



MESSAGE FROM THE PRESIDENT

Despite concerns about process, HSA advises “yes” vote on tentative agreement

Enclosed please find a summary of the tentative agreement 2014 – 2019 for the Nurses Bargaining Association, and instructions on how to vote on the agreement.

HSA’s priority at the bargaining table was to be a strong voice for RPNs. In spite of a process by the lead union, the BC Nurses (BCN), that resulted in few opportunities for HSA bargaining representatives – or any bargaining committee members from any union – to advocate for our members, your representatives – Chief Negotiator Dani Demetlika and member representative Larry Bryan, an RPN at Haro Park Lodge – took those opportunities to ensure that RPNs had a dedicated voice at the table.

Your bargaining team identified some concerns in the agreement, including the loss of Qualification Differential for new nurses entering employment with a Bachelors degree, the failure of the violence prevention program to include evaluation of violence prevention plans for high/medium risk affiliates sites with Alzheimer units, and the increase in hours required under casual availability.

In spite of those shortcomings, it features wage increases for all nurses, some changes to benefits coverage, and a number of contract changes that address staffing issues, education, and violence in the workplace.

ACHIEVEMENTS

The tentative agreement achieves eight of the 11 priorities HSA’s RPNs set for bargaining, including:

- addressing the shortcomings of the Pharmacare tie-in which reduced drug coverage for nurses
- wage increases
- maintaining benefits
- recognizing the full scope of practice for RPNs
- expanding the definition of “family”
- addressing violence prevention
- addressing workload through on-call language
- addressing LTD coverage

The Board of Directors of the Health Sciences Association recommends that HSA's RPNs vote yes to support the tentative agreement. It addresses many of the issues you asked your bargaining committee representatives to pursue, and ends the uncertainty for many members who expressed frustration about working in a collective agreement that had been expired for more than two years.

CONCERNS

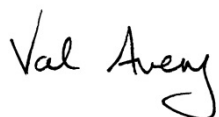
While the tentative agreement provides contract improvements for nurses and attempts to consolidate the nursing team by offering a dollar an hour enticement to Licensed Practical Nurses five years later than promised, elements of the collective agreement are troubling for the health care system as a whole, as they serve to create divisions between nurses and the rest of the modern health care team – particularly in the area of violence prevention.

In addition, while the NBA has committed to paying up to \$5 million from its member-funded retiree benefits fund to cover any shortfalls in benefits coverage for the duration of the contract, there remains uncertainty about the level of benefits coverage into the future. A change to a Blue Rx formulary is an improvement from the current Pharmacare tie-in, but control over coverage continues to remain with the employer, with no input from the union.

HSA's Board of Directors is also concerned about aspects of the tentative agreement that potentially limit access for RPNs to education funds and policy development discussions.

Notwithstanding these flaws and without prejudice, the HSA Board of Directors recommends ratification of the agreement, as it meets a majority of the priorities members identified in the lead-up to bargaining.

The Board of Directors thanks your HSA bargaining team for their commitment to all HSA RPNs and the many hours they spent consulting with members, advocating for you on the issues important to RPNs, and ensuring RPN issues were well represented.



Val Avery, President
Health Sciences Association of BC

HEALTH SCIENCES ASSOCIATION
The union delivering modern health care



VOTING INSTRUCTIONS

Enclosed in this package you will find a ballot, a ballot envelope, and a postage-paid return envelope. Please mark your ballot “yes” or “no”, and return it to the HSA office in the postage-paid return envelope. You must print your name on the outside envelope, in order to verify your eligibility to vote. Additional in-person voting will be held at some worksites. Please be advised you may vote only once – either in person or by mail ballot. **MAIL BALLOTS MUST BE RETURNED TO THE HSA OFFICE BY END OF DAY FRIDAY, MAY 6.**

This summary of changes to the agreement focuses on the changes for HSA’s RPNs. A full copy of the tentative agreement is available on the HSA website.

Summary of tentative agreement

WAGES

As restricted by the government-imposed mandate, the wage increases for the agreement are:

April 1, 2015	1%
February 1, 2016	Economic Stability Dividend*
April 1, 2016	.5%
February 1, 2017	1% plus Economic Stability Dividend
April 1, 2017	.5%
February 1, 2018	1% plus Economic Stability Dividend
April 1, 2018	.5%
February 1, 2019	1% plus Economic Stability Dividend

** Economic Stability Dividend: If the economy outperforms projections wages will be increased over and above the negotiated increase. In February 2016, the “ESB” was calculated at .45%*

The agreement also includes an additional \$1 an hour wage increase for Licensed Practical Nurses effective September 1, 2017, and changes in the Forensic Psychiatric Nurse Wage Schedule.

Weekend premium increases to \$2.30 per hour from \$2 effective April 1, 2016.

On-call premium increases to \$5.75 per hour for the first 72 hours on-call in a calendar month, after which the premium is \$6.25 per hour.

BENEFITS

Changes to the benefits package effective January 1, 2017:

- Addresses some losses in benefits coverage experienced with the change to Pharmacare tie-in in the 2012-2014 agreement, which resulted in reduced drug coverage for members.
 - The Extended Health Care Plan will move to Blue Rx coverage, a drug plan called a managed formulary, which is a list of covered drugs. It is called a “managed” formulary because drugs are reviewed to ensure they are both clinically and cost effective before they are added to the plan.
 - Under the agreement, Pacific Blue Cross must provide an information package explaining the Blue Program prior to a ratification vote
- Hearing aid coverage will increase to \$1000 per ear per person in each 5-year period. BCNU (BC Nurses Union) is responsible for paying the resulting cost increase. Previous coverage was \$600 every four years.

