

THE REPORT

HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA

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NEW CONTRACTS MARK ANOTHER
DIFFICULT ROUND OF BARGAINING

A LITTLE FAIRNESS IS ALL WE ASK



AS THIS ISSUE GOES TO PRESS, OUR COMMUNITY SOCIAL SERVICE MEMBERS ARE VOTING ON THEIR TENTATIVE AGREEMENT, BUT FOR MOST MEMBERS, ANOTHER HARD ROUND OF BARGAINING HAS COME TO AN END.

I'm proud of the new agreements. Are they perfect? No. But in this bargaining climate, with the government set against us at every turn, demanding concessions that would have been unthinkable even five years ago, they are remarkable achievements and a testament to the hard work of your bargaining committees. Against a government seeking wage freezes, we achieved increases. In the face of demands for major concessions we protected core benefits. Every single element in the new contracts was hard fought for – by your bargaining committee members who have been at it for almost a year; and by you, the members. The list of individuals to thank is long, and elsewhere, in the 2013 Annual Report now on our new web site, you can find out more about these hardworking folks.

With the ink still drying on the new agreements, we prepare to start bargaining anew in just a few months. Gone are the days when a collective agreement approached expiry, the parties negotiated a set of collective agreement provisions, and then proceeded to carry on advocating for adherence to the terms and conditions, and protecting the rights negotiated.

With the constant attack on public services leading to erosion, restructuring, and changes in the delivery of services, the

defense of the integrity of public sector collective agreements has meant sustained and intense advocacy and negotiation – for the people who deliver the services, and for the British Columbians who depend on them.

After years of endless and exhausting bargaining, we look with hope to the coming provincial elections. And while I believe a change in government could restore fairness and respect to the bargaining process, I also know that we cannot expect miracles. No matter who wins the election in May, tough choices will have to be made. A new government in Victoria will be constrained by a fiscal mess, a decade's legacy of unfair and short-sighted spending choices.

But I don't believe our members are asking for miracles. They want quality services for the people they help every day. They know we can build a better BC, working together, one step at a time. And it starts with fairness.

So get out there and vote.

No matter who wins the election in May, tough choices will have to be made. A new government in Victoria will be constrained by a fiscal mess, a decade's legacy of unfair and short-sighted spending choices.

