

NURSING TEAM MEMBERS GET LONG OVERDUE RECOGNITION, NEW OPPORTUNITIES

In spring 2006, HEU's nursing team made significant gains at both the bargaining table, and in direct policy discussions with health employers and senior government officials. The result: more opportunities over the next four years for care aides and LPNs to utilize their skills and gain recognition for their work.

Nursing team members successfully advocated for greater investment in their skills, inclusion in key professional committees, acknowledgement for their expanded scope of practice, as well as new opportunities to address ongoing challenges that affect their working and caring conditions.

"These gains signal a new way of thinking about the role our nursing team plays in acute and long-term care facilities," says HEU secretary-business manager Judy Darcy. "And they provide important tools to change or create new policies and practices in the future."

LPNs – like Ana Yutiamco (inset) – play a critical role in delivering direct patient and resident care to British Columbians.



Darcy credits HEU's nursing team committee with using their ingenuity, determination and their professional experiences to educate the employer and senior officials about the critical roles they play in delivering direct patient and resident care to British Columbians.

With new tools in place and a framework to guide future changes, the nursing team committee has its work cut out for them. Over the coming weeks and months, the union will be ironing out the details of the agreements and planning for effective implementation.

"Tremendous momentum and enthusiasm for change has been built in recent months," says Darcy. "What's important now is that we work together at every level in facilities across the province to make sure our nursing team members are able to reach their full potential and reap the benefits of these new opportunities."



While HEU's bargaining team was involved in contract talks, another process was underway where representatives from the union's nursing team and our partners in the Facilities Bargaining Association (FBA) were meeting with health employers and the provincial government. Their goal was to work out a series of agreements that will make a real difference for LPNs, care aides and the people they care for.

NURSING TEAM MAKES IMPORTANT GAINS OUTSIDE THE BARGAINING TABLE

It was called the 2006 Policy Round Discussions – co-chaired by Marcy Cohen, HEU's senior researcher and policy planner, and Harry Gray, the Health Employers Association of British Columbia (HEABC) Director of Consulting Services – Human Resources. Six members from HEU's nursing team were also at the table, contributing their first-hand knowledge and expertise to building those agreements.

"Despite some bumps in the road, it was a groundbreaking process," says Cohen. "Government and employer representatives repeatedly acknowledged how much they learned from our members about ways to do things differently and improve care."

Here are the achievements:

NURSING TEAM AT PROVINCIAL TABLE WITH SENIOR GOVERNMENT

An FBA Joint Policy Committee will look at new opportunities for training and implementing broader utilization, and deal with problems affecting members of the nursing team.

Over the next year, senior staff in the health authorities, the Ministry of Health and HEABC will meet with union representatives every two months to discuss issues related to LPN and care aide roles, practice, lack of recognition, and continuing education. After the first year, the joint committee will meet every three months.

But it won't just be all talk. The committee is also required to produce a report and a communication

strategy in the first two years, identifying workites where collaborative practices, expanded roles, effective utilization and continuing education have been introduced, and where barriers continue to exist.

Since the purpose of the first report is about identifying and making changes, the committee is accountable for producing a follow-up report two years later, outlining any progress that has been made and what actions have been taken.

QUALITY CARE AND STAFFING IN SENIORS' FACILITIES

For too long, HEU's nursing team in long-term care and assisted living facilities have been without an effective vehicle through which they can raise the myriad of problems they experience in delivering seniors' care. They have also been without a process for ensuring common standards for care aide training across the province.

Now, a committee with representatives from the health authorities and Ministry of Health will meet with HEU and our union partners on an ongoing basis to focus on issues related to staffing, training standards, and other quality of care problems.

NEW OPPORTUNITIES FOR INPUT

Until now, nursing and other professional councils have not been required to include LPNs. But with this agreement, Interdisciplinary Professional Practice Councils will be established at all large

acute care facilities and LPNs will be included as full, participating members.

As front-line care providers, LPNs have experienced significant and ongoing changes to their roles and responsibilities. Inclusion in these councils will help educate other health care colleagues about the skills and contribution they bring to the job.

In addition, a new mechanism for care aides and LPNs (to be called Practice Dialogues) will be created at the local level. These Dialogues will give our nursing team members a place to meet with management on a regular basis to discuss and resolve issues related to their practice.

And new, more responsive approaches to shift scheduling will be developed as health authorities and the unions look for creative ways to provide flexibility for members of the care team to accommodate personal and family needs, while still meeting operational requirements.

