attending chapter meetings as far south as Duncan, as far north as Port McNeill, as far west as Tofino, and everywhere in between. This summer, I was able to attend some of the organizing meetings with the health science professionals at the Nanaimo Child Development Centre and to help welcome them into our union.

My role as a Regional Director is endlessly interesting and varied - and the scenery is lovely!

2017 HSA SCHOLARSHIP AND BURSARY WINNERS

\$1000 SCHOLARSHIP WINNERS

Tessa Peer – Child of Karan Max, STV Coordinator - Haven Society

Christina Carpenetti – Child of Domenica Carpenetti, Medical Radiation Technologist I - VCHA - Imaging (UBC and VGH)

Regina Tam – Resource Therapist – Radiation Therapy – BCCA – Fraser Valley Cancer Centre

Madison Swain – Child of Lynda Swain, Occupational Therapist III – Sunny Hill Health Centre

Elvira Comas – Medical Radiation Technologist I – Nanaimo Regional General Hospital

Eric Wong – Pharmacist II – FHA – Pharmacy (Burnaby Hospital)

Phoebe Bizarro – Child of Angela Bizarro, Medical Radiation Technologist I – Bulkley Valley District Hospital

Hanna Jacobsen – Child of Britta Duggan, Support Worker (Mental Health Worker) I – Kettle Friendship Society

Kathryn Low – Child of Grace Shirley Wong, Medical Radiation Technologist I – PHSA – Laboratory (St. Paul's Hospital)

Jason Park – Pharmacist IV – FHA – Pharmacy (Vancouver General Hospital)

FIRST RUNNER UP - **Emily Katherine Chow** – Child of Helen Yeung, Dietitian II (Dietitian II School and Eating Disorder (VCHA) Dietitian I (MSJ) – Central Community Health Centre and Mount St. Joseph Hospital

SECOND RUNNER UP - **Stacey Tkachuk** – Pharmacist III – FHA – Pharmacy (Children's and Women's)

\$1000 FULL-TIME BURSARY WINNERS

Alexandra Beattie – Medical Radiation Technologist I - Kootenay Boundary Regional Hospital

Natasha Evdokimoff – Support Worker (Mental Health Worker) I - Kettle Friendship Society

Katherine McKay – Victim Service Worker – Haven Society

Emily Peele – Social Program Officer – Bachelor's (VGH) Social Worker I (a) (SPH) – Victoria General Hospital and Saanich Peninsula Hospital

Mariam Ibrahim – Support Worker (Mental Health Worker) I – Kettle Friendship Society

Gillian McCauley – Medical Radiation Technologist I – Cowichan District Hospital

Mark Matthews – Child of Heather Matthews, Supported Child Care Worker SCDP – Child Development Centre of Prince George

Stacey Tkachuk – Pharmacist III – FHA – Pharmacy (Children's and Women's)

Kaitlynn Pecora – Social Worker I (a) – Richmond Hospital

Lukas Riedstra – Child of Deanna De Costa, Physiotherapist I – Vernon Jubilee Hospital

Ka Ya Tsui – Child of Siu Ching Jane Li, Mental Health Clinician, Child and Youth – Vancouver Community Mental Health Service

Jacqueline Hughes – Child of Fiona Elizabeth Hughes, Physiotherapist I – Victoria General Hospital

Isabeau Tomei – Child of Shae-Lyn Rose Tomei, Pharmacist II – St. Paul's Hospital

Jennifer Kusz – CVS Assistant – Haven Society

Lyric Atchison – Child of Janet Atchison, Cardiology Technologist – Staff (Diploma) – Lions Gate Hospital

Jovan Bains – Child of Kamljit Bains, Pharmacist II – FHA – Pharmacy (Burnaby Hospital)

Joel Sol – Child of Senta Sol, Respiratory Therapist I – Vernon Jubilee Hospital

Kylah Blair – Recreation Therapist – Bachelor's-Staff – Vancouver Community Mental Health Service

Tatsuki Taylor – Child of Leslie Ray Taylor, Employment Rehabilitation Worker – Open Door Group (Vancouver sites)

Laurisa Wikkerink – Child of Marjan Wikkerink, Physiotherapist II – Chemainus Health Care Centre

FIRST RUNNER UP - **Benjamin Katz** – Child of Dov Katz, Bio-medical Engineering Tech – Staff – Nanaimo Regional General Hospital

