Speaking out about our work

REPORT ON THE OCCUPATION AND SECTOR CONFERENCES

OUR WORK MATTERS!
Bargaining 2006
EU MEMBERS ARE DETERMINED TO IMPROVE THEIR WORKING AND CARING CONDITIONS IN THE upcoming round of bargaining. That’s the clear message I took from attending the seven occupational and sectoral conferences hosted by our union this past fall.

These conferences are part of the union’s commitment to bringing members closer to the bargaining process, and to begin rebuilding relationships so badly shaken in the last round of bargaining. There’s no denying the toll the last few years has taken on all of us.

Crushing workloads, wage rollbacks, longer work weeks, and insecurity about the future have caused divisions between occupational groups in facilities, community health, and community social services – and within the union.

BUT DESPITE THESE CHALLENGES, I WAS MOVED TIME and time again at the conferences by the enthusiasm and passion of members as they described their work and the challenges they face.

Long-time activists – together with members who had no previous union involvement – contributed a wealth of information from their own experiences on the front line.

More than 600 members spoke about the growing complexities of their work, increased training and education requirements, added responsibilities and heavy workloads – all in the face of wage cuts, lack of recognition and low morale.

But more than anything, I was struck by the humanity our members bring to their work – and their commitment to providing quality care to patients, residents and clients.

AND THE VIGOUR, DEDICATION AND IDEAS DELEGATES brought to these conferences are helping HEU rebuild its strength and unity back in the workplace.

As a result of the conferences, we’ve built province-wide networks among our occupational families. And many participants have gone on to meet with provincial politicians as part of a union-organized lobby.

That’s really important in our preparations for bargaining. We need to ensure that politicians along with employers, the media and the public, understand the complexity and value of the work we do.

But we also need to strengthen relationships with each other by taking the time to understand the roles we all play in delivering quality care.

That’s how we’ll succeed at the bargaining table in 2006.
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A NEW APPROACH IN PREPARATION FOR BARGAINING: A CONFERENCE OVERVIEW

UNDER THE THEME OUR WORK MATTERS, MORE THAN 600 DELEGATES – ELECTED BY THEIR PEERS – ATTENDED occupation- and sector-based bargaining conferences in September and October 2005. These conferences included support, trades and maintenance, clerical, patient care, and patient care technical workers in the facilities subsector, and workers in the community health and community social services sectors.

The conferences were a first in the 60-year history of HEU, and created new opportunities for members to organize and speak out on bargaining issues.

IN ADDITION, MEMBERS WERE ABLE TO DISCUSS problems they tackle in their jobs and workplaces, and offer input into the long-term changes they would like to see in the internal structures of the union.

The participants were not required to have any previous union involvement to be chosen as delegates by their peers. As a result, there were as many first-time participants as experienced union activists at many of the conferences.

During the two-day forums, delegates broke into small occupational groups of similar jobs to discuss the day-to-day conditions of their work – what it is they do, what is valuable about their work, what challenges they encounter, and how their work contributes to providing quality patient, resident or client care.

They also developed a short list of occupation-specific bargaining priorities and arguments to back-up their demands.

The smaller groups then reported back to the conference delegates describing their work and why it matters. Members could see what they had in common, and also how their jobs differed.

And everyone – delegates, union executive members and staff – learned a lot about the jobs our members do.

DELEGATES WERE THEN DIVIDED INTO regional workshops where they worked on developing their advocacy and speaking skills, and talked about how to organize and build support for their bargaining demands.

They also provided feedback to the HEU Task Force on changes needed within HEU’s structure to strengthen bargaining and our union overall.

“...the participants were not required to have any previous union involvement to be chosen as delegates by their peers”
1. Impact of wage cuts on members
Members talked about the impact of last year’s wage cuts on themselves, their families and communities. Financial hardship, low morale, increased stress-related sick time, and strained family relationships were some of the issues raised over and over. In addition, many members spoke about working overtime or taking on a second job to compensate for the loss of income.

DELEGATES SPOKE FRANKLY – AND EMOTIONALLY – about their private struggles. Some have lost their homes, their cars, some are no longer able to send their kids to college or university, some have been forced to discontinue supporting elderly parents or family members in other countries, some have delayed retirement.

Current wage comparisons show that some HEU wage rates are now as much as 30 per cent lower than comparable jobs in BC’s public service. Restoring lost wages was the number one priority for members at each of the conferences, with many members arguing that other targeted increases were also required in certain jobs to compensate for additional job responsibilities and recruitment and retention challenges.

The impact of the wage cuts on HEU members, their families and the health care system has not gone unnoticed. The Canadian Centre for Policy Alternatives did an extensive research paper on “The Hidden Costs of Health Care Wage Cuts in BC”. It’s available on our HEU website <www.heu.org> or at <www.policyalternatives.ca> and can be downloaded for free.

2. Health care is a complex and challenging place to work
At every conference, members talked about the new challenges and demands in their jobs – with the introduction of new technology, the shortage of health care professionals, the increased acuity levels of patients, residents and clients, and the difficulties in recruiting and retaining new staff at reduced wages.

Our members are taking on new responsibilities. Jobs are more complex and technologically sophisticated. In some cases, training requirements have increased. In other cases, our jobs are more physically, mentally and emotionally demanding.

THE MEDICAL TRANSCRIPTIONISTS, ATTENDING THE clerical conference, gave us a concrete example of the knowledge intensity of their job. They are expected to recognize 115,000 medical, surgical, genetic and research terms; 1,222 diseases, 1,344 syndromes, more than 600 commonly used abbreviations, and more than 6,500 pharmaceuticals (generic and brand names). Just last year, 7,500 new terms were added to this base figure. Because of these rapid changes, medical transcriptionists are always in an information learning curve.

However, it is not only clerical workers whose jobs are becoming more demanding. The responsibilities for members working in Stores has also increased.
with regionalization and the introduction of online ordering. And housekeepers are now expected to stay current with new infection control protocols with the rise of SARS, Norwalk, MRSA and other superbugs.

Delegates told story after story about taking on additional responsibilities to fill the void left by staff shortages of health care professionals. Their frustration is not only with the lack of compensation, but also the lack of acknowledgement or recognition for their skills being utilized.

LPNS, FOR EXAMPLE, WHO ARE NOW EXPECTED TO upgrade their skills (often paid out-of-pocket) and practise to full-scope, are increasingly being called upon to be the bedside nurse on their units – without proper recognition or compensation.

Pharmacy technicians are doing work that was previously done by pharmacists; lab technicians are taking on pathologist duties, and social service workers are performing the counselling roles that normally belonged to mental health professionals.

There’s no denying that health care is a knowledge-intense environment with rapid changes since our HEU classification system was first negotiated in 1986. Education, benchmarks and classifications need to keep up with the evolving state of health care – a message made very clear by conference delegates.

3. False economy: Contracting-out

Contracting-out, privatization, regionalization, centralization, downsizing and restructuring have become household words for HEU members and the health care system in BC.

Many research reports have shown that contracting-out is not as cost effective as first predicted. The lack of accountability for the quality of workmanship, higher staff turnover rates, a noticeable breakdown in the communication link between contract and HEU workers, and a lack of knowledge about a hospital’s operating systems all pose alarming health and safety risks to patients, staff and visitors.

Over the past few years, with wage cuts and excessive workloads, many trades and technical workers left the public health care system, and employers across the province are struggling to replace skilled and experienced workers – such as buyers, cardiology technologists, information systems analysts, plumbers, orthopaedic technologists, ophthalmic technicians, laboratory technicians and power engineers.

IN RESPONSE, MANY EMPLOYERS ARE CREATING higher paid, excluded positions or contracting-out work to less experienced staff at much higher rates of pay. Trades and maintenance delegates heard countless “horror stories” as participants relayed incidents that could have put patients in danger had errors not been discovered and corrected by in-house HEU members.
Patient safety issues also arise with the contracting-out of medical transcription work. When the work is returned, HEU staff must spend hours checking, editing and correcting reports before they can be filed in a patient’s chart. A small mistake can result in an incorrect diagnosis or prescription, which could have disastrous implications for the patient.

At the conferences, HEU members stated that it was a priority for the union to tell the public and the MLAs not only about the false economies of contracting-out, but also how it threatens patient, resident and client care.

4. Recruitment and retention

Every conference recognized the recruitment and retention crisis in health care.

In the past, health care was a desirable place to work – wages and benefits were very competitive, and employment security was guaranteed. All of this changed when the BC Liberal government introduced Bills 29 and 37.

HEU MEMBERS WERE NOTICEABLY TARGETED BY THIS legislation – and unjustly painted by the government and media as overpaid, unskilled support workers and as “toilet bowl cleaners”. Consequently, health care is much less attractive to young people entering the work force.

Conference delegates in every occupational family and sector explained that it is becoming more and more difficult to recruit and retain casuals. Because of the heavy workload and low pay, members reported there is a very high turnover of casuals. People are trained, and then leave.

As a result, our members are often not being replaced when sick, on vacation/time owing, LOA, or union leave. The work piles up. Members are then expected to prioritize their own workload, work overtime or through their breaks without pay, and/or leave much of their work undone. In some cases, members have to get their vacation time paid out because their jobs cannot be backfilled.

MAINTENANCE WORKERS, FOR EXAMPLE, REPORT they are so overworked on a skeleton crew that there are many things they just don’t have time to get to. As one maintenance worker pointed out, “We constantly work in crisis management rather than preventative maintenance.”

Workers in community health and community social services also have enormous staffing problems with potentially serious ramifications, particularly when working alone.

Many work in group homes with psychiatric clients, young offenders, registered sexual offenders and others with violent behaviours – and have reported many incidents of finding weapons such as knives and loaded guns in client rooms.

Staff shortages add to everybody’s workload.

Besides their regular responsibilities, rehab workers often take on janitorial duties like shovelling snow, mowing lawn, chopping wood, cleaning toilets, and home support work such as cooking, catheter care and distributing medications.

And if a residential care worker calls in sick and a replacement isn’t found, then recreational and social outings have to be cancelled, which sometimes leads to aggressive outbursts from clients being frustratingly house-bound. When care aides are short-staffed in long-term care facilities, residents – many of whom suffer from dementia – are more likely to be rushed and have their activities curtailed.