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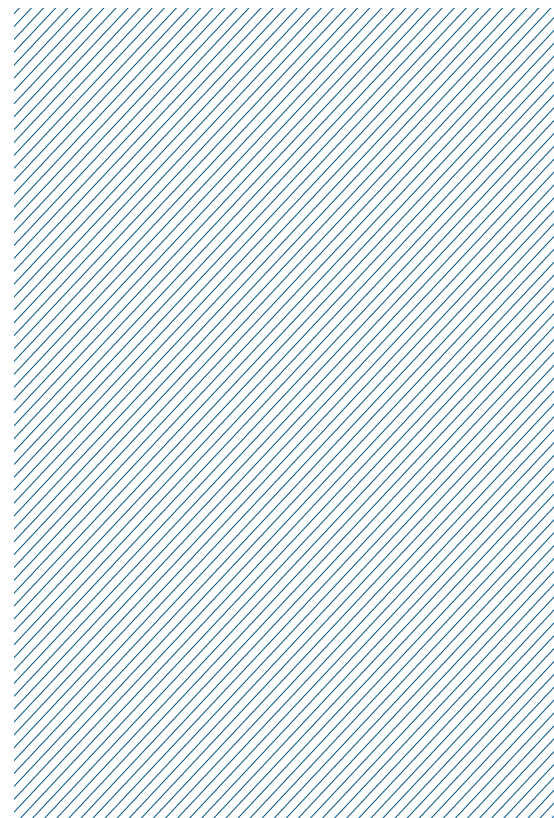
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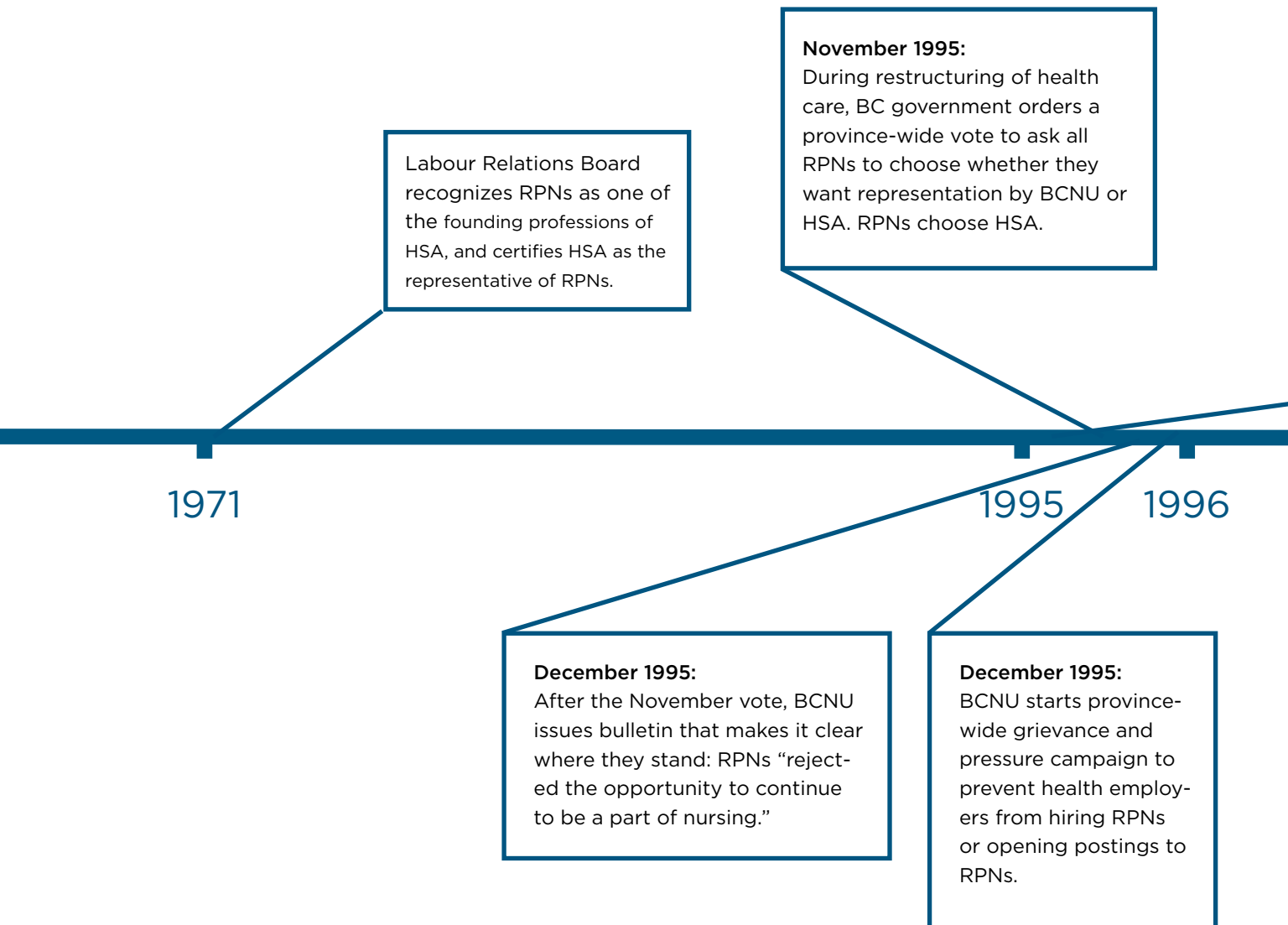
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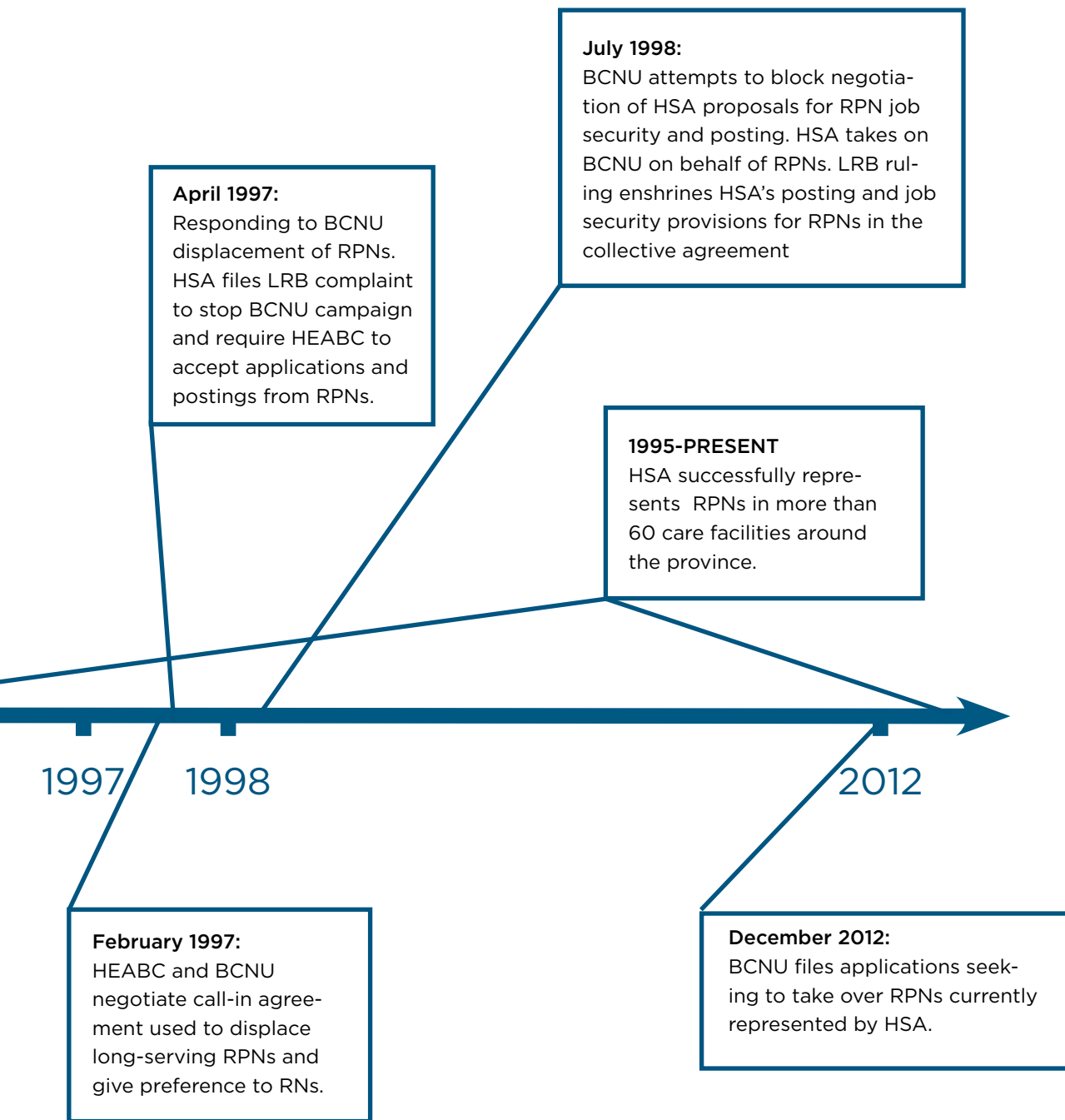
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The BC Nurses Union is raiding again. This time they're after registered psychiatric nurses who are members of HSA. And while they talk about uniting all nurses, their record of discriminating against RPNs begs this important question:

Does the BC Nurses Union really care about RPNs?





Want to know more? See page 14.

MEMBERS NEEDED FOR CANCER PREVENTION STUDY

ARE YOU A WOMAN WHO WORKS SHIFTS?

The Canadian Cancer Society – UBC Cancer Prevention Centre invites HSA members to participate in an important study.

You may be eligible to participate in a sleep improvement program that may improve your quality of life, and help reduce breast cancer. Research has shown that women shift workers exposed to light at night are at increased risk for breast cancer.

With your help, the Canadian Cancer Society – UBC Cancer Prevention Centre hope to learn more about how to prevent breast cancer in shift workers for the future. You can learn more at cancerprevent.ca.

To participate, please contact Carola Muñoz at 604-822-1315, or email shiftworkers.cancerprevent@ubc.ca. The study will be accepting participants through the summer.

BC BUDGET BALANCED AT EXPENSE OF HEALTH

THE BULK OF SAVINGS ANNOUNCED IN THE LIBERAL GOVERNMENT'S LAST-DITCH ATTEMPT TO CONVINCE BRITISH COLUMBIANS THEY CAN PRESENT A BALANCED BUDGET IS COMING OUT OF THE HEALTH CARE SYSTEM.

That's what Finance Minister Mike de Jong admitted February 19 while releasing the Liberal government's last budget before this spring's election.

"If you reduce spending in health care, you reduce services to British Columbians. It's that simple," said Reid Johnson, President of HSA.

"Government is counting on restructuring the delivery of lab services, and containing physi-

cian and drug costs to reduce the health care budget. Based on vague ideas about how that might result in savings, they're telling British Columbians that direct health care services won't suffer. It just doesn't add up," he said.

"And they continue to increase the amount British Columbians are forced to pay for health care coverage through continued increases in MSP premiums," he added.

"There is no plan to focus on the health programs British Columbians count on. There is no plan to address the shortages in the specialized health science professions that lead to longer wait lists and delays in service," he said.

