

## Benchmark review talks make progress

IN 2006, THE FACILITIES BARGAINING ASSOCIATION (FBA) and Health Employers Association of British Columbia (HEABC) signed a Letter of Intent for a benchmark series review.

By acknowledging that some benchmarks are outdated or redundant, the joint review committee has undertaken the arduous task of creating, modifying or deleting benchmarks in a one-year process that began in October 2007.

Two million dollars was allocated to fund wage adjustments – over the four-year term of the facilities subsector collective agreement – with the stipulation that pay rate adjustments would not begin earlier than April 1, 2007.

Dubbed the “Page 209 Benchmark Review”, the series includes a number of patient care technical positions, plus rehabilitation assistants, activity workers III and IV, and social service assistants I and II in the patient care family.

The committee achieved an “agreement in principle” on revised language for the rehab assistant benchmark at the end of January 2008.

“The new benchmark language recognizes the observation, judgment and critical thinking skills rehab assistants bring to the workplace,” says HEU classifications representative Sheila Rowswell, noting that discussions on a wage grid increase will start in early fall.

Further negotiations on revised language for the activity worker

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ing lift for residential care. “These case studies show very clearly that when new skill mixes are introduced, success is determined by how those changes are managed and supported,” says HEU secretary-business manager Judy Darcy.

“It takes a lot of upfront work to manage change well,” says Darcy. “Before decision-makers bring in new ways of doing things, it is essential they ensure good planning, communication, and evaluation processes are put in place. That means seeking input from the front-line, making sure everyone can access the additional training they may need, building support throughout the health care team, and regularly evaluating how changes are working.”

Without sound strategies to facilitate change that include plenty of opportunities for feedback and collaboration, she says it is that much harder to ensure the best possible outcomes for patients and for everyone on the nursing team.

The province’s Chief Nursing Officers will now be encouraging others in their health authorities to collect additional “promising practices” and information about new initiatives that can be shared.

“Step by step, these types of initiatives are bringing about huge im-

provements in health care,” says Darcy. “It’s very encouraging for all our nursing team members to see how these pockets of creativity are leading the way to greater collaboration, recognition and support for their skills and abilities.”

III and IV benchmarks have also resulted in “agreement in principle – subject to final agreement.” Activity Worker III will become Program Coordinator I (Recreation) and Activity Worker IV will become Program Coordinator II (Recreation). Wage grid increases have not been finalized, and will be included in the monetary negotiations.

### Final agreement is contingent on this fall’s monetary negotiations

“The revised language and benchmark title change recognize the overall coordinator role our members perform,” says HEU representative Loni Mezzarobba. “The proposed benchmarks also reflect their roles in developing, implementing and evaluating recreation/leisure programs, and recognize them as part of the multidisciplinary team.”

Recently, some health authorities have sponsored LPNs to take a course through Norquest College in Edmonton, which takes between five and 10 months to complete. Given that several LPNs have now passed the course, and are currently performing both LPN and ortho tech duties at their work sites, the FBA proposed a new LPN/orthopaedic technologist benchmark. HEABC, however, would not agree to the proposal.

“The union and our members will have to look at other ways to have this work recognized at a higher level,” says Mezzarobba.

Final agreement on any new benchmarks is contingent on the monetary negotiations this fall. HEU is in the process of interviewing our social service assistants for talks with HEABC, scheduled for May 21 and 22.

### REPORT’S RECOMMENDATIONS:

- Providing transition to practice opportunities for new graduate LPNs
- Professional development and educational opportunities for LPNs and care aides
- Networking opportunities for care aides (annual regional conferences)
- Leadership training and leadership opportunities for LPNs
- Collaborative practice opportunities to assist LPNs’ and care aides’ participation on clinical practice issues
- Participation of LPNs and care aides in formal decision-making
- Mechanisms to support the ongoing sharing of promising practices and change management successes

# HEU’s nursing team Working miracles everyday

## First joint policy report strengthens support for optimal utilization of LPNs and care aides

WHEN IT COMES TO PROVIDING quality resident and patient care, our health system increasingly relies on the skills LPNs and care aides bring to the nursing team.

That’s why one of the most promising initiatives to come out of our 2006 policy round discussions with the Ministry of Health and the Health Employers Association of B.C. is an ongoing strategic examination of how managers can better support and utilize our nursing team members.

The first report from the joint policy table – *Effectively Utilizing BC’s Licensed Practical Nurses and Care Aides: Case Studies* – will be available on our website in the next few weeks. It underscores the important contribution LPNs and care aides make within the care team and it identifies work sites where collaborative practices, expanded roles, effective utilization, and training opportunities have been introduced.

It also looks at where and why barriers continue to exist in some areas, and how to overcome them. And it includes seven recommendations on how to support care aides and LPNs in the workplace (see back page). Those recommendations are endorsed by the province’s Chief Nursing Officers, who will now be taking steps to ensure they are implemented in each of B.C.’s six health authorities.