Delegates to several of the conferences discussed the effects of increased job demands and responsibilities, the lack of recognition for their education and skills, and the adverse impact of contracting-out
jobs, and cite these as major reasons for the numerous long-term vacancies in health care.

Health care workload is so high and stressful that trained and qualified staff would rather work elsewhere for the same or more money, but with less stress.

5. Occupational health and safety issues

In any work environment, if employees feel supported, respected and valued, they are more productive and have a greater sense of loyalty to their employers.

Many delegates reported that the wage rollbacks, cuts to resources, staff shortages and huge workloads have left health care workers with the lowest morale they have ever seen.

STRESS-RELATED ILLNESS HAS ESCALATED TO AN ALL-TIME HIGH. Poor workspace ergonomics are causing repetitive stress injuries, and improper lifting equipment is leaving increasing numbers of health care providers with back, neck, shoulder and arm injuries.

LACK OF PROPER TRAINING TO DEAL WITH PATIENTS suffering from dementia, drug addiction or psychiatric disorders has placed health care workers in danger. And many delegates described incidents of physical and verbal abuse on the job.

As part of their job, community outreach workers routinely go into unsafe homes, seedy hotels and deplorable living conditions to reach their clients. Delegates spoke about being exposed to contagious ailments because clients get into the workers’ cars with bed bugs, scabies, staph infections, and other undiagnosed illnesses.

Workers, who deal with violent clients on a regular basis, also expressed a need for more training in addictions counselling and to have debriefing opportunities, especially if a client has committed suicide. “Compassion fatigue” is a job hazard, according to one outreach worker.

One of the most disturbing stories was relayed by a housekeeper in a long-term care facility, where management directed staff to lower their cleaning standards in order to accommodate bigger workloads.
THE RESIDENTS WERE TOLD, “THIS IS YOUR HOME NOW.”
If you lived in your own home, it wouldn’t be that clean.”

In an era of superbugs, viruses and air-borne diseases, that’s a startling policy, as those in health care know how imperative a clean and sterile environment is in preventing cross-contamination and spread of illness.

Delegates at every conference expressed workplace health and safety concerns, saying they are putting themselves at risk just by showing up for work.

6. HEU’s vital role in the health care team
Due to shortages of health care professionals, our members are taking on additional responsibilities and becoming more essential than ever to the health care team. And yet, they do not have access to the professional development, training or educational opportunities afforded to members of the BCNU and HSA.

HEU members are regularly called upon to address gaps in health care, including the provision of training students and new staff. They are expected to do this training while still keeping up with their own work. They are not compensated or recognized for their contribution to maintaining the skills of the health care team.

During all the conferences, participants emphasized the importance of the health care team – and how every HEU member makes a valuable contribution.

Every occupational grouping, every job family, every sector, every department relies upon another to get their jobs done

EVERY OCCUPATIONAL GROUPING, EVERY JOB FAMILY, every sector, every department relies upon another to get their jobs done and to provide the best quality care to patients, residents and clients. Because they are committed to provide quality care, they put service first despite the cost to themselves personally.

Delegates reinforced their need to have the required tools and access to appropriate training in order to adequately respond to the new job demands – and to receive the recognition they deserve.

2006 BARGAINING
AS ALREADY NOTED, WAGES WERE THE TOP DEMAND FOR CONFERENCE ATTENDEES. OTHER KEY BARGAINING themes identified were benchmark and classification reviews, workload, job security/no contracting-out, shorter work week/restoring EDO, no concessions to benefits, and employer-paid education/training.

Additionally, there were a few occupation-specific priorities. Trades also cited increases to shift differential/premiums and changes to years of pensionable service, while LPNs want Professional Responsibility Forms introduced.

Community health cited wages and comparability, improved benefits, vehicle allowance/mileage increases, pension plan reinstated, the return of the Employee Assistance Program, and job security/no contracting-out as their key bargaining issues.

The list of bargaining priorities for community social services included wages, improved health and welfare benefits, sick time restored to 100 per cent and accrual of 1.5 days/month, increased employer
RRSP contributions, successorship/bumping rights reinstated, better provisions for casuals, stronger safety/violence language, and improvements to the grievance procedure.

During the conferences, delegates learned more about the bargaining process and how to write bargaining demands to take back to their Locals.

HEU also collected contact names of those willing to participate in action campaigns, lobbying and networking – to keep members in touch with ongoing occupational issues between bargaining.

**FOLLOW-UP TO THE CONFERENCES**

*After the conferences, delegates reported back to their Locals in a number of different ways – some gave oral presentations at meetings, some provided handouts to members, some held drop-in forums where delegates greeted members and answered questions specific to their occupational family.*

Locals also passed bargaining demands, which were submitted to HEU’s Provincial Office by November 10, 2005.

**These demands will now be taken by the HEU bargaining committee to the Wage Policy Conference being held on January 9 and 10, 2006, at which time all bargaining demands will be voted on and a new facilities subsector bargaining committee elected. Community health and community social services already elected their bargaining committees at their HEU sector-based conferences.**

The union’s Provincial Executive has identified a general wage increase and targeted wage adjustments for some occupations to address increased responsibilities and recruitment and retention challenges as key demands to bring to the bargaining table in 2006.

The HEU research department has conducted surveys with members from the different occupational families and sectors to identify skills, workload, training issues, and recruitment and retention difficulties. The purpose of these surveys is to support our bargaining demands and to educate the public about our members’ work.

Our communications department launched the union’s MLA lobby initiative on November 18 when a team of HEU members representing the five occupational families in the facilities subsector met with finance minister Carole Taylor to tell her about the challenging and diverse work they do in our fast-changing and complex health care system. These meetings are continuing around the province.
throughout December and January with the goal of reaching all 79 MLAs with a message about our work.

The union will also launch an ad campaign to support our bargaining goals.

HEU’s winter issue of *The Guardian* includes a lot of information on the bargaining conferences, and HEU’s website has regular updates on campaigns, lobbies and bargaining.

Make sure you’re signed up on the HEU e-mail list to receive up-to-the-minute bulletins on bargaining developments. You can sign up at HEU’s website – <www.heu.org>.

Members can also check with your local executive for activities at your facility or in your region.
About 90 HEU members – who deliver support services in hospitals and long-term care homes across the province – participated in the first of seven occupation- and sector-based conferences on September 15 and 16.

Over the two-day forum, delegates identified wages, workload and job security as their top bargaining priorities. They spoke about feeling invisible, even though their work is paramount to maintaining a safe and comfortable environment for patients, staff and visitors; ensuring equipment and supplies are readily available on nursing units and other departments, and providing healthy, nutritious meals to patients and residents.

Conference attendees included members who work in housekeeping, food services, stores, area supply, laundry, shipping and receiving, and transportation.

On what’s important and valuable about their work

Food Services:
- provide proper nutrition to residents and patients, including appropriate food texture (i.e. soft, puréed) and special diets (i.e. diabetic, renal)
- educated on Food Safe – preparing food in a clean kitchen, avoiding cross-contamination
- assist in feeding patients and residents, when needed

Housekeeping:
- infection control – sanitization, hygiene; ensure cleaning protocols are followed
- provide safety for residents, patients and staff – create hazard-free environment by following universal precautions

- socializing with residents and patients while cleaning their rooms
- waste management

Laundry:
- residents appreciate good service – clean clothes, personal clothing returned to the appropriate resident, filling special requests like sewing

Bargaining Priorities:

1. WAGES
2. WORKLOAD
3. JOB SECURITY/NO CONTRACTING-OUT
4. NO CONCESSIONS TO BENEFITS
5. SHORTER WORK WEEK/RESTORE EDO
• ensure personal valuables and hospital equipment/instruments are returned to correct resident or department
• sanitation and infection control to prevent cross-contamination
• ensure “clean laundry” is stain-free, sterilized and put in proper places, including being sent to other hospitals

**Stores/Area Supply:**
• “gatekeeper” – first to receive and deliver supplies/products
• communicators from satellite hospitals to warehouse
• services and operations depend on Stores – supplies, product dating, expiry dates, product knowledge for cost savings

**Shipping/Receiving/Inventory/Transportation:**
• proper supplies delivered in a timely manner
• FLOW – if we don’t move supplies, it doesn’t get there and other health care professionals cannot perform their jobs
• communication with everyone from doctors to drivers
• specialized handling of critical, biological, hazardous goods

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**On contributing to quality patient care**

• clean environment prevents illness and spread of infection – contributes to physical and mental health of patients, residents, staff, public
• hot nutritious meals on time – fresh food (at some facilities) and variety
• resident/patient/family interaction
• meals are often highlight of day for residents/patients
• provide necessary goods on flexible, timely basis – blood, instruments, equipment, supplies so that other members of health care team can do their jobs

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“**If Shipping doesn’t move supplies, it doesn’t get there and other health care professionals cannot perform their jobs**”

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**On job challenges and difficulties**

• low morale, lack of team work
• workload – less staff, less money (15% wage rollback)
• disrespect from other members of health care team who don’t understand the value of our work
• unsafe work practises – lack of space, not ergonomic, filthy laundry rooms, poor maintenance of equipment, lack of supplies, shortage of laundry carts, laundry bags too heavy and break; health care members not following infection control protocols
• lack of communication – control/intimidation by management – threat of privatization and losing job
• not enough time to clean properly – puts patients at risk
• re-thermalization of food – poor quality, shortage of food, equipment failures
• lack of policy, procedures, resources and training – leads to crisis mode (just-in-time ordering supplies/equipment)
• trouble recruiting and retaining qualified casuals

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overworked and undervalued
• experience, priority-setting, proper handling of materials, product knowledge create more flexibility and understanding of whole system
• ensure all linens are clean and sterile to stop spread of bugs, germs (especially in the OR and Special Care Nursery); provide linens, uniforms, towels to the nursing units – without sterile linens, patients cannot get admitted to those beds
• we mend and alter residents’ clothes, giving an extra personal touch

How many people have experienced significant job change?

