The interpretations in this manual are provided on a **without prejudice, errors and omissions basis** to any position Unions in the Nurses’ Association of Bargaining Agents may take in any arbitral proceeding or any other forum.
1. How the BCNU is Organized

**Stewards**
Each worksite elects Stewards every two years. All members at the worksite have the right to run and vote in worksite elections.

Stewards have the authority to represent the BCNU at the worksite and to act on behalf of the members.

**Regions**
The province is divided into 16 BCNU Regions. Each elects a Regional Executive which meets at least 3 times a year. The Region also elects members to the Provincial Council.

**Provincial Council**
The provincial council includes the Regional representatives and the Executive of the BCNU. The council is the governing body of the Union when the Convention is not in session.

**Executive of the BCNU**
The elected officers of the Union are, President, Vice President, Treasurer, and 2 Executive Councillors. The Executive is elected by mail ballot of the membership.

**Convention**
The Annual Convention of the BCNU is the governing body of the Union. Each Region elects delegates to the convention.

A member has the right to run for a worksite, regional or provincial position.

2. Glossary of Labour Terms

**Across the Board Adjustment**
Change in pay rates made for all employees in a workplace or particular group.

**Adjudication**
The equivalent to grievance arbitration; a method under the Public Service Employee Relations Act of providing a settlement of disputes arising out of the terms of any Agreement.

**Affiliated Union**
A union which is a member of a group of unions.

**Agency Shop**
A clause in a collective agreement similar to the Rand Formula.

**Agreement, Collective**
A contract (agreement and contract are used interchangeably) between the unions acting as bargaining agent and the employers covering wages, hours, working conditions, fringe benefits, rights of workers and union, and procedures to be followed in settling disputes and grievances.

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Arbitration
A method of settling disputes through the intervention of a third party whose decision is final and binding. Arbitration is often used to settle major grievances and for settling contract interpretation disputes. Voluntary arbitration is that agreed to by the parties without statutory compulsion. Compulsory arbitration is that imposed by law. Governments sometimes impose it to avoid a strike or to end one.

Assessments
Special charges levied by unions to meet particular financial needs.

Back Pay
Wages due for past services of the difference between money already received and a higher amount resulting from a change in wage rates.

Bargaining Agent
A union designated by a Labour Relations Board as the exclusive representative of all employees in a bargaining unit for the purpose of collective bargaining.

Bargaining Unit
An employee group recognized by the Labour Relations Board as the appropriate unit for collective bargaining.

Base Rate
The lowest rate of pay expressed in hourly terms for the lowest paid qualified worker classification in the bargaining unit to be confused with basic rate which is the straight-time rate of pay per hour, job or unit, excluding premiums, incentive bonuses, etc.

Benefits
Non-wage benefits such as paid vacations, pensions, health and welfare provisions, life insurance, etc, the cost of which is borne in whole or in part by the employer.

Blue-collar Workers
Production and maintenance workers as contrasted to office and professional personnel.

Canadian Federation of Nurses Unions (CFNU)
The CFNU is the Canadian Federation of BCNU, UNA, SUN, MNU, PNBNU, NSNU, NLNU, and nurses in the Professional Institute of the Public Service - Nursing Groups (PIPSC-NG)

Canadian Labour Congress (CLC)
Canada’s national labour body representing over 60 per cent of organized labour in the country.

Cease and Desist Order
An order by the Labour Relations Board directing a party to refrain from doing something.

Certification
Official designation by a labour relations board or similar government agency of a union as sole and exclusive bargaining agent, following proof of majority support among employees in a bargaining unit.

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Checkoff
A clause in a collective agreement authorizing an employer to deduct union dues and sometimes, other assessments and transmit these funds to the union. There are four main types: the first three apply to union members only

1. Voluntary revocable;
2. Voluntary irrevocable;
3. Compulsory;
4. Rand Formula - dues deducted from union and non-union employees.

Classification Plan
A job evaluation method based on comparison of jobs against a money scale.

Closed Shop
A provision in a collective agreement whereby all employees in a bargaining unit must be union members in good standing before being hired, and new employees hired through the union.

Collective Agreement
An agreement in writing between a union and an employer setting out the terms and conditions of employment, including rates of pay and hours of work.