TRAINING AND EDUCATIONAL OPPORTUNITIES

Increased funding for training will be provided to support nursing team members to develop and enhance their skills. This includes new funding for LPNs in areas such as specialty education, leadership training and continuing education. HEU will provide more information on this funding when it becomes available through the union's website and the nursing team newsletter.

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In addition, the ministries of health and advanced education, along with representatives from the unions and the College of Licensed Practical Nurses, will review current hiring opportunities for LPNs graduating from private and public colleges. Their goal is identifying training programs

HOW IS GOVERNMENT SUPPORTING THE PROCESS?

The government has made a commitment through the policy table to work jointly with the nursing team and to provide some additional funding that is separate from the collective agreement.

This includes:

- an agreement to meet beginning May 2006 with our nursing team members; to hire a researcher, look at more effective ways of utilizing and supporting LPNs and care aides; and to develop training and other initiatives. An LPN/Care Aide Report outlining findings and action plans will be completed by February 2007. It will be widely circulated, and updated two years later.
- the establishment of a long-term care committee to take a look at training standards for care aides, and then tackle the issue of staffing to support quality care in LTC settings.
- \$1 million to support the provincial Violence Prevention Program.
- \$3.5 million to support additional training for LPNs based on discussions with the health authorities to identify strategic priorities.

Additional training funds for care aides were not provided at this time, although the government will re-evaluate this decision once the Report is completed in February 2007.

In the meantime, care aides will have access to the \$5 million Education Allowance Fund negotiated in the collective agreement and available to all HEU members.



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LPN PROFESSIONAL RESPONSIBILITY FORM (PRF)

In the 2006 round of bargaining, securing a Professional Responsibility Form — similar to the one used by RNs — was an important achievement for LPNs.



JOANNE DICKIE

Full-scope LPNs now have more liability attached to tasks and bigger repercussions if an error is made. For instance, their expanded roles and responsibilities in delivering care to their patients include administering medications, transcribing

doctors' orders and being aware of potentially adverse effects in a patient's treatment plan.

The PRF now protects LPNs in their practice by identifying workload issues and unsafe working

conditions — such as short-staffing — that could put patients at risk and supports them in abiding by their college standards of practice. By filling out PRFs, LPNs can ensure that employers take responsibility for providing a safe environment for both staff and patients/residents.

In the past, LPNs had no formal avenue to address unsafe conditions. PRFs will provide LPNs with a means for raising concerns with employers based on the professional practice standards from the College of LPNs.

Joanne Dickie — of HEU's nursing team committee and recently elected VP of the LPN Association of BC — says the PRF is a proactive tool for dealing with workload and patient safety issues. By reporting risks and unsafe conditions, LPNs can help prevent a crisis before it happens.

HEU will develop training for LPN shop stewards to support members through the PRF process. This training will be available starting in the fall of 2006.

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that will ensure LPNs have maximum employment opportunities upon graduation.

LEADERSHIP

Effective leadership is a key factor in retaining staff and maintaining quality care in clinical settings. It is found in many roles of the nursing team, such as providing orientation, mentoring new staff and precepting students. It's particularly important for LPNs working in new leadership roles in residential and transition care, and in assisted living.

Over the next several months, health employers and front-line nursing team members will explore leadership opportunities, which includes giving a voice to practice needs, enhancing clinical practice, and developing personal leadership skills.

VIOLENCE IN THE WORKPLACE

Workplace violence is a growing concern for front-line health care workers. The FBA, Ministry of Health and the health authorities have an agreement to create a new Violence Prevention Program to eliminate or minimize violent incidents.

Each health authority will establish or re-evaluate an existing joint violence prevention program. This includes ongoing employee training and education; and the creation

of a regional violence prevention sub-committee to develop control measures and provide guidelines to local Joint Occupational Health and Safety (JOHS) committees.

The regional sub-committee will also compile an annual report on violence prevention activities for the JOHS committees, who will provide risk assessment reports to the sub-committee.

Additionally, the Nursing Policy Management Committee will provide direction to a Provincial Violence Education Task Group, coordinated through the Occupational Health and Safety Agency for Healthcare in BC (OHSAB), to develop standard programs on violence prevention and response; develop strategies for a provincial notification alert system on difficult patients; collaborate with health care unions in discussions with police and other officials on consistent investigation or prosecution approaches under the *Criminal Code*, and initiate a public campaign on violence in health care workplaces with WorkSafeBC (formerly Workers' Compensation Board).

And to address the issue of respect in the workplace among health care's multidisciplinary team members, the health authorities will publish a clear policy for promoting and maintaining a working environment in which all persons are treated with respect and dignity.