Stores:
• all said yes; citing regionalization and workload; user-unfriendly technology, multi-tasking with no recognition of classifications, increased number of inventory items

Shipping/Receiving:
• all said yes; significant travel in all weather conditions, loss of EDOs, less personal time and more stressful job affects workplace environment

Laundry/Housekeeping:
• everyone said yes; higher acuity levels, infection concerns, same or fewer staff – have to cut corners to get work done, substandard equipment, low morale, pressure to meet targets, heavier workload; multi-site work (work sites too far apart), threat of privatization

Food Services:
• the majority said yes; off-site management, system change (move to re-thermalization)

Housekeeping:
• cleaners at a LTC facility told to lower cleaning standards – residents told, “This is your home now. If you lived in your own home, it wouldn’t be that clean.”

Has your workload increased in the last year?

Stores:
all said yes; citing additional paperwork, increased customer service areas with no additional staff, more and new inventory
Shipping/Receiving:
• just over half said yes

Laundry/Housekeeping:
• all said yes; targets for production – we keep meeting the targets, but they keep raising the bar even higher (laundry – weighing laundry pounds per hour per worker); housekeeping – more areas to clean with less staff

Food Services:
• all said yes; amalgamating jobs, management unavailable to prioritize work, catering, workload impacted by having to prepare food at different times to accommodate residents’ needs

Due to huge workloads many delegates report working overtime or through breaks without compensation to get their jobs done. They also feel defeated – with threats of privatization – and experience higher stress levels and more injuries, resulting in increased sick time and low morale.

Note:
The HEU Support Sub-committee has developed a Support Questionnaire on Workload, which is being distributed at facilities around the province.
INDUSTRY WAGES, BENCHMARKS, AND SHIFT DIFFERENTIAL/PREMIUMS WERE AMONG THE TOP bargaining issues raised by the 75 trades and maintenance delegates at their conference on September 19 and 20.

Trades and maintenance workers, who keep the physical plant and emergency backup systems up and running, are responsible for everything from heating, electricity, plumbing, ventilation and air quality to smoke and fire control, dealing with mercury and other chemical spills, and maintaining life-support systems.

Participants – including plumbers, carpenters, electricians, engineers, cooks/bakers, maintenance workers, groundskeepers, machinists, printers and mechanics – discussed how shoddy work by contractors has increased health and safety hazards, caused additional workload for in-house trades and maintenance workers, and unnecessarily drained public health care dollars.

On what’s important and valuable about their work

Electricians:
- power is critical – ensure continuation of electricity supply
- no surgery without electricity – delivering direct patient care
- our work is all behind-the-scenes: we maintain backup systems (without this, there is no heat, no water); test and maintain equipment; responsible for communication systems, lighting, transportation, fire alarms, respiratory systems
- patient and staff safety – our concern

BARGAINING PRIORITIES:

1. WAGES
2. NO CONCESSIONS
3. JOB SECURITY/NO CONTRACTING-OUT
4. BENCHMARK AND CLASSIFICATION REVIEW
5. COMPENSATION FOR TRAINING – LEAD HAND
6. BUMPING/SENIORITY RIGHTS
7. WORKLOAD
Supervisors/Lead Hand:
- supervise staff such as “capital crew”
- duties include: liaising with contractors; reviewing prints, additions, corrections; coordinating fire drills; ensuring paper work/manuals are done; organize appropriate staff training; prioritize when new equipment is needed
- responsible for patient safety
- ensure maintenance is done

Carpenters:
- perform 70 per cent of capital projects
- work directly with engineers, maintenance, plumbers, other trades
- ensure areas are neat and tidy while working so it doesn’t disrupt patient care
- oversee contractors to ensure quality and safety

HVAC:
- provide air pressurization; heat; energy management; refuge – support for IT systems
- smoke and fire control testing
- maintain proper temperatures in kitchen/fridge/freezer/MRI machines
- build and maintain automation systems

Plumbers:
- water supply for entire facility – including toilets, hand-washing stations, showers, bathtubs, sinks, kitchen
- responsible for dealing with medical gas/plumbing/heating/fire systems
- liaise with other departments and trades
- design systems

Cooks/Bakers:
- nutrition/food essential to health care – without food, people die – nutrition helps repair body
- medications and diet time – critical timing requirements for patients on special diets or treatments
- meals – presentable and good quality – often highlight of resident/patient’s day
- training as a trade – Cook – training or mentoring of apprentices needs to be supported by employers; expertise equals safety
- there is no “wellness” in re-thermalized food

Maintenance:
- building/facility – maintaining a safe and caring environment affects whole community
- maintain hospital equipment, including beds and stretchers
- part of integrated team with the trades – all need to work together

Engineers (Power Engineers, Chief Engineers):
- safe continuous operation of facility – steam, hot water, medical gases, heat, light, emergency generator; monitor incoming city water, quality of water
- everything in facility is governed by boiler and pressure vessel

quality health services is qualified trades
first frontline responder – fire, floods – work with other trades
- dust control/infection control; isolate ventilation systems; handle dangerous goods – transportation, hazardous spills
- oversee hospital projects

On job challenges and difficulties

Electricians:
- replaced by contractors – no experience in our work/hospital; no thought to safety or effects on others
- closures, regionalization and changing technology have caused workload increases with no extra staff
- paper work – have to do our own ordering
- no preventative maintenance
- crisis management

Supervisors/Lead Hand:
- extra office work
- have to get contractors – this holds up processes – more work is being done by contractors
- less trades (i.e. plumbers at VGH from 15 to 5)
- no one applying for jobs; cannot attract workers
- new hires unqualified in hospital work

Carpenters:
- in job description – required to do plumbing, fixtures, maintenance, vehicle repair, plaster, paint, decorate – employer amalgamating benchmarks

Printers:
- only about seven (7) of us left in BC
- centralization – closed and consolidated shops; downgraded job

- no input – managers won’t listen
- manager contracts out work – “yes” men are promoted
- no price comparisons for supplies anymore

Cooks/Bakers:
- degradation of food standards: 30 years ago, everything was made from scratch, including bread; now food is processed, frozen, re-thermalized
- re-thermalized food system is deleting jobs – Cooks not utilizing skills – loss of experience
- decrease in staff, increase in supervisors
- more paper work, less cooking
- feeling targeted – privatization

Maintenance:
- decreased staffing levels; no vacation replacement
- increased time spent on contractor deficiencies
- trades shortage – maintenance doing more work, including more paper work
- bad communication – not being informed (i.e. if a contractor is coming in to do work); poor attitude of management – no people skills

Engineers:
- high turnover of senior staff; too many junior employees who lack experience
- managers don’t have trades skills, people skills
- first responder – need to know about new equipment – no training, orientation, etc.
- lack of training – on weekends junior people are in charge – safety issue
- no industry standard for valves, etc. – don’t have reliable equipment
- technology changing – how to motivate people to learn when wages cut by 15 per cent?

“Thirty years ago, everything was made from scratch ... now food is processed, frozen, re-thermalized”
On contributing to quality patient care

**Electricians:**
- preventative maintenance and testing of systems; maintain continuous electricity
- prevent injury to staff and patients; contribute to safety and maintenance – but are invisible
- work on equipment that people are not aware of – not just “wiring” – circuit boards, etc.
- work outside our job – help people, talk to patients, give visitors directions

**Supervisors/Lead Hand:**
- cutbacks – now we have to prioritize – life-threatening or not
- keep equipment running
- prompt and efficient, but need funding

**Carpenters:**
- hospital is the heart of the community – we take pride in our hospital

**Plumbers:**
- maintain safe water/drainage system
- stops water-borne diseases
- medical gas/oxygen/nitrous oxide – lines right to patient beds
- socialize/help patients

**Groundskeepers:**
- contracted-out snow removal was disaster – now have own in-house snow removal again (NHA)
- nice, neat public image – outer grounds of hospital – creates happy image “even though it’s a cover up”
- come in early and leave late to ensure everyone is safe – i.e. clearing walkways of ice to prevent slips/falls/injuries

**Printers:**
- provide all forms and requisitions for every department – correct forms are essential to providing safe, quality patient care (i.e. diagnostic procedures, blood transfusion forms)
- cost-efficient doing this in-house

**Cooks/Bakers:**
- multi-tasking – new diet requirement, continuously learning to provide good/safe nutrition
- without good nutrition, residents/patients fail
- home-cooked food superior to re-thermalized food
- knowledge and experience = good quality health care

**Maintenance:**
- first response team – natural disasters, building collapse
- hospitals need to have province-wide Emergency Response – standard training
- taking care of staff, patients, families – that’s my job
- equipment maintenance and repair (cuts down bottleneck in Emergency)

**Engineers:**
- we answer calls and respond to problems – 24/7, 365 days a year
- make hospital safe for patients and staff; back-stop/safety net after hours
- frontline – gas, generator, ventilation – maintain operation for patient care and comfort
- staff/patients would not be there without engineers

**Note:**
The HEU Trades and Maintenance Sub-committee developed questionnaires that were distributed to delegates and their colleagues at facilities around the province. The data is currently being collected and analyzed by our research department.
ARGAINING THEMES IDENTIFIED DURING THE SEPTEMBER 22 AND 23 CLERICAL CONFERENCE INCLUDED wages, job security/no contracting-out, benchmark reviews, no concessions to benefits, and compensation for training or preceptoring students and new staff.

The 100 delegates came from numerous job classifications in health care facilities around the province – including financial and secretarial staff, unit coordinators/unit clerks, switchboard operators, medical transcriptionists, staffing clerks, medical records clerks, admitting and OR booking clerks, among others.

Several participants expressed concern over employers demanding full re-testing for job postings, regardless of the qualifications or certificates a clerical worker already has on file. And they overwhelmingly described themselves as “underpaid, undervalued and overworked.”