Collective Bargaining
Method of determining wages, hours and other conditions of employment through direct negotiations between the union and employer. Normally the result of collective bargaining is a written contract which covers all employees in the bargaining unit, both union members and non-members.

Conciliation - See Mediation

Company Union
A one-company group of employees frequently organized or inspired by management and usually dominated by the employer.

Confederation of National Trade Unions (CNTU)
A Quebec-based central labour body.

Consumer Price Index
Statistics Canada’s monthly statistical study which checks retail prices of selected consumer items in a representative group of cities. Strictly, it is not a “cost-of-living” index though it is often so described.

Contracting out
Practice of employer having work performed by an outside contractor and not by regular employees in the unit. Not to be confused with subcontracting, which is the practice of a contractor delegating part of his work to a subcontractor.

Contract - See Agreement
Contract Proposals
Proposed changes to the collective agreement put forward by the union or the employer and subject to collective bargaining.

Cost-of-living Allowance
Periodic pay increase based on changes in the Consumer Price Index sometimes with a stated top limit.

Decertification
Withdrawal by a Labour Relations Board of its certification of a union as exclusive bargaining representative.

Demolition
Transferring an employee to a job involving reduced responsibilities and duties and possibly a reduction in pay.

Discipline Clause
A section of a collective bargaining agreement reserving to management the right to penalize employees for disobedience.

Dues
Periodic payments by union members for the financial support of their union.

Essential Services
Services the Labour Relations Board considers necessary or essential to prevent immediate and serious danger to the health, safety or welfare of the residents of British Columbia.

Global Orders
Orders issued by the Labour Relations Board to guide the establishment of essential services.

Grievance
Complaint against management by one or more employees, or a union, concerning an alleged breach of the collective agreement or an alleged injustice. Procedure for the handling of grievances is usually defined in the agreement. The last step of the procedure is usually arbitration.

Hiring Hall
A headquarters from which a union fills a request for workers. A central hiring hall is a place where union workers gather for referral to seasonal or casual jobs. A joint hiring hall is sponsored by employers as well as a union. A preferential hiring hall is one in which union members get first referral of jobs.

Incentive Pay
Method of pay which varies according to production. Pay may depend upon a number of pieces or work completed by individual or groups of workers. Wages may be paid on a piece, bonus or premium basis. Contracts guarantee incentive workers a minimum hourly rate.

Injunction
A court order restraining an employer or union from committing or engaging in certain acts.

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**Interest Arbitration**
Settlement of a collective bargaining dispute over what terms and conditions are to be included in a collective agreement by having an impartial third party conduct a hearing and render a decision that is binding on both the union and the employer.

**International Labour Organization (ILO)**
Tripartite world body representative of labour, management and government, an agency of the United Nations. It disseminates labour information and sets minimum international labour standards, called conventions offered to member nations for adoption. Its headquarters are in Geneva, Switzerland.

**International Union**
A union which has members in both Canada and the United States.

**Job Action**
- Planned activities to:
  - support the bargaining team
  - mobilize and educate the membership and
  - put pressure on the Employer

Any job action which involves withdrawal of services cannot be initiated until five Labour Relations Board (LRB) conditions are met:
- CA has expired
- bargaining has broken down
- a strike vote has been taken
- essential services levels are in place
- 72 hours has elapsed since strike notice was filed/served with the LRB Rallies and lobbying activities can be held at any time.

**Job Analysis**
Investigation of duties and operations of a job to determine its requirements in terms of human abilities and relationships.

**Job Classification**
Job rating based on an analysis of the requirements of the work.

**Job Content**
The actual duties which make up a job.

**Job Description**
A part of job evaluation involving a review of the nature of the work, its relation to other jobs, the working conditions, the degree of responsibility and the other qualifications called for by the work.

**Job Evaluation**
A system designed to create a hierarchy of jobs based on factors such as skill, responsibility or experience, time and effort. Often used for the purpose of arriving at a rational system of wage differentials between jobs or classes of jobs.

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Job Security
A provision in a collective agreement protecting a worker’s job, as in the introduction of new methods or machines, downsizing.

Jurisdictional Dispute
A dispute between two or more unions as to which one shall represent a group of employees in collective bargaining or as to whose members shall perform a certain kind of work.

Labour College of Canada
Institution of higher education for trade union members operated by the Canadian Labour Congress for the purpose of providing a training ground for future trade union leaders.