"The Liberal government is running out of time. This is a short-sighted budget focused only on addressing a political agenda," Johnson said.

FEDERAL BUDGET PUTS SHORT-TERM POLITICS FIRST

THE NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES (NUPGE) SAYS THE FEDERAL GOVERNMENT IS MISSING AN OPPORTUNITY TO RESPOND TO UNDERLYING ECONOMIC PROBLEMS BY CONTINUING ITS HANDS-OFF, SHORT-TERM APPROACH IN ITS BUDGET.

"The drop in oil prices should be a warning to the federal government that just exporting more raw materials is not enough. This budget could have been the start of a long-term, active approach to building a balanced economy," said James Clancy, NUPGE National President.

NUPGE argues that a first step in a long-term strategy to deal with Canada's economic problems should be broad-based consultations with key stakeholders from labour, business, government, educational institutions and research institutes.



HSA WELCOMES NEW MEMBERS AT WHISTLER HEALTH CENTRE

MEDICAL LABORATORY TECHNOLOGISTS AT (PHSA) WHISTLER HEALTH CARE CENTRE JOINED HSA ON FEBRUARY 27.

The employees approached HSA about becoming members of the union and the decision to join was unanimous. This new chapter is a first - no other em-

ployees of Whistler Health Care Centre are unionized.

"The Whistler Health Care Centre laboratory has evolved over the last 25 years from a tiny lab within a tiny organization to a small lab within a massive organization," said Gail Macdonald, one of the new members. "We felt lost and that we needed

to join HSA to have the same voice as all of our colleagues in other sites. We are excited to be represented by HSA!"

The new chapter, with five members, will be included in Region 6. The members will join the Health Science Professional collective agreement.

JAQUELINE SCHELLENBERG WINS GOVERNOR GENERAL'S ACADEMIC AWARD

THE 2012 GOVERNOR GENERAL'S ACADEMIC COLLEGIATE BRONZE MEDAL WAS AWARDED TO JACQUELINE SCHELLENBERG.

Schellenberg, a medical laboratory technologist achieved a perfect 4.33 GPA as a student at the College of New Caledonia in Prince George.

The award, presented by the Governor General of Canada, is

bestowed upon the student who has attained the highest academic standing upon completion of their program.

This is the second time - in a row - a medical laboratory technologist student at College of New Caledonia has won the award. The previous winner, Kylah Sorenson, was featured in a previous issue of *The Report*.

Schellenberg is now working at the University Hospital of Northern BC.

The Governor General's Academic Medal was first awarded in 1873 by the Earl of Dufferin, and has since become one of the most prestigious awards that a student in a Canadian educational institution can receive. The Governor General of Canada continues this tradition of encouraging scholarship across the nation and recognizing outstanding students.



HSA MEMBERS CAST THEIR BALLOTS AT WORKSITES AROUND THE PROVINCE

NEW CONTRACT ACHIEVES MODEST WAGE INCREASE

AFTER ALMOST A YEAR OF HARD NEGOTIATING, HEALTH SCIENCE PROFESSIONAL MEMBERS VOTED 83 PER CENT IN FAVOUR OF ACCEPTING A NEW CONTRACT.

The two-year contract includes wage increases totaling three per cent, and protects the wages of hospital pharmacists who were threatened with wage rollbacks of up to 14 per cent. The agreement was reached between the Health Science Professionals Bargaining As-

sociation (HSPBA) and Health Employers' Association of BC (HEABC).

"Almost a year after the last contract expired, after two days of job action in December, and the addition of veteran mediator Vince Ready to help bring the parties together, health science professionals have agreed to terms and conditions that will help continue to provide the quality health care services British Columbians rely on," said Reid Johnson, president of Health Sciences Association of

BC. HSA represents the majority of the province's 17,000 health science professionals working in hospitals and communities across the province.

"In yet another very difficult bargaining climate, our priority was to achieve fair and reasonable wages for the members of the modern health care team, and to continue to provide the quality health care services British Columbians rely on," said Johnson.

"Our bargaining committee, led by chief negotiator Jeanne Mey-

ers, has worked hard to make important changes for members that will result in improvements to the system,” he said.

The agreement achieves fairness for all members of the modern health care team by finally recognizing the work and commitment of the team of health science professionals who are there – day or night – to perform the life-saving services that keep British Columbians alive in medical emergencies.

BLUENET CARD RETURNS

The agreement brings a return to a 37.5 hour work week for health science professionals, includes a modified Pharmacare tie-in with full implementation delayed to the end of August, and a joint process which will realize savings in extended benefit coverage. Union members will benefit from the return of the BlueNet direct-pay card, which will be implemented June 1. The BlueNet Card allows direct-pay at the pharmacy for eligible prescriptions, instead of the current system of paying up front, and later submitting receipts for reimbursement.

PHARMACARE CHANGES POSTPONED

HSA and other members of the HSP bargaining association successfully pressured the employers to delay the full implementation of the Pharmacare tie-in to June 1, with a grace period extending to August 31.

The postponement of the implementation is to allow more time for members to work with their treating physicians to ensure the transition to the Pharmacare formulary tie-in is as smooth as possible. Your physician will need to work with you to obtain special authority if there are medications you are currently using that are not on the Pharmacare formulary. Members are encouraged to contact their care providers as soon as possible to alert them to the change in coverage to

help make as smooth as transition as possible.

If the medication you are prescribed is not on the Pharmacare formulary, then your pharmacist will likely suggest a generic alternative which is covered for reimbursement, or you may consult your doctor and ask to be prescribed an equivalent medication that is covered. Alternatively, brand name medications may be eligible for partial coverage which means that you would pay the difference between the cost of the generic equivalent listed on the formulary and the price of the brand name medication. This is known as Low Cost Alternative pricing and is the same language set out in the current collective agreement.

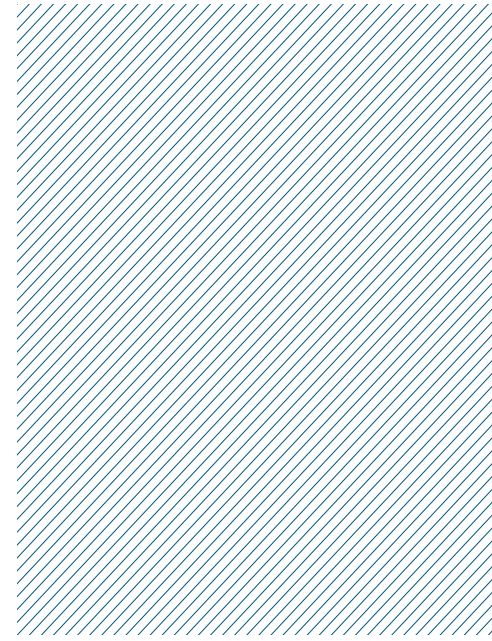
For more information about the Pharmacare tie-in, please see page 19.