On what’s important and valuable about their work

**Unit Coordinators/Unit Clerks:**
- accurately transcribe and process physician’s orders – organize diagnostic, medical and surgical tests/procedures, medications, diet, activities of daily living, arrange referrals – known as the HUB of the nursing station
- keep up with the volume of patients and multidisciplinary team members on the unit
- part of Code Team – dealing with emergency situations
- prioritize workload to ensure work flow on unit – including answering phones, filing reports in patient charts, red-flagging crucial test results, dealing with specimens and entering blood work
- multi-task with constant interruptions

**Clerks – Payroll, Respiratory Therapy, Switchboard, Admitting, Patient Registry (Stats, Emerg), Lab, Diabetes Centre:**
- first person patient interacts with – gathering correct information is critical to the rest of the team and patient care

**BARGAINING PRIORITIES:**

1. WAGES
2. WORKLOAD
3. JOB SECURITY/NO CONTRACTING-OUT
4. NO CONCESSIONS TO BENEFITS
5. SHORTER WORK WEEK/RESTORE EDO
can’t just rely on computer – info needs to be verified – clerical must know the system to detect errors
• computer skills and ongoing skills upgrading
• assignment of beds in a timely way – knowing which patients can be put where (i.e. can’t put a patient with certain illness with other patients who may be affected – such as isolation MRSA)
• procedures/tests/surgeries will be cancelled if clerical staff in some departments are not there
• accountability, accuracy and time management
• doctors get upset if bookings are not done because they can’t see as many patients and lose revenue
• stats that are gathered assist management locally and provincially with day-to-day operations and budgeting, staffing, trends, etc (following national guidelines)
• information – updated and accurate computer data is paramount to quickly direct all inquiries by doctors, patients and public to appropriate areas
• admitting/patient registry – I deal with people in crisis and I am a calming influence, helping direct people where to go, where to find resources – ability to prioritize the urgency of appointment – make allowances for emergencies and keep the patients, doctors, public happy while not showing favouritism
• payroll – accuracy – helping employees with payroll errors or problems; relying on timekeepers for correct input
• supplies needed to run department are ordered by clerical staff
• switchboard – screen calls – which area call is for, move calls quickly and efficiently, page doctors on-call, direct families, multi-task, call emergency codes

Health Records:
• transcriptionist has broad knowledge of pharmaceuticals, diseases, medical and surgical terminology
• we are essential to patient treatment – from arrival to discharge
• responsibility to have most up-to-date info on patient accessible in a timely, fashion – accuracy – attention to detail
• management and organization of the paper flow

“I deal with people in crisis and I am a calming influence, helping direct people where to go, where to find resources”

Staffing Clerks, Stats Clerk:
• maintain an appropriate level of staffing to ensure proper patient care and safety
• adhering to collective agreements
• informal education of staff re: collective agreement on ongoing basis
• ensure timecards, pay cheques are correct

Registration Clerk, Rehab Clerk, Office Clerk, Receptionist:
• frontline – first contact worker with patients/families and all staff
• resource for everyone – and required to have vast range of knowledge for all situations
• prioritize work
• accurate and consistent record-keeping
• ensure confidentiality

Finance, Purchasing:
• collection of funds/bill payments – contributes to financial organization of facility or region

highly skilled, highly motivated
• accuracy of records, maintaining data base
• knowledge of other agencies, community, vendors, services

**Booking Clerks, Admin Secretary, Program Clerk:**
• nothing happens until we book it – beds, tests, procedures
• ensure units are fully staffed (i.e. no staff = closed beds)
• payroll
• public relations, communication and organization skills
• multi-tasking
• knowledge of the interdisciplinary teams, emergency codes, many computer programs

**On job challenges and difficulties:**

**Unit Coordinators/Unit Clerks:**
• lack of communication – unit is busy and information is often vague and we have to sort it out quickly and accurately
• high stress – 100 per cent accuracy is expected – Vancouver Community College compares stress level to that of an air traffic controller
• dealing with difficult situations, patients, families and visitors
• poor training/orientation for new staff
• lack of respect from co-workers – HEU members, other unions, managers, doctors

**Clerks – Payroll, Respiratory Therapy, Switchboard, Admitting, Patient Registry (Stats, Emerg), Lab, Diabetes Centre:**
• cutbacks and greater workload: expectations are challenging to meet and provide service to everyone while managing a Switchboard
• workload – trying to do transcription and stats when staffing becomes a priority – difficult to prioritize as everything needs to be done
• integrity of payroll is important
• since we are the first person patients interact with – we get dumped on for all their frustrations of our poor medical system (wait lists, parking, cancelled surgeries, waiting in triage lines with chest pains, no beds)
• lack of cleanliness – hospital rooms, waiting rooms
• during vacations/time off – tasks left incomplete or incorrect because casuals are not properly trained
• time pressures/restrictions
• constant interruptions
• multi-listening – several people speaking to you at same time
• computer systems constantly changing – dealing with new software

*OUR WORK MATTERS!* Bargaining 2006
computer maintenance creates delays – systems crashing
different staff trying to perform clerical duties; clerk must be a detective to discover and fix all errors

Health Records:
lack of courses for medical transcriptionists
outsourcing and privatization of medical transcription – quality of work problem: work needs edited for corrections and clarity
international language barriers to understanding doctors’ verbal and handwritten communications
equipment breakdowns
OH&S – ergonomics; hearing for transcriptionists; air quality – spread of colds and coughs; stress

Staffing Clerks, Stats Clerk:
lack of support/respect from managers, clinical coordinators, fellow HEU members, BCNU members
staff shortages (lack of availability to work)
lack of knowledge of collective agreement by general staff – puts us in position of explaining, interpreting, arguing CA language
leaders/managers abdicating responsibility for decisions
last-minute “under the gun” staffing requests – stress is continual
staff not keeping availability current – waste of time during call-outs

Registration Clerk, Rehab Clerk, Office Clerk, Receptionist:
constant interruptions
breaks missed, getting time off – vacation, time owing, LOA – no coverage
regionalization and less resources

“The unit would be chaotic if the unit coordinator did not coordinate physician’s orders, appointments, diagnostic procedures, dietary needs, patient concerns”

Finance, Purchasing:
inexperienced managers, unclear direction/expectations
with large health regions, connections are impersonal
staff shortage – workload – meeting deadlines, no replacement when off
people have no idea what we do or the important service we provide

Booking Clerks, Admin Secretary, Program Clerk:
lack of recognition, respect, resources, training
no control to work to our skill set – lack of respect for our ideas (not asked for input)
training/orientation while doing own job
short notice appointment cancellations
cross-trained – moving constantly to different departments
no access to computer programs we need
diagnostic procedures – emergencies – that aren’t real emergencies
multiple managers
ergonomics

coordination, collaboration
On contributing to quality patient care

Unit Coordinators/Unit Clerks
- keep the unit organized/flowing – prioritize patient needs
- knowledge, skills, leadership, coordinating
- arrange patient follow-up
- unit would be chaotic if the UC did not coordinate physician's orders, appointments, diagnostic procedures, dietary needs, patient concerns
- UC is the one on the unit who knows the computer programs – patient care would suffer if computer input done improperly (i.e. wouldn't get discharged, admitted, transferred, receive meds or test results)

Clerks – Payroll, Respiratory Therapy, Switchboard, Admitting, Patient Registry (Stats, Emerg), Lab, Diabetes Centre:
- investigative work: ensure right physician goes to right floor; several doctors work at many hospitals – make sure they arrive at right location
- purchase proper supplies/equipment as requested by departments
- ensure budgets monitored and kept accurate
- payroll accuracy keeps staff happier – less frustrated on pay days and throughout their work days – especially now with wage rollback there’s high anxiety when bills are due
- doctors and nurses would be unable to provide good quality care if accurate and timely information is not provided
- inaccurate medical records are serious – can lead to serious mistakes in treatment – can lead to fatal result if patient gets wrong blood or has an allergy that is missed
- timing and communication critical to ensure shorter wait times for emergencies and procedures

Health Records:
- establishment of treatment programs (correct prescriptions, correct treatments i.e. chemo/radiation) through accuracy and knowledge of transcription/terminology
- distribution of documentation (time-critical and sometimes international)

Staffing Clerks, Stats Clerk:
- maintain baseline and extra workload staff for units as needed to provide good patient care
- right people in the right place (trained nursing staff on units – i.e. medical nurse assigned to medical unit)
- creative staffing to provide the best level of care available in the face of a serious staffing shortage

Registration Clerk, Rehab Clerk, Office Clerk, Receptionist:
- being the first person who shows the client/patient/public good quality care/service for their needs

OUR WORK MATTERS! Bargaining 2006
work quickly and accurately
inform security of issues with difficult patients or visitors

**Finance, Purchasing:**
- accurate records/data base ensure patient safety
- updated lists help facility run smoothly
- reduce stress of patient/resident and family by keeping finances in order (helping them if they don’t have insurance)
- provide financial information to patients
- order products to ensure correct supplies, equipment, drugs are available

**Booking Clerks, Admin Secretary, Program Clerk:**
- liaison between multidisciplinary teams
- being pleasant, organized, efficient, professional, accurate
- it’s a career, not just a job

How many see job more challenging, demanding or complex?

**Unit Coordinators/Unit Clerks:**
- all said yes; pressure to work overtime due to wage rollback, short-staffing and effect on unit if no replacement found; RNs rely more heavily on UC; more problem-solving; identify and report abnormal test results to nurses/doctors; working more independently with little or no direction, patient acuity is higher

**Clerks, Payroll, Respiratory Therapy, Switchboard, Admitting, Patient Registry (Stats, Emerg), Lab, Diabetes Centre:**
- more than half said yes

**Health Records:**
- all said yes; more complex computer system – less user-friendly (Meditech); more time to learn, 16 computer applications for medical transcriptionists, number of medical terms nearly doubled in last 13 years, pharmaceuticals – from 2500 to 6500 in last 13 years

**Staffing Clerks, Stats Clerk:**
- all said yes

**Registration Clerk, Rehab Clerk, Office Clerk, Receptionist:**
- all said yes; requests to do things not in job description; dollar value attached to patient/resident/client

**Finance, Purchasing:**
- majority said yes

**Booking Clerks, Admin Secretary, Program Clerk:**
- the majority said yes; changing systems, regional responsibilities

The majority of delegates reported that stress- and mental health-related illness, low morale, decreased loyalty to employer, and constant rotation changes have resulted in increased sick time in their departments. And overwhelmingly, delegates say their workload has increased due to cutbacks, and they sometimes work through breaks to get everything done without claiming overtime.