SECOND RUNNER UP - **Dawson Loop** – Child of Tonja Payne, Medical Radiation Technologist II – PHSA – Laboratory (Squamish Hospital)

\$500 PART-TIME BURSARY WINNERS

Victor Wakarchuk – Social Worker I (a) – Surrey Memorial Hospital

Melissa Blain – Medical Radiation Technologist I – Campbell River hospital and St. Joseph's General Hospital

Lisa Alviar – Registered Psychiatric Nurse – Abbotsford Regional Hospital

Sabina Sondraal – Child of Catherine Sondraal, Eating Disorder Counsellor – Vancouver Community Mental Health Service

FIRST RUNNER UP - **Sarah McCaig** – Social Worker I (a) Social Worker BA – Glengarry Hospital

SECOND RUNNER UP - **Jordan Wilman** – Child of Claudia Rinaldi, Medical Laboratory Technologist I – Chase Health Centre

\$1000 ABORIGINAL BURSARY WINNERS

Ragina Charlie

Rudy Langstaff

RUNNER UP – **Keenan Andrew**

WHAT DOES A PSYCHOLOGICALLY HEALTHY AND SAFE WORKPLACE LOOK LIKE?

BY GERI GRIGG
HSA OCCUPATIONAL HEALTH
AND SAFETY OFFICER

THE LAST ISSUE OF *THE REPORT* INTRODUCED THE STANDARD ON PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE.

Over the next few issues, you will be able to learn about some of the factors influencing mental health in the workplace.

The standard is organized into 13 psychological factors (PFs), all of which contribute to a workplace that supports the mental health and wellness of their workers. Some factors can be addressed at the worksite or even in the department.

Many of the worksites where HSA members work have a standard package of **employee and family assistance programs**, extended health programs that may include counselling and early intervention programs for members who are struggling at work. **Critical incident stress debriefing** is available if something sudden and unexpected happens in the workplace. These programs are a good start but more can be done.

Several years ago, ambulance paramedics recognized that the services their employer provided did not meet their

needs. They were referred for help when they experienced a traumatic event, but what constituted a traumatic event? Multi-casualty calls are traumatic, but what about the death of an elderly patient when you had just laid your own mom to rest? The union approached the employer at the labour management table and successfully developed and implemented a peer-counselling program so that paramedics were supporting their peers and colleagues.

What about at your worksite?

HSA members work on the front lines of health care – from our mental health support workers at the Kettle Friendship Society seeing their clients succumb to the opioid crisis, to respiratory therapists intubating their first accident victim. From a medical radiation therapist collecting evidence in the morgue to a social worker at the end of their career who has supported thousands of families dealing with death. These events take their toll in a way your peers can understand.

Can your worksite do better? Bring it up at your staff meeting or Joint Health and Safety meeting to get started. For further information, contact ggrigg@hsabc.org.

If you have a question about occupational health and safety, contact ggrigg@hsabc.org.

SHORTFALL OF SERVICE

BY DENNIS BLATCHFORD

HSA PENSIONS AND BENEFITS
ADVOCATE

My Member Benefit Statement (MBS) from the Municipal Pension Plan (MPP) shows I worked less than 12 months for 2016, yet I don't recall having missed any shifts? How does that happen?

The cause may be what is known as a "shortfall of service" under the MPP plan rules. This is a long-standing issue in the health sector and has been reported on in this column before. Generally this issue arises when members receive their MBS in June and discover they have less than 12 months of contributory service even though they don't recall having missed any scheduled work. Of course, having received the MPP information well after the fact, it can be a little difficult to recall exactly what happened in the previous year without a personal record of shifts worked. But regardless, if you believe the information isn't correct then your first step is to direct questions to payroll. The information in your MBS is the exact information received by the MPP from your employer. So, if there are any discrepancies your first call should be to payroll to ask for an explanation.

What if I am unsatisfied with payroll's response?

Put your request in writing and copy your supervisor. Ask that payroll do a review of your regular hours worked and any approved leaves – sick, vacation or otherwise. Your employer should be reporting your regular earnings as pensionable so all

the above categories should be reported as regular earnings. If there are no gaps in reported service – i.e. you worked every shift on your rotation or were on one of the approved leaves – then the shortfall may be a result of a pay period or scheduling anomaly that occurred in the past year. For these occasions, the employer should be applying what is called Method Three for calculating contributory service. Method Three was developed specifically to deal with these types of anomalies and where they occur your contributory service should be topped up to 12 months. Typically this shortfall will be in the range of 8-12 hours – and unlikely no more than 20 hours. If the shortfall exceeds that amount, then other causes for the shortfall are likely, or perhaps, a combination of the two. However, regardless of the causes for the shortfall in service, members should be aware that Method Three is unlikely to be applied unless someone questions the shortfall. Apparently payroll systems do not recognize shortfall of service scenarios automatically, so Method Three inputs would **not** be performed unless the discrepancy was spotted during an audit, or arising from a complaint.

Can they adjust the contributory service if errors are found?

Yes, of course they can. The beauty of a defined benefit pension plan is that you don't need to worry about your pension. The plan rewards long service and the pension benefit is secure and guaranteed for life. You don't need to fret about how your investments are doing, or whether you'll run out of money

in retirement. So in the scheme of things there is very little to worry about – other than ensuring you are being credited with the proper amount of service, and that you are taking advantage of all opportunities to contribute to the plan. The Member Benefit Statement is one of the checks in the system and gives members a snap shot on the credit activities on your pension account for the previous year, plus what you can expect when you draw your pension. So, if the information doesn't seem right, then it's time to ask for an explanation. In most cases there is a reasonable explanation for any shortfalls and members are satisfied with the answers. Occasionally there can be errors and omissions that need correcting and that's where further investigation may be required.

Is there any additional help for members if the issue remains unresolved?

HSA currently has an active grievance that is making its way through the process. It arises from specific complaints against one of the health authorities. We believe we have their attention (and that of the Health Employers Association of BC) and are awaiting a report on their progress in resolving the issue. Perhaps a technical solution can be found, or perhaps improved communication to recognize sooner where service shortfalls may be expected and adjust scheduling accordingly. In the meantime we continue to work with members, stewards, employers and the MPP to resolve shortfall issues when they arise.

If you have a question or concern about pensions, contact dblatchford@hsabc.org.



PETERSEN HAD NEVER SENT A TWEET BEFORE AGREEING TO MARK SONOGRAPHY WEEK 2017 BY GUEST HOSTING HSA'S TWITTER ACCOUNT.

CAROL PETERSEN

SONOGRAPHER, LEADER ON REDUCING WORKPLACE INJURY RATES

BY LAURA BUSHEIKIN

PROFESSIONALISM AND PASSION, WHEN FOUND TOGETHER, MAKE A POWERFUL FORCE.

For sonographer Carol Petersen, this combination has brought her both a successful career as an ultrasound technologist and multiple opportunities to shine and grow as an advocate for her profession.

HSA members may have encountered Petersen's voice most recently when she was guest host of the HSA Twitter account during 2017 Sonography Week, October 1 - 7. Others might recognize her name as winner of

HSA's 2015 David Bland Award for her work on mitigating the incredibly high workplace injury rate of cardiac sonographers. Some of you know her as a mentor at BCIT's ultrasound program, or as Co-Chair of the Royal Jubilee Hospital Joint Occupational Health and Safety (JOHS) Committee.

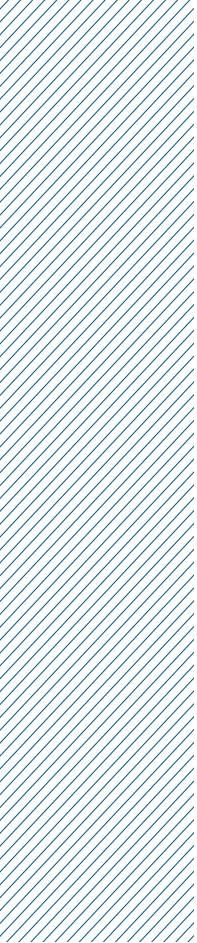
At the heart of all this achievement is Petersen's love for her profession.

"I love being able to help people. Fundamentally, it comes down to that. I love feeling that I can do a really good job at taking care of people. And when you're good with an ultrasound machine, you can make it sing. There's all sorts of nuancing that can be done to every single image. There's an art

and a science to the job," says Petersen.

Petersen has been active in HSA since 2012. "Originally I got involved when our department was struggling with workload issues and HSA really helped us. I wanted to pay it back. I became a steward representing my ultrasound colleagues, and after volunteering to help on the JOHS committee I realized that's where my heart was and I found my place as an occupational health and safety steward."