With the release of this first report, the joint planning committee will begin to prepare for the release of a follow-up report in December 2009. This report will evaluate the progress that is made by each of the health authorities in implementing the seven recommendations.

### PROMISING PRACTICES KEY TO SUCCESS

Several case studies included in the report highlight practices that support successful, expanded utilization of LPNs and care aides.

In the Northern Health Authority, three annual conferences have

brought together about 120 care aides and community support workers for professional development and networking opportunities. To support the initiative, the executive and site managers made a decision early on to provide backfill. The report recommends other regions adopt this practice for care aides in their areas.

In Fraser Health, an LPN working in the emergency department at Royal Columbian Hospital developed a Practice Council that advocates for, supports, educates and mentors LPNs. She also identified the need for, and then developed, a resource guide to help nurses effectively interpret lab results. Her leadership was supported by Fraser Health management and the guide is now being used to teach nurses across the health authority about lab values.

On Vancouver Island, VIHA’s Directors of Patient Care assembled a council of interested LPNs and RNs from the medical inpatient unit to problem-solve issues. The council later merged with the Nursing Practice Council, which expanded to include LPNs, who now have a forum that allows LPNs to demonstrate their professional knowledge and problem-solving skills.

And in Vancouver Coastal Health, managers at a Lower Mainland residential care facility recognized that care aides are best suited to train other care aides, as well as their LPN and RN colleagues in using ceiling lifts. A team of care aides was subsequently trained to teach all staff, individually and in formal group sessions, how to use the ceil-

Case studies highlight practices that support successful, expanded utilization of LPNs and care aides.

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# Fund offers diverse training opportunities

MOST NURSING TEAM MEMBERS are familiar with the \$5 million FBA Education Fund – negotiated in 2006 bargaining – to assist health care workers in skills upgrading or taking programs to move into other job classifications within the bargaining unit.

To date, about 350 care aides and licensed practical nurses have taken advantage of this unique educational opportunity.

Funding is still available for part-time or full-time studies, and includes skills enhancement or pre-requisite courses, and occupational upgrades.

So far, nearly 200 residential care aides have taken the Licensed Practical Nurse, RCA, and Access to LPN programs; LPN pre-requisites; as well as upgrades like Activity Assistant, and Acute Care Skills.

And about 150 LPNs have completed Essential Leadership Skills, Foot Care, Heightened Expectations – Acute, and Immunization Theory for LPNs (self-study), and refresher courses.

## BENEFITING MEMBERS

For Consuelo Eborá, who worked as a care aide for 12 years, returning to school to become an LPN was a new challenge.

“I wanted to try something new and have more job security,” she says.

While on maternity leave from Royal Arch Masonic Home, Eborá heard about the FBA Education Fund through a friend at another HEU work site.

“If she hadn’t told me, I wouldn’t have known about it,” explains Eborá. “Without the help of the FBA, I don’t think I could have finished. Going to school full-time, you can’t work as well, and I have a family to support. The funding that the union provided was a huge help. I’m very happy.”

Eborá finished the one-year Vancouver Community College (VCC) program in December 2007, after completing practicums at Haro Park,

Yaletown and St. Paul’s, and doing a preceptorship at Queen’s Park. She currently works as a casual LPN at St. Paul’s and Lions Gate hospitals.

“I’m trained to work in acute or long-term care,” says Eborá. “So many doors have been opened for LPNs. You can work anywhere in the health care system.”

## GROUP TRAINING AVAILABLE

What some members may not know is that a growing number of “group training” initiatives are also underway. To participate in group training – either employee-initiated or employer-initiated – workers must be regular members (full-time or part-time) covered under the facilities collective agreement, and the training has to meet the FBA Education Fund criteria (see the HEU website).

The FBA Education Fund Coordinator has liaised with members and employers from various health authorities to launch group training projects.

Examples include a Sterile Processing and Distribution Certificate pilot program in the Kootenay-Boundary region, offered through Okanagan College; Heightened Expectations – Acute (for LPNs working in emergency) at Penticton Regional and Royal Columbian hospitals, and group training on Acute Care Skills for members of Providence Health and the Fraser Health Authority, all offered through VCC.

For more information on the FBA Education Fund, check the HEU website [www.heu.org](http://www.heu.org) or contact Mary Waddington, FBA Education Fund Coordinator, at 604-456-7137 or toll-free 1-800-663-5813, extension 7137, or by email at [mwaddington@heu.org](mailto:mwaddington@heu.org).

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# LET’S TALK a guide for structured communication

IF YOU HAVE EVER FOUND yourself in a situation when you needed to communicate information to a doctor, a professional superior, or another member of the nursing team – but didn’t know the best way to go about it – you’ll be glad to know there’s a new set of tools in the works that can help you and your co-workers do just that.