**Note:**
The HEU Clerical Sub-committee developed questionnaires that were distributed to delegates and their colleagues at facilities around the province. The data is currently being collected and analyzed by our research department.
AGES, A SHORTER WORK WEEK, JOB SECURITY, WORKLOAD AND BENCHMARKS TOPPED A LONG list of demands identified by more than 160 patient care workers at their September 26 and 27 bargaining conference in Richmond.

Delegates – including care aides, licensed practical nurses, activity aides, social service and rehab assistants, and porters, among others – discussed the rising acuity levels of patients, staffing shortages, escalating workload demands and responsibilities, and the lack of time they have to do their jobs.

They also addressed mounting stress levels and having duties offloaded onto them to fill gaps in other job families, but not receiving the recognition or compensation they deserve.

On what’s important and valuable about their work

Care Aides:
- perform duties that many people say they can’t do – dealing with bodily fluids, dementia; working with the elderly
- help patients with strokes re-learn activities of daily living, life skills
- care for people with dignity and provide quality of life in a home-like environment
- give residents “peace” to pass on; comfort during death process; palliative care
- give family members peace of mind knowing their loved one is well cared for
- assess what residents need when they are non-verbal
- provide safe, respectful, compassionate care to residents and patients

- advocate for patient rights
- often the “eyes and ears” of doctors and nurses – reporting changes in patient/resident condition or declining health
- flexibility to meet changing demands of job and resident needs
- contribute to “care plan” – activities, nutrition, prioritizing care needs

BARGAINING PRIORITIES:

1. WAGES
2. SHORTER WORK WEEK
3. JOB SECURITY
4. WORKLOAD
5. BENCHMARKS
6. PROFESSIONAL RESPONSIBILITY FORM (LPNs)
• provide assessments, personal care – skin integrity, exercise, nourishment, quality time, individual care; listen to residents who need to talk and reminisce

LPNs:
• direct patient care – holistic care – teaching, advocating, monitoring
• advocate for patients who cannot speak for themselves or who are intimidated to raise issues – we help make their points clear
• help patient and family understand condition or illness
• promote good health; assist with healing, help patient stay independent
• problem-solving and collaborating with other health care professionals
• educated, knowledgeable, compassionate, professional
• work 24-7, 365 days a year
• multi-task and prioritize duties
• immediately available to intervene, assess
• resource for doctors
• provide continuity of care from admission to discharge, including total care
• knowledge about the entire team – dietary, housekeeping, maintenance, laundry, etc.
• wound care, intramuscular and subcutaneous injections, counselling – whole care nursing (care plan to discharge planning)

Porters:
• safe patient transfer to and from scheduled appointments, tests, procedures, surgeries on time
• deliver specimens to lab – sensitive or stat – as well as blood products and supplies to nursing units, the OR, etc.
• patient transfers as well as personal belongings and patient chart/information
• deliver prescription drugs and narcotics from Pharmacy to nursing units and other departments
• morgue runs
• ensure equipment safety – stretchers, wheelchairs

Rehab/Physio/OT Assistants:
• maintenance of walkers, wheelchairs and other equipment
• speed up discharge by getting patients/residents mobile
• group therapy
• one-on-one speech therapy and swallowing management
• developmental progress of children and adults – hearing, speech
• fabrication of splints and foot orthotics

Activity/Recreation:
• provide holistic care
• educators to patients, residents, families, community
• allow resident choices
• provide stimulus, leisure activities

On job challenges and difficulties

Care Aides:
• residents forgetful – frustrating for RCAs to keep reminding them of things
• residents and family members can be very
demanding; residents excessively using call-bells
• shift work
• heavy workload – not enough time or staff – too much work
• providing care without being given sufficient information about resident – dangerous for resident and RCA
• being forced to give out medications with only one week of training – unsafe practise
• no isolation procedures, i.e. MRSA
• inadequate equipment for lifting – ceiling lifts don’t go in bathroom; lack of supplies
• inexperienced staff not getting proper orientation/training
• each college does things differently – improper training
• low morale, high stress, more injuries
• combative residents
• lack of team work with RNs and LPNs
• staffing levels – staff to resident ratios
• inappropriate use of volunteers

LPNs:
• lack of consistency re: full-scope utilization – different from facility to facility and department to department
• level of responsibility and education not recognized with pay increase (like RNs) – creates animosity with RNs and management
• frequently working short-staffed and overtime – low morale and burnout
• bad rotations – not enough time off in between sets of shifts
• lack of funding/support for education

• safety issues – cluttered hallways, malfunctioning equipment, lack of cleanliness, use of volunteers, verbal/physical abuse from patients
• no Professional Responsibility Forms (PRF) in order to facilitate immediate discussion with management about incidents or problems
• lack of supplies – dressings, commodes with workable brakes, transfer belts
• too many patients to care for – 10 to 17 per shift
• full-scope – no standard provincial guideline
• mentally ill patients not receiving adequate psychiatric care
• lack of LTC beds – acute care beds held up; emergency room overloaded; length of wait for facility care longer
• MRSA/VRE outbreaks – decline in housekeeping skills, lack of isolation rooms
• threat of privatization
• 15% wage rollback
• not recognized as nurses – no respect – “just an LPN”
• filling in for RNs regularly when short-staffed
patients being discharged early – dangerous – at risk for re-admission
hospital closures causing extra patient load for all health care providers
no compensation for orientation of new employees or students

Porters:
- shortage of supplies – 02 tanks, IV poles, wheelchairs, stretchers
- malfunctioning equipment
- patient not ready for pick-up to go to appointment – no help available
- workload schedules – three tests booked at one time – no dispatch, so must prioritize calls
- lack of information on patient (infection, violence)
- no proper lifts, need updated equipment for morgue
- unit asking for improper mode of transport equipment
- lack of RN respect and cooperation – dealing with rude staff

Rehab/Physio/OT Assistants:
- coordination with other disciplines
- lack of understanding about our scope of practise – therapists not wanting to let us work to full scope
- benchmarks don’t reflect job
- workload, short-staffed – safety concerns

Activity/Recreation:
- total responsibility for outings
- work on own time
- too many bosses and meetings
- lack of recognition, ongoing education, supplies, equipment, funding

Care Aides:
- trust – residents tell RCAs things they wouldn’t tell others
- patient advocacy
- bedside hands-on care
- make residents feel special – doing things like their hair/nails, dress them in new clothes
- RCA becomes like surrogate family to residents
- we identify residents’ needs and try to meet them, i.e. pain control
- problem-solving and time management
- in-service training – upgrade new skills
- we help keep patients clean, fed, satisfied and safe – provide love and support, socialization, stimuli

LPNs:
- professionally responsible for patients, staff, public
- following code of ethics
- good communication skills
- we are part of multidisciplinary team for patient care
- can identify problems – diagnostic work
- dedication – willing to take on extra workload when short-staffed
- being asked for input into patient treatment
- provide safe environment for less manageable patients/residents – suicide watch, security versus one-to-one sitter
- critical thinkers, responsible and accountable
- patients trust the care we provide – complete care


“We help keep patients clean, fed, satisfied and safe, and we provide love and support, socialization and stimuli”
frontline health care workers are essential services

sometimes in-charge of unit on nights – no pay for it

conscientious at checking into medication orders and drug interactions

Porters:

- ensure medical stock, equipment, supplies, meds are delivered to appropriate department to provide direct patient care
- communication with patients, families – listening and reassuring
- patient flow efficiency
- work directly with other staff members – multidisciplinary teams

Rehab/Physio/OT Assistants:

- heal and strengthen patient/resident quicker – increase patient mobility
- bed utilization – patient/resident goes home sooner
- rehab from convalescent care to home or assisted living

Activity/Recreation:

- improve quality of life for patients/residents
- support end-of-life; respite care
- improve mental health of patients/residents
- liaise with community

How many people have experienced significant job change?

Care Aides:

- nearly all said yes; younger residents with mental illness mixed in elderly home, more mental and physical disabilities, loss of beds, regionalization

LPNs:

- most said yes; mandated education, increased stress, decreased morale; working to full-scope for two years – giving meds/injections, transcribing doctor’s orders, supporting blood transfusions; checking IVs, ventilators, tracheotomies and blood products, read lab reports/x-rays

Porters:

- the majority said yes

Rehab/Physio/OT Assistants:

- almost all said yes; program now a diploma not a certificate course, more complex care, technical changes

Activity/Recreation:

- all said yes; increase in qualifications and responsibilities
How many see job more challenging, demanding or complex?

Care Aides:
- duties changing – checking blood pressure, pulse, giving meds; acuity of residents is higher – more unknown diagnoses; some facilities encourage RCAs to chart; increased workload with decreased staff; transition from intermediate to complex care; more duties and responsibilities; residents not properly screened for infectious diseases (VRE, MRSA); more obese residents, staffing levels don’t match workload needs

LPNs:
- almost all said yes; increased responsibility and education; change in technology; more IV therapy in LTC, patients more complex with higher acuity

Porters:
- almost all said yes; lack of other positions (i.e. morgue attendant), superbugs, departments don’t coordinate with each other

Rehab/Physio/OT Assistants:
- almost all said yes

Activity/Recreation:
- all said yes; multi-level activity programs, wait lists, more patients/residents and not enough hours in the day

And delegates blame increased sick time on six-day rotations, burn-out, poor staffing ratios, low morale and heavier workloads.
PATIENT CARE TECHNICAL IS AN OCCUPATIONAL GROUP THAT INCLUDES NUMEROUS HIGHLY-SKILLED JOB classifications – such as buyers, ophthalmic technicians, sterile supply technicians, pharmacy technicians, renal techs, cardiology technologists, lab assistants, OR technicians, orthopaedic techs, certified dental assistants, x-ray assistants, food service supervisors, pathology attendants, information technologists, and more.