Ratification votes were held in worksites around the province in late February and early March. In addition to information meetings held at many worksites, HSA hosted two telephone town hall conference calls in late February, connecting directly with thousands of health science members and fielding important questions from participants.

Tired and frustrated by months of inaction at the bargaining table, health science professionals voted 90 per cent in favour of a strike in November.

“We had been at the bargaining table for nine months. Our members were frustrated that government had clearly not taken an interest in these talks. Even after members voted 90 per cent in favour of a strike, government and HEABC failed to show up for scheduled bargaining. And not until the week strike action was announced, did they come to the table with any kind of a position,” Johnson said.

After two days of rotating job action in December, mediator Vince Ready was brought in and bargaining resumed in January.



“*In yet another very difficult bargaining climate, our priority was to achieve fair and reasonable wages for the members of the modern health care team.*”



THE HEALTH SCIENCE PROFESSIONALS BARGAINING COMMITTEE, ELECTED BY MEMBERS IN 2011

HSP CONTRACT OVERVIEW

WAGES

General wage increase for all members of 3 per cent, with the first 2 per cent effective the pay period after ratification, and the remaining 1 per cent in April. The only members who will be left out of the general wage increase are pharmacists, who, instead, see the market adjustment they receive because of the serious shortages and competition for their expertise made permanent.

Increase in the work week from 36 hours to 37.5 hours. This translates into a 4.2 per cent increase in annual wages for full time employees, on top of the 3 per cent general wage increase because of the change to the work week.

Other monetary features of the agreement include changes to the shift premium, increasing the night premium to \$3.50 an hour from \$1.75, and increasing the weekend premium to \$2 an hour - up from \$1.

BENEFITS

Participation in a joint committee to look at benefits cover-

age and see how to achieve savings. The union's priority is to preserve the core benefits, but work to identify potential savings, and will focus on strategies that ensure benefits remain accessible.

The Pharmacare tie-in modifies the list of medications covered by our extended health plan so that only drugs covered by Pharmacare are now covered by our plan. There are a couple of exceptions, and there are steps you can take with your physician to either get medication that is not allowed under Pharmacare approved, or find a generic alternative. You can also pay the difference between the cost of a generic alternative and a brand name drug if you prefer. The Pharmacare tie-in is a feature of all health care union contracts, and most other public sector contracts in BC.

An important piece of the benefit package is the reintroduction of the BlueNet Card. This is a direct-pay card for prescriptions. Instead of having to pay up front for medications, keep your receipts, and submit them

for reimbursement, the drugs are paid direct at the pharmacy. This translates into a real increase in benefits, as under the current system, many people are guilty of not bothering to get reimbursed because it's too much hassle.

CALL BACKS and ON-CALL

An issue the union has been working on for the past several years is the problem of insufficient hours off between shifts as a result of on call or call back duties.

The bargaining team negotiated an increase from a total of six to eight consecutive hours off between 10 pm and the start of your next shift. And the tentative agreement also provides for a commitment to developing and following consistent standards for appropriate use of on-call and call-backs; limiting the use of call-backs only for patients who need emergent or urgent care.

For detailed information about the new collective agreement, visit the HSA website at hsabc.org.

Q&A: 37.5 HOUR WORK WEEK

CHANGES BRING BOOST IN SALARY, BUT PLENTY OF QUESTIONS TOO

Bringing health science professionals' work week in line with the rest of the health care team, the new health science professionals agreement changes the work week from 36 hours to 37.5 hours, with the normal daily shift increasing from 7.2 hours to 7.5 hours. The increase in hours is paid, which translates into a 4.2 per cent annual increase in take-home pay, on top of the 3 per cent general wage increase.

I am in a 0.8 position. Does the change in the work week hours affect me, or does it only affect full time staff?

The change in work week hours will also affect you. Whereas you are presently working 0.8 of a 36 hour work week, you will now be working 0.8 of a 37.5 hour work week. In other words, you are presently working 28.8 hours per week, and after we move to a 37.5 hour work week, your 0.8 FTE will mean you are working (and of course being paid for) 30 hours per week.

UPDATE: Since the time we first answered that question, it has become clear to us, after obtaining interpretations of the language, that we cannot insist that the hours of work for a part timer be increased. We still think that this will happen in many cases, since it makes scheduling much easier in departments with both full-time and part-time members – and we encourage that. However, if your hours of work are not increased, that will not be grievable.

My department operates on an 8 hour shift basis. What does the change in the hours of work in the work week mean for me?

You will still be moving to a 37.5 hour work week. But that standard work week can be modified by using "Appendix 7: Memorandum of Agreement on Extended Work Day or Extended Work Week". Your employer could still agree with a proposed schedule that keeps an extended work day, such as 8 hours. But the calculations will require the schedule of days worked/off to be amended from what you currently have.

I have been working for the past 12 years on a 7.2 hours-a-shift basis. The change to 7.5 hours means I will lose some vacation days. That doesn't seem fair.

You have accumulated vacation on the basis of the hours you have actually worked. Benefits will adjust on a go-forward basis, including vacation. Adjustments to banked time will need to be addressed by the transition committee. But the bottom line is that you are entitled to all the vacation time you have earned – no more, no less.

I work at a small child development centre. Our employer relies on pretty thin funding to get through the year. They will not be able to fund the increase in hours. Does this mean there will have to be layoffs?

The language could not be more clear when it states in the agreement that implementation of the 37.5 hour work week "will not result in any layoffs for health science professionals." **UPDATE:** we are also aware that some of the smaller affiliates, such as child development centres, have special funding challenges not just for the 37.5-hour work week implementation but also for both general wage increases. We are committed to working with those employers to lobby the government for more funding and to find creative solutions.

I rely on my nine-day fortnight for the child care arrangements I have had in place for the past two years. If I lose that day off, I won't have child care one day every two weeks.

The 37.5 hour work week will not be implemented until September 1. This should allow enough lead

time to identify alternative child care arrangements, and other arrangements you would need to make to address any change in your work schedule.

When we moved to the 36 hour week in the early 1990s, the deal was we still made the same amount of money, but worked 1.5 hours a week less. The move back to 37.5 hours actually means I lose money, even with the so-called 3 per cent wage increase, because I have to work 1.5 hours a week more to get my salary.

No, this is incorrect. You will be paid your hourly wage for the additional 1.5 hours and your hourly wage will have been increased by a general wage increase of 3 per cent, for all disciplines except pharmacy.

I work as a casual. Most of the shifts I get are to cover people who are off on their earned days off (EDOs). This change in the work week pretty much guarantees I will lose most of my hours, doesn't it?

When the parties were in negotiations, there was considerable discussion of the alarming number of unfilled vacancies. The value to the employers of a move to the 37.5 hour work week presents one means by which vacancy rates can be reduced. Of course it is far from a complete answer to problems caused by skills shortages. It is rare for casual assignments to be comprised entirely of EDO backfill, and while there may be some loss of shifts for casuals we should not forget that most disciplines are suffering from chronic shortages.