Labour Council
Organization composed of locals of CLC-affiliated unions in a given community or district.

Labour Relations Board
A board established under provincial or federal labour relations legislation to administer labour law, including certification of trade unions as bargaining agents, investigation of unfair labour practices and other functions prescribed under the legislation.

Layoff
Temporary, prolonged, or final separation from employment as a result of lack of work.

Leave of Absence
Permitted absence for an employee for a limited period ordinarily without pay.

Local (Union)
Also known as lodge, or branch. The basic unit of union organization. Trade unions are usually divided into a number of locals for the purpose of local administration.

These locals have their own constitutions and elect their own officers. They are usually responsible for the negotiation and day-to-day administration of the collective agreements covering their members.

Lockout
A labour dispute in which management refuses work to employees or closes its establishment in order to force a settlement on its terms.

Maintenance of Membership
A provision in a collective agreement stating that no worker need join the union as a condition of employment, but all workers who voluntarily join must maintain their membership for the duration of the agreement as a condition of continued employment. See Union Security.

Management Rights, Employer Rights
The body of rights including hiring, scheduling of hours of operation and contracting which management generally contends are not proper subjects for collective bargaining.
**Master Agreement**
(1) A union contract executed by the leading employer in an industry which sets the general pattern that will be followed by the industry, or
(2) A union contract setting basic standards for employers and unions covered by the agreement who will negotiate further on local subjects also knows as a “model agreement”.

**Mediation & Conciliation**
A process which attempts to resolve labour disputes by compromise or voluntary agreement. By contrast with arbitration, the mediator does not bring in a binding award and the parties are free to accept or to reject its recommendation.

**Modified Union Shop**
A place of work in which non-union workers already employed need not join the union, but all new employees must join, and those already members must remain in the union. See Union Security, Union Shop.

**Moonlighting**
The holding by a single individual of more than one paid job at the same time.

**NDP**
The New Democratic Party is the political arm of organized labour. Many unions are affiliated to the NDP. Since its creation in 1932, it has fought on behalf of workers for better pensions, labour laws, working conditions, Medicare, unemployment insurance, human rights and other progressive ideas in the legislatures across Canada. The BCNU has a non-partisan position and is not affiliated to any political party.

**National Union**
A union whose membership is confined to Canada only.

**No Strike Clause**
A contract clause limiting the freedom of workers to strike during the life of the agreement. Used when the contract provides for final settlement of grievances through arbitration. Compulsory in all provincial labour acts.

**Open Shop**
A shop in which union membership is not required as a condition of securing or retaining employment.

**Overtime**
Hours worked in excess of a maximum regular number of hours fixed by statute, union contract, or custom.

**Overtime Rate**
Higher rate of pay fixed by statute, union contract or custom for hours worked in excess of a specified straight-time maximum.

**Per Capita Tax**
Regular payments by a local to its national or international union, labour council or federation, or by a union to its central labour body. It is based on the number of members.

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Picketing
Patrolling near an employer’s place of business by union members - pickets - to publicize the existence of a labour dispute, persuade workers to join a strike or join the union, discourage customers from buying or using an employer’s goods or service, etc.

Piece Rate or Piece Work
A form of incentive pay under which wages are paid according to the number of pieces produced. Pay may be related to individual or group production. Unlike an hourly rate of pay under which the worker receives a fixed rate which does not vary with output. Most contracts guarantee piece rate workers a minimum hourly rate.

Posting
Required display of the vacancies available for completion within the bargaining unit.

Premium Pay
A wage rate higher than straight time payable for overtime work, work on holidays or scheduled days off, etc., or for work under extraordinary conditions such as dangerous, dirty or unpleasant work.

Probationary Period
Trial period. Time during which a new employee is on trial by the company and usually subject to discharge without union challenge except where the discharge is discriminatory.

Promotion
Advancing an employee to a position paying a higher salary.

Rand Formula
Also called Agency Shop. A union security clause in a collective agreement stating that the employer agrees to deduct an amount equal to the union dues from all members of the bargaining unit, whether or not they are members of the union, for the duration of the collective agreement.

Ratification Vote
A vote taken among members of a union to decide whether to accept a recommended settlement.