During their September 29 and 30 conference, more than 100 delegates reported a dramatic expansion in the scope and responsibilities of their work, and expressed their frustration at not being recognized for their professionalism, education, skills, and broad knowledge-base.

Many belong to professional associations and blame sub-standard wages as the main culprit in not being able to maintain a qualified casual work force. Their bargaining priorities included increased wages, benchmark and classification reviews, employer-paid education, workload, a shorter work week, job security, and no concessions to the benefits package.

On what’s important and valuable about their work

**Medical Lab Assistants, Lab Technicians, Pathology Attendants:**
- accuracy and timeliness of work and results – get good quality collection sample and enter the correct test on requisition or in computer
- our sample is a major aid in the diagnosis of patient and subsequent treatment
- collect and handle a variety of specimens
- multi-task and organize workload – time critical collections
- first contact with patients before doctors or nurses see them

**BARGAINING PRIORITIES:**

1. WAGES
2. BENCHMARKS AND CLASSIFICATIONS
3. EMPLOYER-PAID EDUCATION
4. WORKLOAD
5. EDO – SHORTER WORK WEEK
6. NO CONCESSIONS
7. JOB SECURITY/NO CONTRACTING-OUT

**OUR WORK MATTERS!** Bargaining 2006
what we do affects the public

- we train technologists, paramedics, nurses, other lab assistants and students

**Pathology Attendant:**
- prepares for, assists with or performs autopsies and surgical specimen examinations – preparing bodies for release to funeral homes; dissects, examines, weighs and photographs organs and specimens, collects tissue specimens for chemical analysis and records findings; cleans and maintains autopsy, surgical and other equipment used in the morgue

**Certified Dental Assistants:**
- oral health is very important
- patient support, pain management
- alleviate fear
- educate the public

**Buyers:**
- gate-keepers for spending – “best bang for your buck” – saves health care dollars
- purchase everything that is used in hospitals – MRI machines, pens, medical and surgical supplies, etc.
- authorize purchase requests
- problem-solvers
- deal with “rush” requests
- if we didn’t do our jobs, no other service could be provided (i.e. surgeries)

**Ophthalmic Technicians/Photographers, OR Respiratory Aide:**
- diagnostic medical testing – retinal photography of blood vessels inside eye; digital black and white angiography of the blood vessels inside eye to diagnose retinal conditions such as AMD, diabetes, malignancies, hemorrhages, vascular conditions; slit lamp photography of external parts of eye; visual field testing; ultrasound A scan and keratometry
- sterilize instruments/lenses for laser surgery
- assist doctors in making medical diagnoses and formulating treatments
- skill and ongoing training
- experience/education
- critical skills thinking, independent thinking
- essential service provider to doctors

**Food Service Supervisors:**
- provide safe and nutritious meals
- process doctor/dietician orders to make sure it is received by the patients
- take into consideration all eating challenges such as dysphagia, mouth sores, wired jaw (fixture modification)
- liaise with and educate family/care providers on post-stay care
- consultation for dieticians – write diet orders
- develop recipes/menus
- inventory/ordering
- ever-changing diets with respect to diabetes/renal
- product analysis and quality assurance following government guidelines
- catering/cafeteria, meals-on-wheels – revenue generation

**Computer Technicians, IT, Telecom Specialist, Technical Assistant, Tech Analyst:**
- all patient care/business systems are totally reliant on telecom/computer services
• enables regionalization
• electronic health records accessible across some facilities
• support patient info systems – health care relying more and more on data and systems
• many systems are critical – i.e. PACs, lab systems, telephone systems
• if computer system goes down, affects patient care
• other hospitals can access information immediately – not possible without computer system

Central Sterile Supply:
• provide technical services
• manage time efficiently from surgical slate
• ensure equipment and supplies are cleaned and sterilized; are functional and correctly assembled
• provide infection control for patient and staff safety – preventing infection and contamination
• resource for equipment and supplies

Cardiology Technologists:
• relay pertinent diagnostic information to physicians through 12-head ECG testing, 24-hour Holters (ambulatory cardiac monitor), exercise tolerance testing, nuclear cardiac testing, devices (pacemakers – cardiac arrhythmia devices – interrogation and programming and follow-up clinics/programming), pacemaker implants/explants
• provide analysis of data/procedures to pertinent personnel (RNs, physicians, allied health professionals)
• ambulatory BP monitoring; tilt table and electrophysiology testing
• respond to cardiac arrest (Code Blue)
• patient teaching

• act as a triage component
• often a primary care responder – i.e. respond to patients’ physical signs and symptoms prior to, during and post-diagnostic testing
• a technologist’s analysis, accuracy, knowledge and prompt response are essential
• physicians rely on our expertise to diagnose
• we recognize dangerous arrhythmias and know how to proceed

Renal Technicians:
• decipher doctor’s orders for running machines (on different patients)
• direct patient contact; frontline person for patient safety
• support for nurses and other staff
• troubleshooting
• on-call
• respond to drug-overdoses
• teach/mentor students

Pharmacy Technicians:
• fill prescriptions, mix IV bags, chemo products, TPN (IV nutritional feed), antibiotics
• manage/produce/distribute narcotics
• purchase drugs, inventory control
• clinical trial projects
• provide adequate training for new staff
• optimize drug therapy for best patient outcome
• drug safety
• develop safety standards and policies for pharmacy/chemotherapy
• extensive drug knowledge
• added responsibility as a result of pharmacist shortage (i.e. checking, order entering/editing)
• accurate distribution of all patient medications
• accurate interpretation of physician’s orders
• handle cytotoxic and hazardous materials

On job challenges and difficulties

Medical Lab Assistants, Lab Technicians, Pathology Attendants:
• high-risk difficult collections (i.e. IV drug users, VRE, MRSA, HIV, Hepatitis) – being exposed to infectious diseases
• needlestick injuries, violent patients
• lack of coverage – no replacement for sick calls
• recruitment issues – staff going to private labs (less work, more money)
• workload and working alone – high stress and low morale
• hard to keep up with ever-changing computer systems
• no training in Code White (violent, psychiatric patients) or patient lifting
• lack of resources – carts, cotton, wool, equipment, supplies, needle-less system

Certified Dental Assistants:
• low morale
• wages
• workload
• communication with management
• short-staffed – no breaks, no overtime

Buyers:
• workload
• regionalization, but no additional staff
• resistance to change
• hiring more coordinators versus buyers
• clinicians requesting products versus contracted products (at wholesale)
• buyers not allowed to attend product workshops, conferences
• lack of education funding
• outside influences – freight/courier strikes – finding alternate way to have supplies delivered
• maintain good relationships with vendors

Ophthalmic Technicians/Photographers, OR Respiratory Aide:
• equipment failures
• not being treated as part of the team

“Media portrays our work as poor rather than exposing problems with the system”

we prepare your life-saving medication
• continuing paid education and upgrading (often out-of-pocket)
• personality conflicts (short-staff, workload, stress)
• lack of knowledge of what we do professionally (union, employer, public)
• constant rotation changes
• workload and short-staffed – not enough training
• exposed to many infectious diseases in the OR

Food Service Supervisors:
• supervising fellow union members
• recruitment – can’t attract workers into smaller regions (rural areas)
• low staff morale – high sick time
• low quality with re-thermalized food – fear of job loss
• patient/resident complaints
• media portrays our work as poor rather than exposing problems with the system
• fighting with other departments about whose budget a product should come from
• technological changes, lack of training

Computer Technicians, IT, Telecom Specialist, Technical Assistant, Tech Analyst:
• not having access to good functioning equipment/updated patient info
• regionalization has had a huge impact – loss of support on-site, limited opportunities for job advancement or experience, workload has increased, service levels have decreased; travel issues, out-of-pocket expenses, decrease in service levels
• have to constantly upgrade skills
• more excluded staff doing jobs formerly done by HEU members; contractors working never-ending “special projects”
• low morale – wage rollback, loss of EDOs, no training or lack of technical training

Central Sterile Supply:
• nurses and doctors wanting to speed up the process and ignore protocol – pressure on turn-around time
• no training/education for our staff or others who use our products/services
no conformity – vocabulary (instruments), protocol
stress – many demands are made; heavy workload; resources are few
training students/new staff and doing full job duties at the same time
old equipment
technology constantly changing
lack of procedural updates on new equipment
safety – WCB, ergonomics, safety protocols are not adhered to
responsibility – legally, your signature is on equipment/supplies/instruments ensuring they are correct and sterile

Cardiology Technologists:
- exposure to patients with “unknown bugs” at triage and on nursing units
- exposure to bodily fluids
- preceptoring new cardio students at beginning of their practicum while maintaining normal work-load
- working short and through breaks/lunches
- no relief – lack of casuals – difficult recruiting (education costs)
- increase in patient population and patient acuity

Renal Technicians:
- different job requirements at different facilities – difference between community and facility sectors; different unions
- increase in dialysis patients of five per cent a year – pressure
- increased responsibility
- exposure to blood, blood products
- nurses don’t understand what we do
- benchmark and job description don’t recognize troubleshooting, answering alarms, patient contact
- in surgery, maintain patients’ potassium levels – with no supervisor
- management refusal to pay for education or conferences (in renal unit, money goes to nurse education)
- urgency – must always prioritize
- teaching students

Pharmacy Technicians:
- workload
- hiring and training; lack of staff causes multi-tasking
- rapidly changing technology
- patient safety – tech checking tech’s work
- increased responsibility without authority
- RNs demand drugs – no pharmacist available to approve it, so forced either to dispense it or make RN wait
- time pressures and working under pressure
- increased home IV without pay increase
- inadequate physical space – crowded, insufficient work areas
- no sick/vacation relief
- exact – accuracy, skills, high knowledge level, purchasing, dispensing
- high stress
- chemo/blood products/needles – exposure to toxic drugs
- keeping up with education/new policies
- life-death consequences of errors made
- constant phone calls and interruptions from nursing units re: lost meds, when are meds arriving?
- very bad computer system – too many injuries – repetitive strain injuries – WCB not recognizing these injuries now
- lack of morale; too many daily sick calls; lost EDO days
lost wages – loss of dignity – some people had to move, some now have two jobs

On contributing to quality patient care

Medical Lab Assistants, Lab Technicians, Pathology Attendants:
- follow isolation procedures – gloves, gowns
- put patients at ease with procedures
- skill – good collections mean accurate test results – therefore correct diagnosis and treatment
- save patients from double-pokes by adding to previous blood work where possible – add different tests, limit unnecessary pokes
- essential part of diagnostic team – and faxing results to doctors or clinics
- correct handling and transportation of specimens – proper amount of dry ice, bubble wrap, etc.
- proper identification of patients and samples of body fluids – and proper collection procedures for samples done at home
- knowledge of medication levels

Certified Dental Assistants:
- healthy mouths make healthy people
- no treatment can begin without a healthy mouth (i.e. cardiac/oncology)
- adds to an already compromised health condition if patient is unable to eat
- educate the public on good oral hygiene

Buyers:
- first impression for the organization
- provide product for “care”
- negotiate contracts to allow the dollar (savings) to be used for more purchases
- pulling rabbits out of hats to provide for “rush” request – needed “yesterday”!