HSA PRESIDENT REID JOHNSON WITH CSS MEMBERS TAKING JOB ACTION IN NOVEMBER

COMMUNITY SOCIAL SERVICE MEMBERS VOTE ON NEW CONTRACT

AFTER A MARATHON BARGAINING SESSION OF 13 DAYS, THE MULTI-UNION COMMUNITY SOCIAL SERVICES BARGAINING ASSOCIATION (CSSBA) REACHED A TENTATIVE COLLECTIVE AGREEMENT WITH THE EMPLOYER ON MARCH 3.

The two-year proposed agreement includes an across the board wage increase while protecting health and welfare benefits.

Highlights include:

- a wage increase for all employees – 1.5 per cent on April 1; an extra 1 per cent wage increase for all step 1 employees on April 1; 1.5 per cent on January 1, 2014;
- a labour market adjustment review;
- mileage increases to \$0.45 per kilometre;
- meal allowance increases;

- Employer paid Criminal Record check for continued employment;
- improved coverage for hearing aids;
- improved language for Union Rights and Layoff and Recall.

The proposed agreement covers community-based social services workers in community living and general services only. Aboriginal Service workers remain at the bargaining table. Most of HSA's community social service members are covered by the "general service" and "community living" contracts.

HSA's board of directors recommended support for the contract, and as this edition of The Report goes to press community social service members were voting at meetings held around the province from late March to mid-April.

Workers in community social services were without a contract since March 31, 2012 and are the

lowest paid in the broad public service.

"Community social services are based on the belief that people of all ages, abilities and backgrounds are valuable and contributing members of society," wrote HSA President Reid Johnson in a *Vancouver Sun* column published March 13.

"Virtually every family in B.C. has been touched by support from the community social services sector at one time or another. Community social services are about creating and maintaining supportive, healthy, stable and caring communities. The workers who provide these services are the heart and soul of our communities. The provincial government needs to re-invest in this sector right now, and provide the resources it needs to better serve our communities and our citizens."



MEMBERS TOOK PART IN JOB ACTION AFTER TALKS STALLED IN NOVEMBER

NEW AGREEMENT FOR COMMUNITY HEALTH

WORKERS IN COMMUNITY HEALTH HAVE VOTED 86 PER CENT PER CENT IN FAVOUR OF A TWO-YEAR CONTRACT THAT PROVIDES AN ACROSS-THE-BOARD WAGE INCREASE, AND IMPROVED WORKPLACE AND SCHEDULING PROVISIONS.

The two-year proposed agreement covers more than 14,000 workers in community health, and comes after one year of difficult negotiations with the Health Employers' Association of BC (HEABC). Ratification votes were held across the province in January and February.

Highlights include:

- 3 per cent wage increase for all employees (2 per cent upon ratification and 1 per cent April 1)
- Improved scheduling provisions
- Improved grievance arbitration language

- Respectful workplace provisions
- Elimination of a double probationary period for casuals
- Protection for casuals in the event of retendering

HSA President Reid Johnson thanked the union's bargaining representatives Kate Meier (residential care worker, South Peace Child Development Centre) and Dani Demetlika (Senior Labour Relations Officer). "Kate and Dani have done a tremendous job representing the interests of our community health services and support members," he said. "HSA's members in this sector have expertise in specialized work, whether it's autism intervention, supported child development, early childhood education, or mental health and addictions. We're pleased that with their help, the bargaining association was able to reach a fair agreement," he said. "On behalf of the union and the board of directors, I thank HSA

bargaining representatives for their hard work and diligence."

Workers in community health had been without a contract since March 31 and are among the lowest paid in the public sector.

In November, talks stalled and the Community Bargaining Association (CBA) was forced to enact strike action coinciding with a large rally in downtown Vancouver. Rotating job action was held at worksites around the Lower Mainland in November, and bargaining resumed on January 7.

The CBA represents more than 14,000 members, the majority of whom are represented by the BCGEU. Other unions at the table are UFCW, HEU, CUPE, HSA, and USWA.



RPNS TALKED ABOUT THEIR UNIQUE ROLE AT A JANUARY WORKSHOP

NOT JUST ANOTHER NURSE

RPNS HELPED FOUND HSA TO PRESERVE THEIR DISTINCT PROFESSION

WHEN NINE PROFESSIONS CAME TOGETHER TO FORM THE HEALTH SCIENCES ASSOCIATION FORTY YEARS AGO, REGISTERED PSYCHIATRIC NURSES WERE AMONG THE UNION'S FOUNDERS.

The union's RPN founders joined HSA to preserve their distinct profession, and to ensure their expertise and workplace issues would not be submerged among those of other nurses. Over the years, HSA has successfully advocated on behalf of RPNs who faced barriers to job placement and career advancement – all too often, because of discrimination from RNs, nurse managers, and direct pressure from BCNU policies to limit RPN positions.

BCNU HAS FOUGHT AGAINST RPNS

Through a government-mandated representation vote in 1995, RPNs in BC overwhelmingly chose HSA. After this vote, BCNU again took aggressive

steps aimed at curtailing work opportunities and positions for RPNs.

Despite these attacks, HSA has successfully fought for gains for RPNs. Whether at the labour board, in successful arbitrations to secure rights to job postings, or in wins regarding casual call-in, RPNs have benefited from solidarity within HSA.

In 1995, there were 653 RPNs in the entire health sector in BC. Today, there are almost 1200 – a 180 per cent increase in utilization over 18 years of advocacy and partnership.

RPNs enjoy this support and advocacy with HSA while contributing the lowest dues in BC's health sector: just 1.6 per cent, compared with BCNU's 2.1 per cent.

For more than 40 years, HSA has recognized and valued the specialized training and expertise of psychiatric nurses. Working together, the union has successfully fought to establish RPNs as the caregivers of choice in the mental health field.

RAIDING HELPS NO ONE

BCNU recently took thousands of members from the Hospital Employees Union. That's called raiding, and it divides unions, makes it harder to help members and the public, and hurts working conditions. Now BCNU is trying to raid HSA's RPN members.

DID YOU KNOW?

Within the Nurses Bargaining Association, BCNU unfairly fought to keep RPN bargaining proposals off the negotiating table. This was a blatant attempt to eliminate concerns important to RPNs. HSA protested with the bargaining association umpire, and won the right for RPNs to have their priorities heard in bargaining.

At the workplace, BCNU fought to eliminate RPN job postings – arguing that any nurse (whether medical, surgical, neonatal, or ER) could fill psychiatric nurse jobs. HSA successfully fought this bullying tactic, and secured the right for RPNs to preserve specialized job postings.

RPNs have more than 800 hours of specialized psychiatric training. BC's mental health system relies on the expertise and dedication of psychiatric nurses.

Q&A: PRF FORMS

ARE YOU AN RPN WORRIED ABOUT PROFESSIONAL STANDARDS LIKE CONDITIONS, PATIENT SAFETY AND WORKLOAD? HAVE WE GOT A FORM FOR YOU.

What is a PRF?

PRF stands for Professional Responsibility Form. The Nurses Bargaining Association contract has professional responsibility language – Article 59 - that provides a process for nurses to safeguard their professional standards. The PRF is used to document a concern related to professional standards.

What kinds of issues are appropriate for PRF?

Any issue relating to professional standards and practice is appropriate for the PRF process. Practice conditions, workload, patient safety and nurse safety all relate to professional standards. If some aspect of your workplace is preventing you from meeting your professional standards, then the PRF process is your tool for advocacy and resolution.

What do I do with the PRF once I have it filled out?

The first step any time you have an issue in your workplace is to talk to your steward and then have a conversation with your excluded manager. Filling out a PRF will help you summarize the issue and the remedy, which will help you when you have these conversations.

Where can I find a PRF?

Visit hsabc.org/RPNs. You will also find other resources and information for RPNs.

Where is the PRF process described?

Article 59 of the NBA contract lays out the PRF process. This language was revised in the 2012-2014 collective agreement.

The process is also described in some detail on HSA's PRF.

Can I get advice on how to fill out a PRF?

Yes! Talk to your steward. If your steward is not familiar with PRFs they can facilitate a conversation with your Chief Steward or your Labour Relations Officer who will be able to advise you.

Does the PRF process really do anything?

Experienced RPNs describe using PRFs regularly to defend standards of practice at their worksites. Motivating their use of PRFs is the conviction that only by pointing out that there is a problem, documenting it, and suggesting a solution will there be any real change to sub-standard conditions. Managers are required to respond in writing outlining actions to be taken. Issues that are not resolved to the nurse's satisfaction will be referred to the PRF Committee which works to resolve the problem and submit a final written report to the nurse(s) and union which identifies actions to be taken and a timeline. If the PRF Committee recommendations are not unanimous, the written report is issued to the health authority or employer for further consideration.

The PRF is an effective tool to document nursing concerns to achieve changes to ensure professional standards are maintained in care delivered to patients and clients.

2013 BOARD ELECTIONS

HSA'S BOARD OF DIRECTORS IS THE SUPREME GOVERNING BODY OF THE UNION WHEN THE ANNUAL CONVENTION IS NOT IN SESSION.

The Board is composed of the President and one regional director from each of 10 regions. Regional Directors serve two-year terms. In 2013, elections are held for odd-numbered regions.

REGION 1

Anne Davis has been selected to return as director for Region 1. She was acclaimed after the deadline passed with no further nominations.

Davis is a Program Coordinator at the Comox Valley Transition Society. She was involved in the union organizing drive to allow HSA to represent staff at the Society 19 years ago. Since then she has served as Assistant Chief Steward and as an HSA Labour Council Delegate. In this capacity, Davis currently sits as President of the Campbell River, Courtenay and District Labour Council.

She has an extensive background as a community activist, having served on the boards of several not-for-profit organizations in her area, and has also been involved in local electoral politics.

She currently serves as chair of HSA's Women's Committee, and as a member of the union's Committee on Equality and Social Action.

As a member working in community social services, she brings a voice to the decision-making table, and ensures that

the perspective of HSA members is heard.

REGION 3

Bruce MacDonald has been acclaimed to return as the Region 3 director.

MacDonald is a social worker at Royal Columbian Hospital in New Westminster. He has been a member of HSA since 2000.

He was first elected to the HSA Board of Directors in 2006, and has served as the union's Secretary-Treasurer. He currently serves on the union's resolutions committee, and as an LTD trustee. He has represented HSA at the national Canadian Health Professionals Secretariat (CHPS) and is an HSA Constituency Liaison in the provincial constituency of Vancouver-West End.

Prior to his election to the board, MacDonald was a Member-at-Large and continues to act as a steward at Royal Columbian Hospital. He was also a union activist in both the United States and Japan.

REGION 5

As this issue goes to press, HSA members in Region 5 are voting for their representative on HSA's Board of Directors.

The candidates are:

- **Ramzan Anjum**, a medical laboratory technologist at BC Children's Hospital.
- **John Christopherson**, a counsellor at the BC Cancer Agency.
- **Anithia Felix**, a radiation therapist at the BC Cancer Agency.
- **Kimball Finigan**, a radiation

therapist at the BC Cancer Agency.

- **Sue Motty**, a medical laboratory technologist at Canadian Blood Services.

REGION 7

Marg Beddis will return as the Region 7 representative to the HSA Board of Directors. She was acclaimed.

Beddis is a dietitian at Surrey Memorial Hospital. She was first elected to the Board of Directors in 2007.

She currently serves as an LTD trustee, chairs the Political Action Committee and sits on the union's Finance and Run for the Cure committees. She has also worked on the union's Education and Elections Committees.

Beddis has also served as a steward at Surrey Memorial Hospital, and is a Constituency Liaison in Surrey.

REGION 9

Janice Morrison has been acclaimed as the Region 9 director.

Morrison is a physiotherapist at Kootenay Lake Hospital. She was first elected to the Board of Directors in 2009.

A long-time member-at-large, Morrison has served on many of the union's committees, and has been an active steward. She is currently the union's secretary-treasurer and chair of the Finance Committee. She is a member of the Executive and Presidential Issues Committees, as well as the Constitutional and Organization Policy Committee.

MEMBERS LOOKING FOR CHANGE IN BC ELECTION

"I SIMPLY CAN'T CONTEMPLATE ANOTHER FOUR YEARS OF CUTBACKS AND THE IMPACT THAT WOULD HAVE ON MY COMMUNITY," SAYS REGION 1 DIRECTOR ANNE DAVIS.

Davis is one of several HSA members receiving support from HSA's political action fund to work full-time on a provincial election campaign. "I'm helping to elect Kassandra Dycke in Co-mox Valley. I work with women and their children who live in poverty or are experiencing violence, and I see their growing desperation due to cuts in the services they depend on. And as a union activist, I'm tired of the disrespect this government shows to the labour movement and the increasing loads on underpaid workers delivering social services in the community."

Cheryl Greenhalgh, a medical imaging technologist at Royal Columbian Hospital, is working to help elect Judy Darcy in New Westminster. "I want a government that will build the kind of society that I want to raise my

"I want a government that will build the kind of society that I want to raise my family in."

family in – that cares for our vulnerable seniors, helps young families with child care, provides affordable post-secondary education for young people, and decent living wages for workers."

As a hospital social worker, Nancy Hay wants better alternatives to offer patients when they return home. "I'm working to elect George Chow in Vancouver-Langara, because I want patients to have the supports they need to be able to live healthier and longer in their own homes. I want improved compensation and rehabilitation for workers who are injured on the job, and a better future for my niece and her generation – where they can afford an education, and find employment that provides a living wage and benefits."