*Let’s Talk – A Guide for Structured Communication* is a product of the 2006 policy commitments made between health care unions, health authorities, the Ministry of Health and the Health Employers Association of B.C.

The guide, which is currently being pilot-test-

ed at health care facilities prior to distribution, contains a series of practical methods aimed at helping everyone on the care team communicate important information to one another in a formal, brief and structured way. Its main goal is to support the participation of care aides, LPNs and other health care workers to collaborate during their daily practice on the unit.

HEU nursing members Sylvia Neden (an LPN at Port Alberni’s West Coast General Hospital) and Joanne Dickie (an LPN at North Vancouver’s Lion’s Gate Hospital) participated on the guide’s advisory committee.

Both are strong promoters of the struc-

tured communication tools identified in the guide. Examples include: SBAR (Situation, Background, Assessment, Recommendation), safety huddles, and communication huddles are a few examples.

Neden describes SBAR as a method that’s well-established in some facilities for doctor communications, but can be very helpful to all members of the care team “when giving and receiving relevant, patient-centred information.

“It builds bridges,” she says. “It teaches you how to communicate in a streamlined way that’s very direct and very informative...it

SIX PILOT PROJECTS on “responsive shift scheduling” – currently underway in long-term care – are paving the way for a healthier environment for HEU members and the patients and residents under their care.

This provincial initiative – which focuses on licensed practical nurses and care aides in British Columbia – stems from a Memorandum of

## RESPONSIVE SHIFT SCHEDULING: a win-win for residents and staff

Agreement signed during 2006 bargaining in an attempt to more effectively match patient/resident needs with staff scheduling preferences.

Project coordinator Janet Williams says it’s a commitment by both the employer and union to work with LPNs and care aides to develop more staff-friendly schedules while still promoting quality care and meeting operational requirements.

“It was an advisory group decision to use residential care for the pilot because there’s a higher ratio of care aides and LPNs in residential care than in any other sector, including acute,” explains Williams.

A joint steering committee comprised of the Health Employers Association of British Columbia (HEABC) and the Facilities Bargaining Association (FBA) is overseeing the pilot program’s implementation.

With the exception of Northern Health, at least one site in each health authority expressed an interest in participating.

Queen’s Park (FHA), Olive Devaud (VCHA), Trillium Lodge (VIHA), Youville (Providence), Poplar Ridge and Columbia View Lodge (IHA) were selected for the pilot.

In June 2007, a working group was put together that includes HEABC/FBA representatives, site managers, HEU shop stewards, and staff schedulers.

They surveyed LPNs and care aides at the six pilot sites throughout the summer, and by the fall, had developed new rotations based on that feedback. Proposed schedules were presented to the union, staff

and management for approval, and most of the new rotations were put in place by early 2008.

The flexibility of the responsive shift scheduling model allows schedule variations that better meet the needs of caregivers’ home and personal lifestyles. Some members with children prefer working nights or weekends; others prefer weekdays. While some prefer eight-hour shifts, others like working 10 or 12-hour shifts, which gives them more days off between rotation sets.

“This project has given those involved a better understanding of scheduling challenges, and made people more appreciative of how scheduling works in terms of operational requirements and resident needs. When someone works a 12-hour shift, they get the resident up in the morning and put the same resident to bed at the end of the day. There’s continuity and more time with individual residents as staff aren’t as rushed. This contributes to better resident care.”

At the end of May, the working group will conduct a survey to evaluate the effectiveness of the responsive shift scheduling project. Their recommendations will be presented to the joint committee in mid-September.

Once the pilots are evaluated and resource materials finalized, a broader implementation of responsive shift scheduling will be possible.

“Anecdotally, it’s been very positive so far,” says Williams. “People are working hard together for a common goal. They’re meeting residents’ needs with schedules that are desirable for the staff to work.”



benefits patient care and it makes everyone’s job easier and more effective.”

Dickie agrees. “SBAR provides people with a means to organize their thoughts around a situation and figure out the most effective way to communicate to a manager, team leader, or another care worker.” She says safety and communication huddles are equally useful vehicles for sharing information within the care team. “Safety huddles are extremely important because they provide information to staff that they may not otherwise hear about. They’re particularly useful in near-miss situations.”

All these tools encourage a structured approach to communicating information that em-

powers people to speak with confidence to those who may be in a higher position in the clinical hierarchy as well as to each other. They are methods that recognize the considerable knowledge and expertise everyone brings to the care team as well as the need for every worker to be able to communicate effectively in the best interest of their patients and residents.

Up until now, these tools have been primarily used by registered nurses but with the development of this guide they will soon be available to all members of the nursing team.

The guide is currently being pilot-tested at three sites and will be available province-wide next fall.