Coordinate products within amalgamated regions
- ensure standardization, WCB qualifications are met

Ophthalmic Technicians/Photographers, OR Respiratory Aide:
- frontline workers in eye disease
- think on your feet, problem-solver
- ensure products are sterile and equipment functions correctly
- your attitude in different situations – i.e. good quality care considering workload pressures

Food Service Supervisors:
- food provides life/healing
- social component of meal time
- faster healing reduces number of patient days in hospital
- focus on individual care

Computer Technicians, IT, Telecom Specialist, Technical Assistant, Tech Analyst:
- we provide support for the systems which provide good quality care
• facilitate internal/external information transfer with email/voice mail systems; web access; keeping clinical patient info online and available at all sites; business systems online; video conferencing
• fast patient record retrieval; internet access for clinical research
• cost savings to health care system because integrated systems reduce need for repeat tests (x-rays, lab work)
• statistics extracted from patient charts will impact health care so must be accurate
• video-teleconference for pharmacy results
• data repositories and disaster recovery

Central Sterile Supply:
• assurance of sterile supplies
• test supplies/instruments – working properly and not damaged
• ensure equipment/instruments ready and available for surgery
• multi-task in OR and rest of the hospital
• educate others on handling sterile products and performing sterile procedures
• grassroots, first line of defence against infection
• quality assurance and troubleshooting

Cardiology Technologists:
• provide patient with a better quality of life due to proper treatment (i.e. implant a pacemaker so that patient does not die/is able to exert self)
• implant a cardiac defibrillator to interrupt life-threatening arrhythmias
• immediate response to urgent or critical situations/emergencies – we are expected to notify RNs/physicians of situations and in some cases act as a first-responder
• follow-up testing/evaluation
• we are highly skilled individuals and provide patient education

Renal Technicians:
• people die without Renal Techs
• required to have CPR in community unit
• higher education – pre-requisites for courses are high; to get into Renal course: two years post-grad Science, one year post-grad English, medical terminology, one year patient care experience
• ability to make quick decisions and react
• respond to patients in distress; improve their quality of life; provide comfort/reassurance – patient becomes anxious when alarms go off
• patient education and teaching students

Pharmacy Technicians:
• operations would be cancelled if there are no meds for patients
• we have a professional certification
• fast accurate drug deliveries – patient gets better sooner; our job helps make people healthy – saves lives, prevents disease
• do counselling
• STAT IV orders are done in Pharmacy not on nursing units
• correct order entry ensures correct MARs, so nursing responsibility and accountability less
• proper training of pharmacists, students and residents results in better clinical results
• taking over pharmacist role in distribution frees pharmacist to do more clinical work – they can use their expertise in more appropriate areas
• Quality Assurance standards in place to ensure patient safety

“Renal technicians respond to patients in distress; improve their quality of life; provide comfort and reassurance”
• outpatient IV therapy
• “Five Rights of Pharmacy”: drug, time, dose, route, patient
• testing of sterile IV products
• continuing education to improve skills and knowledge (even if out of our own pocket)

How many see job more challenging, demanding or complex?

Medical Lab Assistants, Lab Technicians, Pathology Attendants:
• all said yes; a lot more computer work – entering results, requisitions; huge increase in cardio work; working alone with no breaks more often

Certified Dental Assistants, Buyers, Ophthalmic Technicians/Photographers, OR Respiratory Aide:
• all said yes

Food Service Supervisors:
• all said yes; managerial duties left for FSS now that most managers work off-site

Central Sterile Supply:
• only one said yes

Cardiology Technologists/Renal Technicians:
• all said yes; increased workload and responsibilities, more formal education rather than in-house training, complexity of technology – programming, interpreting and troubleshooting, doing more supervision

Pharmacy Technicians:
• almost all said yes; higher patient acuity, less supervision (technicians supervising each other), nobody to advocate at meetings (because less managers); order entry, more drugs, new innovations – more complex procedures, specialist requiring special meds for pain control, regionalization, computer technology, increase in batching and retail pharmacy, change from traditional to unit dose, new pharmacy system, increase in scope of practice

Almost all delegates say their workloads are heavier, they work through breaks, and sick time is higher than ever with more repetitive stress injuries, more sick time used for appointments, stress days, and duty to accommodate programs.

Note:
The HEU Patient Care Technical Sub-committee collected nearly 300 questionnaires, which were distributed to members at facilities around the province, to get an idea about the kind of work they do and what their bargaining issues included.
During the Community Health Conference on October 12 and 13, about 40 delegates gathered to develop bargaining priorities, elect a bargaining committee, learn about each other’s work, and discuss issues related to working with BC’s most vulnerable and marginalized citizens in group homes, residential community living homes, supported employment programs, clinics, private homes, adult day programs and mental health drop-in centres.

Working in challenging and often unrecognized jobs, community health workers provide support to people – from children to seniors – with mental illness, anxiety disorders, drug and alcohol addictions, acquired brain injuries, and those with other physical and mental diagnoses.

Many community health workers are exposed to dangerous situations and contagious diseases – including scabies, bed bugs, lice – on a regular basis, and are supporting clients with higher acuity levels, dual or multiple diagnoses, and violent behaviours. Other major workplace issues include broadened job descriptions, short-staffing, program and facility closures, government funding cuts, and staff safety.

On what’s important and valuable about their work

Outreach worker, Rehab worker (vocational, support, psycho-social), Support worker, Program worker, Health Clerk, Care Aide, Mental Health worker, Court Outreach worker, Home Care/Life Skills Clerk, Team Leader, Activity worker, Team Clerk, Cook, Shelter Support worker, Staffing Clerk, Community Living Support worker, Community Health worker (also Home Support worker)

• advocate for clients – give them a voice
• help clients become more independent, develop life skills, and have a better quality of life

• liaise with family, social agencies, community organizations

**Bargaining Priorities:**

1. WAGES AND COMPARABILITY
2. HEALTH AND WELFARE BENEFITS
3. VEHICLE ALLOWANCES AND MILEAGE INCREASES
4. PENSIONS RESTORED
5. JOB SECURITY/NO CONTRACTING-OUT
6. EMPLOYEE ASSISTANCE PROGRAM REINSTATED
• provide education and networking opportunities for community and families
• intervention to prevent hospitalization or institutionalization and keep client in own community and preferably own home
• cost-savings to taxpayers because hospitalization is about $1,200 a day per patient
• counselling and socialization for clients
• prevent police involvement
• continuity of care – daily assessment of needs, maintain medical care
• home support is an affordable alternative for clients to remain in the comfort of their homes and communities
• provide a basic, yet complex, service that people should be entitled to – help people in need
• clerical – first contact for the client, family; schedule home support workers and clients; bill for home support services
• residents become more independent through participation in activities such as cooking
• we become like family to residents and provide a support system
• provide opportunities to focus on what’s good and happy – positive things – for the residents rather than focusing on their illnesses
• offer respite care to allow caregivers “a break”
• do chores – laundry, housekeeping, cooking
• provide safe and secure “home” environment
• personal care – toileting, feeding, changing and bathing

“Home support is an affordable alternative for clients to remain in the comfort of their homes and communities”

• social and recreational stimulation for isolated, frail seniors
• provide vocational, leisure and volunteer opportunities
• arrange low income housing for clients with mental illness – offer support; teach life skills and options for more independent living; provide programs, activities, anger management tools
• abortion is an essential service – 25-33 per cent of all women have at least one abortion; assure client/patient safety to abortion services; provide counselling
• offer food and shelter to homeless people in Vancouver’s downtown eastside
• provide social structure for clients
• addiction services and treatments – giving services to people who have very little support and no place to go

On job challenges and difficulties

• regularly working in crisis mode
• shortage of staff – no replacements – working alone (safety concern)
• need more addictions training for counselling clients
• workload – high resident/client to staff ratio; higher acuity
• lack of services/resources due to government cuts

help us cope, help us instill hope
• clerical – lack of relief staff, multi-tasking, workload, missing breaks and not getting overtime, constant changes in computer programs/software
• expected to multi-task all job duties – dispense medications, cook, do laundry, wash floors; do care aide, plumber, electrician duties – no support
• not enough training for issues we’re dealing with – some clients have concurrent disorders – require more medical care
• janitorial duties due to cuts
• unsafe homes and living conditions
• no debriefing – client suicides, finding dead bodies
• environment on street, unsafe buildings, physical/verbal/sexual assaults
• clients have more legal rights than workers
• stress – holding up a system that’s falling down
• not feeling safe driving clients in personal vehicle
• additional paperwork with no additional time to complete them – quarterly reports, monthly reports – should be done by management
• not all clients have the equipment and supplies (including food) needed to provide their care or make nutritious meals – workers not allowed to shop for clients
• travel time inadequate between clients when doing home support visits in large geographical regions – road and weather conditions are a safety issue; rising fuel costs
• dealing with disrespectful, unskilled, bullying, non-supportive management – questioning and wanting proof of illness; expectation to accept abuse/violence from clients
• no coffee or lunch breaks
• needlestick injuries – lack of safety training
• re-deployment to another worksite when client not available

• not enough time to accomplish expectations – daily therapeutic programs go by the wayside in order to do housekeeping and maintenance duties
• lack of support from colleagues and management
• workers hired at different rates for doing the same job
• deficit means jobs are threatened – lack of money for interpretation services
• not compensated for overtime
• safety is a concern for abortion providers
• group sizes for workshops have drastically increased

On contributing to quality care

• improve self-esteem and empower clients – giving them hope for the future
• develop recovery plans
• build trust with clients to provide better intervention and be a sounding board for personal issues
• community care saves the health care system a lot of money

OUR WORK MATTERS! Bargaining 2006
provide shelter, resources, supportive listening to homeless women and offer resource referrals

• clerical – essential to running the office; clients would not get timely care without us; provide clinicians with charts and accurate information so they can do their jobs efficiently

• reinforce daily living skills (mental health, personal hygiene)

• increased activities keep clients and residents more active – improves quality of life, independence, wellness/health

• intake work involves addressing many concerns – security, safety, pain control, and myths about abortion

• provide non-judgemental support

• clients receiving counselling services from non-medical workers – emotional support and education contribute to clients’ overall health and the ability to make good health care and mental health decisions

• contribute to women’s access to safe, legal abortions with counselling

• meet basic human needs and human rights

• diversity in the workplace provides more relevant services

• excellent discharge and follow-up planning

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How many people have experienced significant job change?