Adesh Kahlon, an ultrasound technologist at CML Healthcare, is working to elect Harry Bains in Surrey-Newton, because she wants a government that will address the needs of average people. "We need to improve existing services and restore things that have been taken away with budget cuts. We need better child care, services for special needs students and timely access to health care."

Improving health care is the main reason respiratory therapist Trevor Whyte is working to elect former HSA pharmacist Elizabeth Rosenau in Maple Ridge-Pitt Meadows. "The current administration is eroding our health care system in ways that may soon be beyond repair. They pose as financial stewards, but are making reckless and unsubstantiated cuts to a public service that is not only a cornerstone of our society, but is one of BC's best economic and competitive advantages."

Members have many reasons for working on the election, but as Anne Davis summed up: "It's time for a change!"

ARE YOU REGISTERED YET?

Make sure you and your family are registered to vote! It's quick and easy to register on-line at elections.bc.ca

Voting early is faster and helps your candidate. You can vote from 8:00 am to 8:00 pm, Wednesday May 8 to Saturday May 11. Check your local paper, or the voting card you receive in the mail for early voting locations.



ATTENDANCE WELLNESS PROGRAMS CAN BE A HEADACHE

HSA WIN BRINGS RELIEF

CHALLENGE LEADS TO SIGNIFICANT VICTORY

PROTECTING THE RIGHTS OF SICK AND INJURED WORKERS

HEALTH CARE UNIONS HAVE WON A SIGNIFICANT VICTORY PROTECTING THE RIGHTS OF SICK AND INJURED WORKERS WHO WERE BEING PUNISHED.

In 2008 the Vancouver Coastal Health Authority introduced an offensive and punitive attendance management program that the unions said unfairly punished employees who use sick leave.

HSA, along with other unions, challenged the employer's assertion that it could unilaterally impose overtime bans, reduce FTE status, and even terminate employees they deemed to have taken too much paid sick time.

The unions argued that these penalties rendered the Attendance and Wellness Promotion Program (AWP) invalid, as they breached the Labour Relations Code, as well as longstanding principles of labour law.

In January, Arbitrator Vince Ready agreed with the unions' position and ordered that:

- the automatic overtime ban, FTE reduction, and non-culpable termination of employment be eliminated from the AWP;
- employees who had been subjected to overtime bans or FTE reductions have those punishments removed immediately

Ready noted several times throughout his written decision that it is both ineffective and inappropriate for employers to punish employees whose absence is due to circumstances beyond their control.

HSA couldn't agree more, and believes a far more effective way to reduce employee absenteeism is through a jointly implemented and managed health and wellness program.

"This is an important deci-

It is both ineffective and inappropriate for employers to punish employees whose absence is due to circumstances beyond their control.

sion for HSA members who have been suffering under the punitive practices of Vancouver Coastal Health Authority," HSA President Reid Johnson said.

"HSA vigorously fought this program and we are extremely pleased with the lifting of penalties," he said.

"We will advocate for a province-wide reallocation of funding to shift from a punitive focus on attendance management to a program that focuses on the long term health and wellness of the health science professionals who are so integral to the health care system," he said.

NEW CONTRACTS CHANGE DRUG COVERAGE BENEFITS

BY DENNIS BLATCHFORD

I heard on the telephone town hall in February the new agreement for health science professionals has a PharmaCare tie-in and a benefit review process to find cost savings in the benefit plans. Yet members took a strike vote during negotiations which strongly rejected the employer's demands in this area. How is it that we ended up with an agreement with concessions in the benefits area?

Unfortunately collective bargaining in recent years has been a battle to preserve the existing compensation and benefits levels of health science professionals; rather than improving them in any significant way. Your employer – through their bargaining agent the Health Employers Association of BC – has been systematically trying to cut your direct and ancillary benefits for over a decade. Everything from sick leave to health and welfare to vacation entitlements have been on their target list.

In this round of bargaining the employer drove cost containment proposals like the PharmaCare tie-in at the bargaining table through the so called 'cooperative gains' mandate. Eventually they were able to achieve the PharmaCare tie-in at both the Facilities and Nurses bargaining tables. At that point your bargaining committee understood that it would be difficult not to avoid some sort of concession in the benefit area if we were going to get a negotiated – rather than imposed – collective agreement. At the end of the day, the committee bargained as hard as they could, but concessions in this area were unavoidable. A contract through legislative force – something this Liberal government is known for – would have been worse.

How significant will these changes to our benefits be?

Under the PharmaCare tie-in, drug coverage under your extended health care plan is based on the provincial formulary. As long as the medication prescribed by your physician is listed on the formulary, the cost of the medication and the dispensing fee will be covered by the plan up to the dollar value allowed by PharmaCare. If the medication you are prescribed is not on the PharmaCare formulary, then your pharmacist will likely suggest a generic alternative which is covered for reimbursement. Alternatively, brand name medications may be eligible for partial coverage which means that you would pay the difference between the costs of the generic equivalent listed on the formulary and the price of the brand name medication. This is known as low cost alternative pricing and is the same language set out in the current collective agreement.

Your negotiating committee did their best to minimize the impact by negotiating a grace period for members who may be on drug therapies that will not be covered under the PharmaCare tie-in once it comes into full effect after August 31st. HSA is encouraging members to see their physicians should a special authority authorization be required to continue an existing drug therapy that is not on the PharmaCare formulary. This is an important step to ensure that existing drug therapies will be approved in future or alternative drugs covered by the formulary can be considered. If you have a question about your coverage, contact pharmacare@hsabc.org.

How is the PharmaCare tie-in related to the Fair PharmaCare program?

Fair PharmaCare is an income-

based program implemented by the government of BC and is not to be confused with the PharmaCare tie-in. In effect, Fair PharmaCare is a safety net for individuals who may have to deal with ongoing substantial medication costs or perhaps a catastrophic injury or illness which requires short term but expensive treatment. Once a pre-determined family deductible has been met, the government will pay for 70 per cent of eligible medication costs. If those eligible costs exceed the family maximum for a year, the government will pay 100 per cent of eligible drug costs for the balance of the year. All members should be registered under the Fair PharmaCare program regardless of their family income or status.

Under the benefit review process, what benefits will be looked at for cost savings?

While the entire benefit program will be under review, cost savings can potentially be achieved in a number of ways with minimal impact on users. That can include options like changing benefit providers, (currently Pacific Blue Cross) finding efficiencies in the existing plan design, reducing plan usage through benefit education and wellness programs, or any number of other savings ideas that can be generated through a thorough benefit review. This process is open-ended and no pre-determinations are attached other than the requirement to find approximately \$3 million in savings. Mediator Vince Ready has retained jurisdiction and will be guided by labour relation norms should he be required to fashion a settlement between the parties.