Although helping her co-workers is its own reward, says Petersen, she was gratified to be a co-recipient of the David Bland alongside two cardiac sonographers. She is even more satisfied to see that the work that garnered



“WHEN I STARTED WORKING ON THIS ISSUE, 40 PER CENT OF THE STAFF IN CARDIAC ULTRASOUND HAD A WORK RELATED INJURY.”

them the award has dramatically lowered injury rates for cardiac sonographers.

A spike in injuries among a small number of sonographers working in the echocardiogram labs at Royal Jubilee Hospital and Victoria General Hospital was first noted by the Enhanced Disability Management team, who then got in touch with the chief steward about the situation. An investigation then found that almost all sonographers in the Icho labs were working in pain, 85 per cent had sought medical attention recently and 75 per cent felt they had not received adequate ergonomic training.

HSA responded by helping set up a worker-employer working group to further examine the issues and come up with recommendations for improvement.

Since those recommendations were implemented, injury rates have plummeted, says Petersen. “I’m co-chair of the JOHS Committee, so I follow these things. There has been no incident this year, and maybe one last year.

When I started working on this issue, 40 per cent of the staff in cardiac ultrasound had a work related injury. Many have now returned to work and far fewer new injuries have been reported.

“It’s really encouraging. People can’t be treated as disposable. I don’t think that was the intention but that’s what was happening.”

Taking on the role of guest host for HSA’s Twitter account gave Petersen a new experience in speaking up on behalf of her profession.

“I agreed to do this even though it was not in my comfort zone at all,” says Petersen, who had never sent a tweet before. “I got a lot of support from HSA’s media person. I asked co-workers for help and was met with lots of enthusiasm. It became something for all of us to get excited about. This was a way to raise our profile, get some awareness about the things we find, and what it means to patients.

“One really interesting thing was seeing who was following HSA, who our audience was. For

instance, the Society of Surgeons of BC retweeted one of my posts about the fact that 10 to 30 per cent of people die within a month of being diagnosed with a blood clot. I saw the retweet and thought, whoa, look who’s reading HSA!”

Petersen continues to enjoy her work on the Royal Jubilee JOHS Committee and other union activities.

“I really encourage people to participate in union work. It has given me so much opportunity to expand both professionally and personally. I can’t say enough about how positive the experience has been. Any time I’ve felt like I’ve jumped into anything that’s over my head, my steward team and the people at head office are always there for support and wisdom.

“By doing the steward work you are helping your co-worker. When you work in health care you are helping people every day, so this added opportunity to help your co-workers is huge and very satisfying.”



BATH SAYS HE LOVES HELPING KIDS REALIZE THEY HAVE THE INNER STRENGTH NEEDED TO MAKE CHANGES THEY THOUGHT WERE IMPOSSIBLE

MANJ BATH

CLINICAL COUNSELLOR ON THE FRONT LINES OF A NEW MODEL FOR HELPING YOUNG PEOPLE MANAGE MENTAL HEALTH AND SUBSTANCE USE

BY LAURA BUSHEIKIN

“IT’S A LOT EASIER TO BUILD A STRONG CHILD THAN TO FIX A BROKEN ADULT.”

So says HSA member Manj Bath. This describes what he does every workday as a clinical counsellor at Foundry North Shore, the newest branch of an innovative BC network of wellness centres for young people aged 12 to 24.

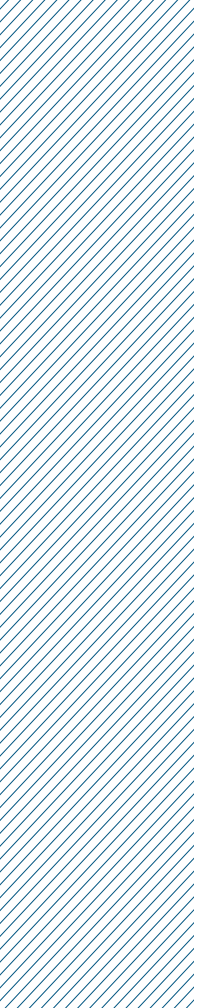
Foundry’s mandate is to transform how young people and their families find the resources and support they need for men-

tal health and addiction issues, as well as primary care and other needs. It does so by offering an integrated care model that brings health care and social services under one roof. Each centre (there are currently six, with five more planned) is designed to be low-barrier, welcoming and accessible, with an open door policy that means clients can get help on the spot during drop-in hours.