Rehab Support, Court Outreach, Outreach, Community Living Support, Life Skills Clerk

• all said yes

Community Health, Home Support workers

• all said yes; less staff, more complex and challenging clients, government cutbacks (duties have changed)

Clerks

• more than half said yes

Program, Program Support, Activity workers

• all said yes; medical responsibilities have increased – tube feeds, give meds – with only a one-hour orientation; decrease in work hours and wages, but increase in workload

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How many see job more challenging, demanding or complex?

Rehab Support, Court Outreach, Outreach, Community Living Support, Life Skills Clerk

• almost all said yes; now doing recovery plan not just a needs-only assessment; dealing with client base not assigned elsewhere (i.e. multi-diagnoses); incomplete paperwork doesn’t give workers enough information about clients when assessing; bed closures keeping “at risk” clients in community longer

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we support the people society ignores
Community Health, Home Support workers
- all said yes; more drug addicts need different care – lack of safety, lack of training for workers, time cut to work with clients and residents

Clerks
- most said yes

Program, Program Support, Activity workers
- all said yes; level of education does not match level of responsibility; no prep time to formulate activities; less time and more responsibilities; no time to communicate or debrief with co-workers

Has your workload increased in the last year?
Rehab Support, Court Outreach, Outreach, Community Living Support, Life Skills Clerk
- all said yes

Community Health, Home Support workers
- all said yes; not enough time for clients as higher level of care is required, managing difficult behaviours of “harder to house” clients (i.e. women’s shelters)

Clerks
- most said yes

Program, Program Support, Activity workers
- all said yes

How many of you work through breaks or overtime without compensation?
Rehab Support, Court Outreach, Outreach, Community Living Support, Life Skills Clerk
- the majority said yes
Community Health, Home Support workers
- almost all said yes; in home support there is no set place to go for breaks, too many tasks in one day, we want to spend quality time with clients without rushing

Clerks
- all said yes

Program, Program Support, Activity workers
- all said yes

Has sick time increased over the past year?

Rehab Support, Court Outreach, Outreach, Community Living Support, Life Skills Clerk
- all said yes; feel overwhelmed, exhausted, run-down, stressed, disillusioned; lack of respect

Community Health, Home Support workers
- all said yes; more stress, higher workload, exposure to illness of clients who should be hospitalized

Clerks
- almost all said yes

Program, Program Support, Activity workers
- most said yes

Note:
Community health workers are represented by two different bargaining associations – the community health bargaining association and the paramedical professional bargaining association.
About 30 delegates attending HEU’s Community Social Services Conference in Victoria on October 19 and 20 say their top priority is restoring the collective bargaining rights stripped from them in 2004 – including the elimination of the Memorandum of Agreement on Equity Adjustment for Parity, and successorship rights.

A four-step increment was also applied to the wage grid, and wage rates for new hires were rolled back by nearly 18 per cent.

Workers in community social services provide a range of supports to people with physical, mental and developmental disabilities, children who witness or experience abuse, young offenders, people with drug and alcohol addictions, and women encountering domestic violence.

Delegates expressed their frustration with government cuts – $383 million was chopped from the sector over the last four years – and without proper resources, the goal of promoting independent and community-based living is increasingly challenged and under-funding threatens to turn back the clock to institutional care.

Short-staffing, insufficient job training and education, escalating workplace violence, pressure to come to work when sick, and ever-expanding job descriptions were also cited as challenges.

### Bargaining Priorities:

1. **Wages**
2. **Health and Welfare Benefits** – restore to previous levels
3. **Sick Time** – restore to 100% and 1.5 days/month accrual
4. **RRSP** – increase employer-paid percentage
5. **Successorship/Bumping** – restore to pre-Bill 29
6. **Casuals** – entitled to stat pay, call-in by seniority
7. **Safety/Violence Language** – no working alone
8. **Improvements to Grievance Procedure**
On what’s important and valuable about their work

- advocate for individual rights – many clients are non-verbal and we give them an effective voice
- community interaction for public and clients
- educate the public about “unique” individuals and their needs – promote awareness in the community
- promote acceptance and a sense of “normality”
- provide client access and integration into the community
- to ensure that quality of life is at its utmost for our clients/residents
- stretch budgets to help clients get what they need
- support clients in daily living and skills-building to participate in the community
- our training and education are important – behavioural issues, medications, various treatments
- help families stay together – provide respite care for caregivers; help clients reconnect with their families; keep families safe
- primary caregivers – assist with physical, emotional, mental, spiritual needs
- seek opportunities in the community for clients
- provide a safe and secure environment for people with disabilities
- try to keep clients in their communities
- promote independence – work, social living arrangements, etc.
- provide work experience
- develop care plans for clients
- support the children in the community

On job challenges and difficulties:

- management – lack of communication, recognition, respect, appreciation – devalue employees
- ignorance – public not understanding our clients
- lack of funding – uncaring government, unfair employers/managers
- workload – short-staffing, poorly trained casuals, working alone, violent incidents, more paperwork
- workers becoming de-sensitized due to working conditions
- non-profit and for-profit agencies have the ability to promote employees, but they are not doing that
- safety issues for staff – exposure to bodily fluids, violence
- low staff morale, apathy
- high stress levels; burnout and aging staff
- with no continuity of care, there is an increase in behavioural problems
- lack of in-services, appropriate orientation or training, and upgrading opportunities
- lack of time off and opportunities for self-care
• insufficient staffing levels – time restraints for client care
• limited resources – equipment repair or replacement slow to non-existent
• lack of job security
• aging clients with multiple diagnoses
• changed laws
• not enough training in drug and alcohol, mental health issues
• more violence and verbal abuse from clients
• more mental health clients than behavioural/life transitions
• parental involvement – negative, accusatory
• accreditation

On contributing to quality care

• we always put our clients first – we care
• provide community and family support
• we maintain high standards of care
• we take pride in ourselves and our work within our communities
• we are positive role models
• we educate ourselves, our clients, the public – networking
• good work ethic, reliable, professional – positive attitude
• direct client-focused care – advocacy, commitment, encouragement, acceptance
• offer respect and safe living environment, providing a “home”

• integrate client into work force
• help build self-esteem by supporting choices wherever possible and promote independence
• relationship building and emotional support
• provide accurate care plans
• stability for clients
• take pressure off acute and institutional care
• liaison to other medical professionals
• provide recreational activities (holidays) – we are sometimes the only family our clients have

Has your workload increased in the last year?

Program Support workers, Community Support workers, Residential Care workers *
Group 1

• all said yes; don’t have a job description – keep adding to workload (i.e. mow the lawn, take van to the garage for repairs)
Community support workers, RCA, Human Service workers * Group 2
- all said yes; layoffs and cutbacks (including hours cut), increased paperwork and administration work, lack of casuals, more clients with higher level of care

Residential Care workers, Community Support workers, Day Program workers, RCW/Payroll Clerks, Residential Counsellors * Group 3
- all said yes; more clients with higher acuity, increased paperwork, workload due to unfilled vacancies, more staff being injured, residents more agitated because staff can’t spend the needed time with them (lack of regular staff), changes to clients’ regular routines cause behavioural problems, violent residents because of medication changes due to accreditation

Residential Counsellors, Day Program Supervisors, Residential Care workers, Day Program Coordinators, Child Counsellors, Vocational Trainers * Group 4
- all said yes; when short-staffed, clients are trapped at home – potential for increased violence; too much overtime (long hours) – working alone

Has sick time increased over the past year?

Program Support workers, Community Support workers, Residential Care workers * Group 1
- less than half said yes; afraid to call in sick, benefits only pay 80 per cent of sick time so we come to work sick

Community support workers, RCA, Human Service workers * Group 2
- half said yes; WCB increase, people are working sick

Residential Care workers, Community Support workers, Day Program workers, RCW/Payroll Clerks, Residential Counsellors * Group 3
- the majority said yes; however most are afraid to call in sick because employer uses “continuity of care” to deter staff from taking sick time or leaves

Residential Counsellors, Day Program Supervisors, Residential Care workers, Day Program Coordinators, Child Counsellors, Vocational Trainers * Group 4
- less than half said yes

GROUP 4 POEM:
The fact that you need help, José
Is neither here nor there.
There is only one staff here today
It’s not that I don’t care.
I’ll be right there to give a hand
And help you with your care.
But first there are four others here
You’ll have to learn to share.

COMMUNITY SOCIAL SERVICES BARGAINING COMMITTEE

(*elected by conference delegates)
AL REFORD
SHEILA BRENTON
DON SATHER
ANNIKA LUND (ALTERNATE)
MARGARET CAVIN (ALTERNATE)

Note:
HEU’s community social services workers bargain as part of the Union Bargaining Association (UBA) with BCGEU, CUPE and HSA.
notes: