

Bargaining 2006 Details of Tentative Agreement Nurses

March 31, 2006

Overview Highlights

The Health Employers Association of BC (HEABC) and the Nurses' Bargaining Association (NBA) signed a tentative four-year agreement on March 31, 2006. This tentative agreement, which covers approximately 29,000 nurses who work in acute care hospitals, long-term care homes, community and public health facilities and offices, within home support services and in mental health services and facilities across British Columbia, is the fourth agreement reached with unionized health sector employees prior to the March 31 deadline.

This agreement addresses wage increases, as well as further increases to respond to inter-provincial labour market issues and has provided a comprehensive solution to the workload issues raised by the Nurses' Bargaining Association.

To ensure stability and sustainability in healthcare, the Employers have proposed a four-year collective agreement (April 1, 2006 to March 31, 2010).

Summary of Employers' Monetary Proposal:

	06/07	07/08	08/09	09/10
Signing Bonus (One-time payment per FTE)				
	\$3,150			
General Wage Increase				
	2.0%	2.5%	2.5%	3.2%
Special Market Adjustments				
	1.0%	1.0%	1.0%	1.0%
Shift Premiums (Hourly Increases for nights and weekends)				
Nights	\$3.50 per hour			
Weekends	\$2.00 per hour			
Incentive for nurses working in Difficult to Fill Units OR/PAR, ER, ICU/CCU				
	An additional \$50 per month (prorated for part-time nurses)			
Incentive Payment for Pre and Post Retirees who have maximized their pensionable service				
	A payment equal to the employer contribution to the pension plan			
Annuity to off set liability from previous LTD plan				
	\$21.8 Million			
Mileage Allowance				
	Increased to \$0.50/km			
	Regular employees who deliver community-based services using their own vehicles receive \$50/month			

WAGES:

The employers have proposed a **2% general wage increase in Years 1, a 2.5% increase in Years 2 and 3, with a 3.2% general wage increase in Year 4.** In addition, there are **special market adjustments amounting to 1% in each year of the agreement.**

All nurses will receive the increases on April 1 of each year of the agreement:

General Wage Adjustment:

Year 1: 2006	Year 2: 2007	Year 3: 2008	Year 4: 2009
2%	2.5%	2.5%	3.2%

Special Market Adjustment:

Year 1: 2006	Year 2: 2007	Year 3: 2008	Year 4: 2009
1%	1%	1%	1%

In Summary, all nurses will receive 3% in Year 1, 3.5% in Years 2 and 3, followed with a 4.2% increase in Year 4. This amounts to **14.2% over four years.**

Signing Bonus--One-time payment of \$3,150:

A one-time signing bonus will be available to members of the Nurses' Bargaining Association, and amounts to \$3,150 per FTE (Full-Time Equivalent). This money is from the \$1 billion that was provided by the Ministry of Finance for public sector agreements signed by March 31, 2006.

2010 Dividend:

Nurses will be entitled to a fiscal dividend payable in 2010 based on provincial surplus.

Shift Premiums:

Employers and Nurses have agreed upon an increase in the night shift premium to **\$3.50/hr** and an increase in the **weekend shift premium to \$2.00/hr** effective April 1, 2006. The new premium rates will cost approximately \$60 million over four years, and will be among the highest in the country for nights and weekends.

Managing Staffing Challenges in the Healthcare System:

Regular employees who work in Operating Room and Post Anaesthetic Room (OR/PAR), Emergency Room (ER), and Intensive Care/Critical Care Units (ICU/CCU) departments will receive **an additional \$50 per month.** Part-time employees are entitled to this incentive, on a pro-rated basis.

Incentive Payment for Pre and Post-Retirees:

Nurses who are eligible to retire, and have maximized their pensionable service, and are not eligible to contribute to the Municipal Pension Plan (MPP) or PSPP, are entitled to an incentive that is equal to the employer contribution to the pension plan This would be made via a RRSP contribution for nurses who have made their maximum pension contributions but continue to work in a regular position. This is cost neutral for the Employer.

\$21.8 Million Annuity Off Setting Liability for Previous LTD Plan:

The agreement also provides for a \$21.8 million annuity to off set a liability for disabled nurses from a previous Long Term Disability Plan (Supplemental Monthly Benefit - SMB Plan).

Mileage:

An increase to mileage of \$0.50 per kilometre for the four years of the agreement, as well as \$50 a month for Regular employees who deliver community-based services using their own vehicles.

WORKLOAD:

Employers recognize that nursing workload is a significant issue that needs to be addressed. Accordingly, the following initiatives have been developed to address this important issue:

Measuring Workload and Developing Staffing Plans

Employers and government are committed to work with nurses to move ahead with a massive province-wide undertaking to set standards for a provincial workload measurement tool.