“When you’re dealing with a mental health concern, whether for yourself or if you are a parent and it’s for your child, you want help right away,” explains Bath. “The way the traditional system works is that you go

here, you go there, you go another place, you wait, you make appointments...it’s frustrating and can be frightening. You’re struggling, but you still have to do the leg work. With Foundry, you go to one place and you get help.”

Foundry North Shore opened in July and is already busy, says Bath. “We’re seeing the whole spectrum of mental health and addiction issues. It could be that someone is hearing things, dealing with delusions and psychosis. It could be they just had an argument with their mom and are stressed out.”



“THE WAY THE TRADITIONAL SYSTEM WORKS IS THAT YOU GO HERE, YOU GO THERE, YOU GO TO ANOTHER PLACE, YOU WAIT... WITH FOUNDRY, YOU GO TO ONE PLACE AND YOU GET HELP.”

Bath works with a diverse team that includes an occupational therapist, a rehabilitation assistant, a specialist in eating disorders, a behaviour support worker, educators, public health nurses and nurse practitioners, outreach workers, a peer support workers, a parent support navigator, and family doctors.

Early intervention can save lives. An estimated 10 to 20 per cent of Canadian youth are affected by a mental disorder, and our youth suicide rate is the third highest in the industrialized world, according to the Canadian Mental Health Association. Furthermore, studies show that 70 per cent of mental health problems and illnesses have their onset during childhood and teen years.

And early intervention works. “If you consider a child developmentally, they are able to absorb new information and new ways of being. They haven’t built up all those years of learned behaviour. It’s easier for them to make changes,” says Bath.

Being part of that process is what Bath loves most about his work. “I love knowing I can help them realize they have enough inner strength, and convince them that they can make changes they thought were impossible,” he says. Foundry North Shore clinicians are utilizing a Brief Solution-Focused Therapy model to help their client experience change and highlighting their strengths to work towards the changes they want to make.

For Bath and his colleagues to consistently work with clients to help them identify their strengths and solutions to their issues, they need a supportive, well-resourced and empowering workplace. Foundry recently made a big step towards this when 94 per cent of its members voted to join HSA in September. Bath, who was active in the campaign, says HSA was clearly the best choice for himself and his colleagues.

“HSA provides so many opportunities to get involved. It provides access to education. It makes its members feel cared

for and valued,” says Bath. “Also, we wanted a stronger voice at the bargaining table and we trust HSA to provide that.”

Bath attended the HSA regional meeting in October and was elected as a delegate to the bargaining proposal conference in December. He’s excited to be involved and has found HSA welcoming, highly professional, and helpful. “Previously I was with another union and I tried to get involved but there was no role for me,” he says. “With HSA, it’s easy to participate.”

With a strong union, Foundry North Shore can better fulfill its mandate of offering hope, help and support for young people – something that is desperately needed in these times. “There’s going to be more and more of a demand for mental health and addiction treatment and prevention for youth,” says Bath. “It’s not going away, and we are not going to ignore it any more. We are going to deal with it.”



HSA'S DIVERSITY OF PROFESSIONS IS THE UNION'S GREAT STRENGTH.

But it makes for a real challenge when developing a 30-second TV ad.

HSA's new ad, airing October and November, shines a light on some of the many professions delivering mental health care to British Columbians. And while almost two dozen distinct member professions are directly involved, we could only meaningfully depict four in the ad.

Nevertheless, the ad has gone over well with members and the public. At a time when mental health care is getting more attention from the government, the media, and everyday people, the ad will help all HSA member professions by establishing that mental health care increasingly depends on a diverse team of highly skilled professionals.

3.4K Views

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- Deborah Ezzy** What a great commercial...good job!
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- Sean Spina** Great job on the video.
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- Shirley Clarkson** What a great commercial. HSA would need a 5 minute long commercial to have all our members represented and by then the public would have tuned out. It's nice to recognize small groups and educate the public about the important work we all do. As a proud HSA Registered Psychiatric Nurse, I commend you on a job well done. Thank you.
 Like · Reply · Message · 13 hrs



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care



Janice Morrison, Jas Giddha, Mandi Ayers, John Christopherson, Anne Davis, Val Avery, Cheryl Greenhalgh, Nancy Hay, Joseph Sebastian, Kevin Towhey (Inset: Derrick Hoyt)



HSA's Board of Directors is elected by members to run HSA between Annual Conventions. Members should feel free to contact them with any concerns.