DANIELLE GARDEN, REGISTERED PSYCHIATRIC NURSE

BY LAURA BUSHEIKIN

REGISTERED PSYCHIATRIC NURSE DANIELLE GARDEN IS A WOMAN WITH A MISSION: MAKING LIFE BETTER FOR PSYCHIATRIC PATIENTS.

This goal shapes everything she does — her interactions with patients, her relationships with co-workers and supervisors, her career choices, and her union involvement.

Two years ago, after graduating with a bachelor's degree in psychiatric nursing from Douglas College (where she also completed the mental health worker program), Danielle set a well-defined career goal: "I wanted to work my way up in order to have a voice," she explains. She wanted the opportunity to not just help individuals, but also to make the whole system better.

Danielle worked at Surrey Me-

morial's Timber Creek facility on a clinical implementation team preparing for the opening of the new facility. When Timber Creek opened Danielle worked on the psychiatric intensive care unit. This March she began a new position as a clinical nurse educator in the mental health substance use emergency department, where she plays a key role in getting the new department open and putting together programs. In short, she is well-placed to make the whole system better. Goal achieved.

Behind this drive and dedication lies a deep empathy.

"Some people find it scary to work with psychiatric patients, especially in emergency. But I'm not scared. I'm not intimidated. I see every person as a human being. I treat them as if they were my brother, my sister, my

friend. I think, if I were in this position, how would I want to be treated?" says Danielle.

This natural empathy also drives Danielle's advocacy.

"I'm always evaluating the care we're providing, thinking about how to make it better, how to provide more resources, how to educate patients, and how to make their process through the mental health system as smooth as possible.

"I'm a do-er — I say, okay, let's fix this," she explains. "But of course that takes time. It doesn't happen overnight. To understand how the system works you have to get involved. I attend a lot of meetings and ask a lot of questions. I find out how things run and who is in charge, and then I go talk to them. Most of the time people are receptive."



DANIELLE IS HELPING ESTABLISH NEW PROGRAMS AT SURREY MEMORIAL HOSPITAL

To be an effective advocate, says Danielle, you have to be self-driven. "It's not going to come to you. You have to go get it!" she says. As an example, she describes how she dealt with a recent challenge at her facility:

"We work with very acute patients, and so the question is how to manage challenging patients while still maintaining respect.

"We have a brand new team coming into the facility, all bringing different experiences to the table. I spoke to the staff and found out their concerns, then we discussed it as a group, and then I went to the patient care coordinator and the program coordinator with suggestions. So now we are working on methods to manage challenging patients in a safe manner, while maintaining their dignity and respect and keeping them safe."

Danielle's passion for advocacy extends beyond her patients to her profession. She is concerned with reports she's been hearing

“

If we were to be homogenized with the registered nurses we might lose our voice as a profession. Unlike RNs, who have general training, we have four years of specialized training.

”

that BCNU is making attempts to bring RPNs into their union.

"I don't agree with this. I pride myself on being an RPN as a specialty. If we were to be homogenized with the registered nurses we might lose our voice as a profession. Unlike RNs, who have general training, we have had four years of specialized training so we really are the best people to deal with psychiatric illness."

Given Danielle's strong appreciation of HSA as the best union for RPNs, and her natural drive towards advocacy, union involvement was a natural choice.

Last year she became the only RPN steward for her facility.

"RPNs work very hard and we deserve to be protected in our jobs. HSA provides this. Being a steward is a great opportunity to educate myself and to be able to assist people around me who have questions or are struggling," says Danielle.

"If you are not educated, you don't have a voice. If you don't like how things are, you can't just sit back and complain. You have to get involved and make change. You have to go out and do it — and don't let anything stop you," she says.



HSA TO GO

NEW SITE AT HSABC.ORG PUTS RESOURCES IN YOUR POCKET

GOT QUESTIONS ABOUT YOUR NEW CONTRACT? NEED TO FIND THE NAME AND CONTACT INFORMATION FOR YOUR STEWARD? CURIOUS ABOUT SPECIFIC BENEFITS? LOOKING TO FIND OUT ABOUT HSA SCHOLARSHIPS AND BURSARIES?

HSA has launched a new web site that aims to give you easier access to the information you're looking for. And for the first time, the site is specially designed for easy use on smartphones.

Constructed after more than a year of consultation with members, stewards, activists, elected representatives, staff, other unions and professional web developers, the new hsabc.org

retains the comprehensive collection of information members need while streamlining the structure to make the site easier to navigate. Featuring a collection of photography that shows the diversity of our membership, the new site gives the public – and our members – a better sense of our important role in the modern health care team. Fully-integrated with social media sharing tools, the site makes it easier to take important content to the platforms our members are using every day: Facebook, twitter, Reddit and more. Our hard-working stewards have access to a password-protected area providing the documents they need to help members around the province.

Below the surface, the site has been completely rebuilt to bring it up to date with current

coding practice and the highest security standards. This modernization of digital machinery will serve as a solid platform for future enhancement of the site.

Check it out. And let us know what you think by posting a comment on our Facebook page or sending us your thoughts at webmaster@hsabc.org. We're listening.



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

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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(from left) Reid Johnson, Janice Morrison, Marg Beddis, Brendan Shields, Anita Bardal, Kimball Finigan, Anne Davis, Val Avery, Heather Sapergia, Allen Peters, Bruce MacDonald



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8 Big Reasons

TO VOTE FOR CHANGE

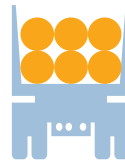


Seniors aren't getting the care and respect they have earned.

Seniors Sidelined

Support for seniors is suffering because of contract flipping and staffing and service cuts.

Logs and Jobs Gone



That's 6 million reasons. Enough cubic metres exported every year to fill logging trucks stretched end to end from Winnipeg to Prince George.

200 Schools Shuttered

Our kids deserve better than overcrowded classrooms, long bus rides, and less and less one-on-one time for students.



Hallway Medicine

Since when does a Tim Horton's double as a post-op facility?



Since the government privatized services, cut staff and underfunded BC's hospitals.



Hands in Your Pocket

The super rich got super big tax cuts. We got higher MSP premiums, higher tuition fees, higher ferry fares and tolls on bridges.



Hydro Rate Hikes

Why are we paying more for electricity? The BC Liberals handed lucrative private power deals to their friends and are sticking us with the bill.

BC has the worst record on child poverty in Canada. For the thousands of kids who go hungry every day, BC is anything but the best place on earth.

Child Poverty

Skills Shorted

While they ran \$15 million in ads about a looming skills shortage, the BC Liberals actually cut funding for training by \$37 million this year.



What's your **BIG REASON** to vote for change?

VISIT BCFED.CA/CHANGE AND SHARE!

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WE VOTE

for a better BC

B.C. FEDERATION OF LABOUR