Recognition
Employer acceptance of a union as the exclusive bargaining representative for the employees in the bargaining unit.

Red Circle Rate
A rate of pay for a particular employee which is higher than the maximum of the rate range or the rate for the work that the employee is doing. For example, because of old age, disability or the like, an employee is demoted to easier, lower-paying work with no reduction in pay.

Reinstatement
The restoration of a discriminatorily discharged employee to that employee’s former job.
Reopener  
A provision calling for reopening a collective agreement at a specified time prior to its expiration for bargaining on stated subjects such as a wage increase, pension, health and welfare etc.

Seniority  
Term used to designate an employee’s status relative to other employees, as in determining order of lay-off, promotion, recall, transfer, vacations etc. Depending on the provisions of the collective agreement, seniority can be based on length of service alone or on additional factors such as ability or union duties.

Severance Pay  
Lump sum payment by the employer to a worker laid off permanently through no fault of the worker’s.

Shift  
The stated daily working period for a group of employees e.g. 8 a.m. to 4 p.m. to midnight to 8 a.m. See Split Shift

Shift Differential  
Added pay for work performed at other than regular daytime hours.

Slowdown  
A deliberate lessening of work effort without an actual strike in order to force concessions from the employer. A variation of this is called a work-to-rule strike - a concerted slowdown in which workers tongue in cheek simply obey all laws and rules applying to their work.

Split Shift  
Division of an employee’s daily working time into two or more working periods to meet peak needs.

Speed up  
An unbearable increase in the worker’s pace.

Steward  
A union official who represents a specific group of members and the union in union duties, grievance matters, and other employment conditions. Stewards are usually part of the work force they represent.

Strike  
Temporary stoppage of work by a group of employees acting with a common purpose of compelling an employer to agree to terms or conditions of employment. Usually the last stage of collective bargaining when all other means have failed.

A rotating strike is organized in such a way that only part of the employees stop work at any given time, each group taking its turn.

A sympathy strike is a strike by workers not directly involved in a labour dispute - an attempt to show labour solidarity and bring pressure on an employer in a labour dispute.

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A wildcat strike is a strike violating the collective agreement and not authorized by the union.

**Strikebreaker/scab**
A person who continues to work or who accepts employment to replace workers who are on strike. By filling their jobs, they weaken or break the strike.

**Strike Vote**
Vote conducted among members of a union to determine whether or not to go on strike.

**Suspension**
A layoff from work or from union membership as a disciplinary measure.

**Sweetheart Deal**
An arrangement made between employee(s) and management which violates the Collective Agreement.

**Technological Change**
Technical progress in industrial methods such as the introduction of labour-saving machinery or new production techniques. These often result in workforce reductions.

**Trusteeship**
The taking over of the administration of a local union’s affairs, including its treasury by the union parent body.

**Unfair Labour Practices**
Employer or union activities that are classed as unfair by labour relations acts, such as employer interference in union meetings.

**Union**
Workers organized into a voluntary association to further their mutual interests with respect to wages, hours, working conditions and other matters of interest to the workers.

**Union Label/bug**
A tag, imprint or design affixed to a product to show it was made by union labour.

**Union Security**
Provisions in collective agreements designed to protect the institutional life of the union. See Checkoff, Closed Shop, Maintenance of Membership, Rand Formula, Union Shop, Modified Union Shop.

**Union Shop**
A place of work where every worker covered by the collective agreement must become and remain a member of the union. New workers need not be union members to be hired, but must join after a certain number of days. See Union Security, Modified Union Shop.

**Void Ab Initio**
Void or null from the beginning

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Voluntary Recognition
An employer and a trade union may agree that the employer shall recognize the trade union as the exclusive bargaining agent of the employees in a defined bargaining unit.

Walkout
Loose term for a strike

White Collar Workers
Term applied to workers in offices and other non-production phases of industry

Work to Rule
A practice where workers obey all laws and rules pertaining to their work, thereby effecting a slow-down; a refusal to perform duties which, though related, are not explicitly included in the job description.