This measurement tool will allow employers and nurses to measure workload within nursing units, and interpret how it relates to overall staffing patterns on a unit, within acute care hospitals, long-term care facilities, community settings and mental health facilities. Work will begin first in coming months on setting this workload measuring standard within hospitals and long-term care. Over the next year, indicators and workload measurement tools will also be extended to mental health and community.

Appropriate staffing plans are essential processes to allow for the proper staffing mix to be available at the right time and place for quality patient care.

Provincial Nursing Workload Committee (PNWC)

As outlined in the MOA, the Health Authorities, the Deputy Minister of the Ministry of Health and the Nurses' Bargaining Association will refine workload measuring tools based on two guiding principles – measurement tools must be evidence-based and must be based on patient needs, acuity and outcomes.

The joint PNWC, which will be chaired by the Province's Chief Nursing Executive and will contain three representatives each from the Health Authorities and the Nurses' Bargaining Association, will seek consensus on which indicators within a workload measurement tool should be used. The Committee will utilize a clinical nurse researcher to assist with the development of workload indicators.

This Committee also reports directly to Leadership Council, a body that includes the Deputy Minister of Health, the CEOs of all the Health Authorities and HEABC. This will allow information and observations stemming from this project to be shared with all Health Authorities, encouraging timely responses and innovative results. The first goal of the PNWC is to deal with all outstanding Professional Responsibility Forms within the Province.

Local Workload Resolution Process

Nursing Workload Committees at each Health Authority will be available to assist with implementation and provide feedback to the Provincial Committee on workload measurement tools. To help problem solve at the local level, local committees will be able to use Strategic Workload Analysis Teams (SWAT) that are regionally based. These teams will be able to address areas that require immediate attention.

OTHER HIGHLIGHTS:**Developing Front line Leadership to Enhance Patient Care**

Frontline leadership is important to patient care as it provides for enhanced decision-making and enhanced support at the local level. The Province's Chief Nursing Executive and the Health Authorities are working together on an expedited review of the current status of frontline leadership.

Portability of Seniority:

There are a number of changes in relation to seniority, the most significant of which provides portability of seniority for regular employees moving between collective agreement employers.

Health Authority Commitment to Laid-Off Employees:

Health Authorities commit to provide laid-off employees within the geographic region of the Health Authority, who have exhausted their Article 19 rights, with placement into external Health Authority vacancies or, if required, appropriate orientation and education for the scope of practice necessary for safe practice in the acute or community setting.

Equivalency:

Employers will post all Level 1 positions (with the exception of Public Health and Preventative Nurses) without the requirement of a BScN degree. The position will be posted with a notification that states the Employer will equally consider an equivalent combination of education, training and experience. With Level 2 positions that require a BScN degree, the position will be posted with a notification that states the employer will equally consider an equivalent combination of education, training and experience.

Responsive Shift Scheduling:

Work is continuing on the responsive shift scheduling initiative which allows BC nurses to have shift schedules that best meet their lifestyle needs and the needs of patients. Each Health Authority and the Nurses' Bargaining Association will appoint co-leaders for implementation of this ongoing project.

Isolation Allowance:

Additional locations have been added, and application of the provision has been expanded to include community and residential care.

SAFETY IN THE WORKPLACE:**Encouraging Respectful Workplaces:**

All Health Authorities are committed to promoting a work environment in which all persons involved conduct themselves in a civil, respectful and cooperative manner. Each Health Authority will publish a clear policy for promoting and maintaining a working environment in which all persons are treated with respect and dignity.

Preventing Violence in the Workplace:

The employers and the union recognize that it is important to provide a working environment that is properly secure both for those who receive health services and for those who work in healthcare. Each Health Authority will establish a joint violence prevention program that will review and report on anti-violence activities, conduct and report on risk assessments, and conduct ongoing employee education and training. The Ministry of Health has committed \$1 Million over four years to support initiatives addressing Violence in the Workplace.

Safe Workplaces:

The employers recognize the vital need for a safe and healthy workplace, and are committed to taking all reasonable steps to reduce, minimize and/or eliminate threats to the safety of employees. As an example, any employee performing visitations in the community may request backup to attend where there is a reasonable cause to expect a violent situation and will have access to appropriate communications equipment.

STRATEGIC POLICY DISCUSSION COMMITMENTS:

In early January 2006, the Ministry of Health, Health Employers and the Nurses' Bargaining Association met in Nurse Policy Discussions, to discuss important nursing issues outside of the bargaining process.

The Ministry of Health has committed to a number of initiatives to contribute to improvements in patient care and the working lives of nurses, specifically in: Front Line Leadership; Responsive Shift Scheduling; Workload Measurement Systems; Education; Nursing Research; Initiatives to address Violence in the Workplace issues; Nursing Secretariat investments to support Nursing Education; Undergraduate Nursing Program; Nursing Leadership Institute; and the Nursing Internship Initiative.