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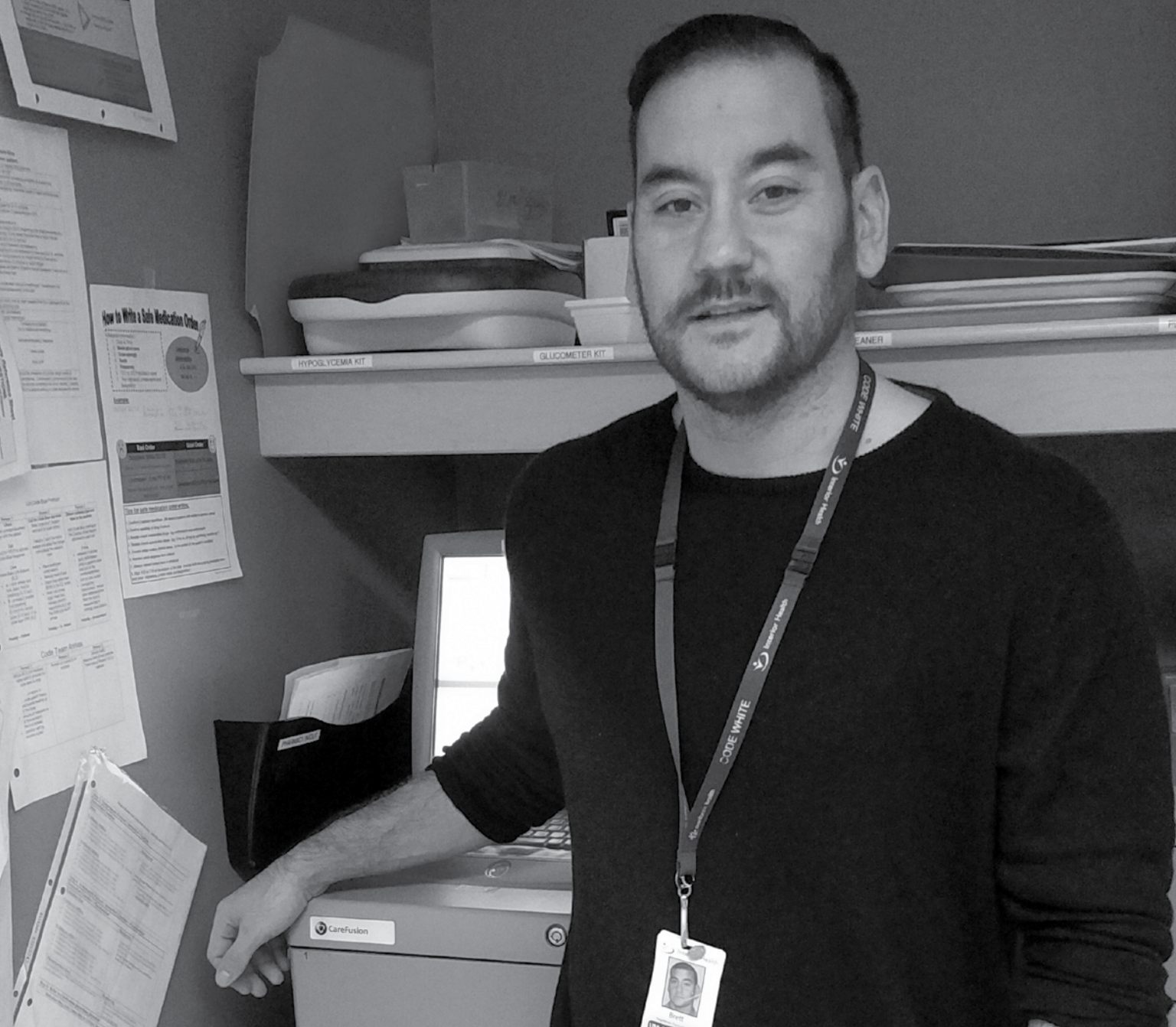
David Bieber



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Always printed on recycled paper with vegetable-based ink



“Other unions never recognized the specialized training of RPNs like me.”

“Only a few years ago the Nurses’ Union blocked the hiring of RPNs because they didn’t think we were competent enough. HSA has always supported my professional development. They helped me further my education for the College of Registered Psychiatric Nurses continuing competence and paid for me to attend the 2015 BC Psychogeriatric Association in Kamloops.”

BRETT, REGISTERED PSYCHIATRIC NURSE, VERNON JUBILEE HOSPITAL