Working Conditions
Conditions pertaining to the worker’s job environment such as hours of work, safety, paid holidays and vacations, rest period, free clothing or uniforms, possibilities of advancement, etc. Many of these are included in the collective agreement and subject to collective bargaining.
3. BCNU Steward Role Statements

There are at least four types of BCNU stewards including:

**Contract stewards**

**Campaign stewards**

**Occupational Health and Safety Stewards and Steward Coordinator**

Communicating with members is the most important job of every BCNU steward. This involves the interpretation of the collective agreement, employer and union policies, and health care issues. Stewards answer members’ questions, post bulletins, attend union-management meetings and encourage members to stand up for themselves and for the union.

**Contract stewards** assist members to raise concerns and filing grievances when the provisions of the collective agreement, the labour code or other labour legislation are contravened. This includes interviewing members and management about incidents, filling in grievances forms and professional responsibility forms, arranging and attending grievance meetings, and keeping the Labour Relations Officer at the BCNU office informed of issues in progress. Contract stewards assist members when the work site is reorganized (in the bumping and placement process). Contract stewards work with the LRO to negotiate essential service levels prior to job action, and help organize job action when necessary. Contract stewards also organize campaigns or assist campaigns stewards to organize campaigns around members concerns in the work site and/or the region, and keep BCNU campaigns officers informed of the progress of campaigns.

**Campaigns stewards** meet with members to discuss workload, staffing and practice concerns and organize campaigns to resolve these issues on a work site, health service delivery area, component, or regional basis. This includes holding membership meetings to brainstorm strategies and activities, organizing membership activities, walkabouts and rallies, meeting with management to resolve the members’ concerns, contacting other unions, and speaking to the media when it is necessary to resolve the issues, and keeping the Campaigns Officer at the BCNU office informed of issues in progress. Campaigns stewards assist members in filing and processing professional responsibility complaints when nurses standards of practice are breached. They help organize job action when necessary. Campaigns stewards work with the representatives from other unions and community groups to publicize and resolve BCNU members’ issues.

**OH&S stewards** assist members to raise concerns and launch grievances about OH&S issues, return to works and duty to accommodate concerns, when the provisions of the collective agreement, the WCB regulations, or other labour legislation are contravened. This includes interviewing members and management about incidents, filling in grievances forms, arranging and attending grievance meetings, and keeping the Labour Relations Officer at the BCNU office informed of issues in progress. OH&S stewards organize campaigns to raise members’ awareness of OH&S issues and to reduce injury rates. This includes gathering and posting information about current injury rates at the worksite, investigating the cause of injuries and accidents, meeting with management to resolve OH&S concerns, working with other unions at the work site to reduce illness and injuries, and speaking to the media when it is necessary to resolve the issues. OH&S stewards are responsible for keeping their regional OH&S

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representative informed about OH&S activities and events at the work site, and they help organize job action where necessary.

**Steward Coordinator**
Ensuring that enough contract, campaigns and OH&S stewards are recruited to represent BCNU members and that the stewards work together as a team is the most important job of the steward coordinator. It includes asking members to become stewards, arranging orientation and education for new stewards, and assigning every steward in the team ongoing work so that they are maintained in the team. The steward coordinator is responsible for making sure the team is well organized and up to date on grievances and campaigns at the work site and has the latest information from the BCNU office. This includes establishing policies about prompt return of phone calls and prompt reporting to the team, and arranging regular steward team meetings or conference calls.

Steward coordinators may work on grievances, campaigns and/or attend union-management meetings but their role is not to do all the work of the team. The steward coordinator’s role is to build the team and promote collective decision making by assessing and distributing the workload equitably amongst the team.

Steward coordinators ensure that new bulletins are posted and old ones cleared away, information is sent to the BCNU provincial office, grievances are processed, professional responsibility issues are moved through the complaint process, essential services are negotiated, and campaigns and job action is organized.

Steward coordinators are responsible for keeping their regional chairperson and the regional executive informed about activities and events at the work site.

*from May 22, 2003 Memo re: New Role Statements, (approved by BCNU Council)*
4. Roles of Stewards and Other Active Members

### Roles of Stewards and Other Active Members

<table>
<thead>
<tr>
<th>Roles</th>
<th>Stewards</th>
<th>Ward/Unit Reps and Active Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening to member’s problems</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting with management as a union representative in functions mandated by the collective agreement</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Organizing members as a group to solve problems at the worksite</td>
<td>✓</td>
<td>Helping Stewards</td>
</tr>
<tr>
<td>Helping stewards</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Educating members about important union issues</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Organizing members to get involved in community concerns such as healthcare service cuts, privatization of social services</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Maintaining the union communications network: posting notices, phone fan out</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Investigating and presenting grievances</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Helping members fill out Professional Responsibility Forms, Helping present concern</td>
<td>✓</td>
<td>Helping fill out PRFs</td>
</tr>
<tr>
<td>Acting as Occupational Health &amp; Safety Steward</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Getting members involved in union campaigns and worksite actions (such as workload, health and safety, job action)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Communicating member concerns and issues to other levels of the union</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Orienting and involving new members in the union Involve and orient Involve</td>
<td>✓</td>
<td>Involve</td>
</tr>
<tr>
<td>Acting assertively with management regarding member’s rights</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Watching for violations of the collective agreement; letting the stewards know when they occur</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

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5. Roles of Ward/Unit Reps

Here are some ideas from one worksite meeting of Ward Reps:

- be eyes & ears: communications link
- talk to members
- bring member concerns to stewards
- bring issues to stewards prior to union/management meetings
- follow-up regarding member concerns by finding resources, support and information
- post information from union on ward/unit boards and keep board current
- update the phone list
- help with emergency call-outs
- help with bargaining surveys help encourage members to fill out PRFs; ensure forms are available
- help organize yearly/bi-yearly meetings of ward/unit reps
- take advantage of education opportunities that the union provides, such as Regional Education Workshops, BUS workshop

6. A New Steward’s Most Common Questions

New stewards come into the job with a million questions, ranging from the simple, like where to obtain grievance forms, to the difficult, like how to achieve just the right kind of working relationship with management. Here are some of the most basic questions - and answers - designed to help new stewards get up and running and familiar with their new responsibilities.

1. What are my rights in handling grievances?
You have the right to aggressively enforce and police the contract, to get information from your employer to aid in enforcing the contract, and to vigorously represent co-workers in grievance handling.
You have the right to investigate grievance matters. That investigative authority includes interviewing witnesses, visiting areas where grievances occur, and getting all relevant documents.

2. What are my other rights?
You have the right to sign up new members. You have the right to listen to complaints from all employees. You have the right to conduct other union business, at appropriate times: examples include helping employees with worker compensation claims, passing out leaflets and helping people get registered to vote, and so forth. You can’t interrupt someone’s work for routine union business, but you can’t be prevented from conducting any union business you believe appropriate during breaks and before and after work.
You have the right to speak up forcefully, in a way that recognizes your equal status with employer representatives when dealing with union representation issues.

3. Is the union legally bound by my actions?
When acting as the union steward you are the agent of the union. Your actions are no longer personal actions, they are legally considered the actions of the union.
For example, sexual harassment or racial bias displayed by a union steward can create financial liability for the union. At the same time, stewards do not have the legal right to agree to anything barred by the union contract, or to ignore language of the contract.

4. Do I have to go to the boss’s office to talk about a worker’s grievance?
No. It’s not up to management to decide where a grievance is discussed, but it’s not up to you, either: it’s a negotiable issue. While you might want to enforce the contract in front of a worker whose rights have just been violated, you don’t have that right. You and the supervisor have to agree on a time and place to talk about it.

5. Can management refuse to hear a grievance?
No. The union has the right to file and process grievances that it believes are legitimate. If your supervisor refuses to acknowledge your grievance, the union has the right to take it to the next level of management.

6. Can I lead a workplace action to protest management’s failure to honour a grievance settlement?
A protest is considered protected union activity when it is held in a peaceful, nonviolent manner during nonworking time.
You can also do certain things during the workday: boycott the company cafeteria, for example, or, assuming no dress codes are in place, wear identical, message bearing T-shirts or buttons.

7. If my contract gives me paid time for union business, what kind of business does that include?
You have the right to police the contract, file and process grievances, and speak out in enforcing the contract. Fulfilling these duties comes under union business.
Some contracts may outline additional duties considered union business, for which stewards may be paid.

8. Can I be disciplined for insubordination?
Only if your extreme actions threaten the authority of a supervisor in the presence of other workers. Generally a steward (when acting in his or her role. as a steward) can be disciplined only for conduct that is “outrageous” or “indefensible” and is “of such serious character as to render the employee unfit for further service.” Gesturing and talking loudly and forcefully cannot be considered “outrageous.” But you can’t use racial epithets or extreme profanity or threats of violence, or organize illegal slowdowns or work disruptions, lead prohibited work stoppages or file grievances in bad faith.