The Nurses Bargaining Association will no longer pursue a joint benefits trust plan, and instead will meet with the Health Employers Association of BC three months after ratification of the collective agreement to develop a detailed plan to manage and reduce Long Term Disability costs and a “benefits growth management plan” for Extended Health, Dental, Group Life, AD&D.

- “Benefits growth management plan” features:
 - Ensure sustainable growth of benefits by reaching a mutual agreement on sustainable benefit growth rate
 - Additional costs will be borne by the Nurse Bargaining Association to a rate of up to \$5 million per year funded by interest accumulated in a retiree fund.
 - Implemented no later than April 1, 2017, with the first \$5 million payment from NBA no earlier than April 2018.

EDUCATION

Ministry of Health and Health Authorities commit to provide funding for specialty education for at least 850 FTEs for 2016-2107 and continued funding as required.

The government will pay \$5 million to the NBA to pay for education to advance the government’s strategic agenda on health care to promote nursing.

Takes away the qualification differential for new employees hired after April 1, 2016. Current employees receive a Qualification Differential of \$25 a month if they have passed an accredited one-year university course in nursing. Baccalaureate Degree holders are paid an extra \$100 per month.

If, because of the restructuring of the health care system, a nurse is forced to change jobs, the health authority and union will jointly determine the training, retraining, or skills upgrade the nurse needs to jointly develop an education upgrade plan.

NURSING POLICY SECRETARIAT

The agreement establishes a Nursing Policy Secretariat that will review scope of practice. Review of the scope of practice will be by the Nursing Policy Secretariat and the BCN. A proposal on RPN scope of practice may be considered.

AGENCY NURSES

The use of agency nurses will be tracked by HEABC, which will provide quarterly reports to the NBA about the use of non-contract nurses. It is also agreed that agency nurses and nursing contractors will not supervise or direct the work of union members.

JOB SECURITY AND CONTRACTING OUT

While the agreement includes a guarantee that no nurse will be involuntarily laid off as a result of restructuring of the health care system, it does allow for up to 300 FTE lay-offs created by contracting out of jobs by affiliate employers (mainly long term care).

PART TIME AND CASUAL EMPLOYEES

If an employer exhausts the casual list, shifts will be offered to part-time employees on a seniority basis provided it does not result in overtime.

Casual employees may be required to work a minimum of 300 hours over the 12 months of 2017, and 400 hours over the 12 months of 2018 and beyond.

A new Casual Availability Bonus will be paid to casual employees who accept and work shifts 85% of the times they are offered, within their agreed upon availability schedule. A \$2 an hour premium will be paid for all hours worked at the end of each six-month period.

WORKLOAD

Article 32.06, which spelled out steps for a member to take to pursue a workload grievance, is eliminated.

Appendix O, The Memorandum of Agreement on Standards for Measuring Nurse Workload and Application of Nurse Staffing Plans in BC, is eliminated

SPECIAL LEAVE

Allows one day per calendar year to obtain health education related to the serious or potentially life threatening illness of an immediate family member in order to assist that family member.

ON CALL AND CALL BACK

The union can trigger a review of excessive use of on-call and call-back at local sites

PROFESSIONAL RESPONSIBILITY

A new Professional Responsibility process allows for education on the process, local resolution to challenges, and allow for referral to the health authority CEO, and to the Provincial Nursing Secretariat. For affiliate employers, PRFs that remain unresolved will go to the contract holder (health authority) to facilitate a resolve.

LAY OFF LANGUAGE

Where a nurse facing lay-off is not deemed qualified for a vacant position, the employer shall provide unit orientation/education /training not to exceed six weeks. If unsuccessful, the nurse can bump another position and if not qualified for that one, will receive training of up to six weeks. This option can only be exercised once per lay off. If unsuccessful then the option is to bump into a comparable position with up to a .2 FTE variance.

SCHEDULING

When a regular vacancy occurs in a unit/ward/program the vacancy will be offered to existing staff in that unit/ward/program via seniority within their existing job status – full time to full time and part time to part time within .08 FTE of the original vacancy. If the vacancy is a 0.8 FTE, it is opened to existing staff in the unit/ward/program, via seniority. The most senior person who owns a regular vacancy between 0.72 FTE and -0.88 FTE can select the .8FTE. The resulting vacancy, which is greater than .08 FTE, would be required to be posted.

STAFFING VACATION RELIEF IN LONG TERM CARE

No agreement on how to address, except an agreement there are differences and they have to be addressed.

OCCUPATIONAL HEALTH AND SAFETY AND VIOLENCE PREVENTION

A violence prevention program that excludes members of the extended health care team (non-nurses) is established, and funding is removed from a provincial multidisciplinary joint occupational health and safety initiative, to be aimed at nurses only.

Fails to include evaluation of violence prevention plans for high/medium risk affiliates sites that have Alzheimer units, such as Haro Park Lodge.

The nurse violence prevention program will include policy development meetings and initiatives, with a plan to be reviewed by the Nurses Bargaining Association in September 2016.

Resiliency training offered by BCNU to its members will be funded by the employer.

GOVERNMENT RELATIONS AND POLICY DEVELOPMENT

The “Bill 29” policy consultation meetings with government continue, with regular meetings with health authority CEOs and Ministry of Health executives continuing, under a new Provincial Nursing Secretariat.