9. Can I put what I want on a bulletin board?
Not necessarily. Check your contract: some things may be barred, like notices supporting political candidates or documents that personally attack management representatives. But if your union contract allows the use of bulletin boards, you can probably post a wide range of things, including notices, cartoons, photos... most anything that promotes the union’s legitimate work.

10. Can I be held to a higher standard than other workers?
No. If you come in late or make an error on the job, you can’t be treated any differently than any other worker who does the same thing.
7. The Many Roles of the Steward

The chief responsibility of a Steward is to build a united, organized, and involved membership in your workplace.

BCNU believes that union power comes from the involvement and commitment of the members. Without this involvement and solidarity, no union in the world can protect and serve its members.

The Steward is the most vital part of the union at the worksite and the Steward has many roles. You will probably not carry out all of these roles equally or all at once.

Depending on what is going on at your worksite, you will concentrate on different roles at different times. However, each of these roles should work towards the chief role of building a united, organized, involved membership.

You shouldn’t have to “go it alone”. Be sure to call your Regional Executive, Labour Relations Officer, Steward Coordinator or more experienced stewards when you need help.

As advocate you:
♦ perform duties outlined in collective agreements
♦ know the collective agreement and health and safety regulations
♦ monitor for violations of the agreement
♦ represent members who have complaints or grievances, investigate and present step two grievances
♦ provide moral support to grievors
♦ develop awareness of workplace hazards which may affect BCNU members
♦ act as a BCNU representative on union-management committees (such as Union Management, Health and Safety)
♦ abide by union policy
♦ work with the Labour Relations Officer to address issues in the worksite and to prepare Step 3 grievances

Communicator and educator—informing members about their union, the collective agreement, health and safety, and social and economic issues which have an important impact on health care and nurses’ lives. Communication is two-way: the steward also informs the union as a whole about issues that are important to members.
As communicator and educator you:
♦ listen!
♦ explain what unions are (and are not)
♦ promote BCNU’s goals, objectives, policies and programs
♦ answer member’s questions about contract issues and workplace
♦ educate members about contract provisions and other union issues
♦ develop awareness of workplace hazards which affect members
♦ gather information on members’ issues for BCNU elected representatives and staff
♦ conduct new member orientations in the workplace

Organizer and Planner—building steward teams, developing communication networks, organizing worksite meetings and activities to encourage member involvement, planning and organizing around collective bargaining.

As an organizer and planner you:
♦ mobilize members to solve common problems or win improvements. This requires continuing, direct personal communication with your members. Just involving the members can sometimes bring management to a solution. When members are involved, management knows it - even if they pretend not to.
♦ encourage member involvement
♦ organize members around issues
♦ support union campaigns and lobby for BCNU issues
♦ hold regular steward meetings
♦ recruit new stewards and ward reps/unit reps and orient them
♦ organize member involvement in collective bargaining, job action and essential services
♦ increase public awareness and support of member issues
♦ establish contact with other unions and organizations
♦ encourage members to participate in their communities and to support other unions where working people are standing up for their rights

Active Member of BCNU - attending union meetings and educational workshops to keep informed and to ensure the democratic functioning of the union.

As an active member you:
♦ participate in regional and provincial activities by attending union meetings and education workshops
♦ participate in the development of union goals, policies and programs
♦ participate in the collective bargaining process

As a leader you:
♦ keep the union moving
♦ listen to members’ concerns and ideas and bring them back to other union leadership and staff
♦ recognize when issues/problems are dividing members and address them
♦ speak up to management and give courage to others to do the same

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**Measures of Effective Stewardship of the Union**

- member support of BCNU
- member involvement in worksite activities around important issues and BCNU campaigns
- regular worksite education on important union/member issues
- familiarity with the collective agreement
- timely and well-prepared handling of complaints, grievances and Professional Responsibility Forms
- a working steward team which attracts new stewards
- regular meetings of bargaining unit and stewards
- functioning joint union-management committees
- essential services and job action plans in place

*This job description is adapted from BCNU’s “Roles and Functions,” 1995*

8. **Steward Coordinator Job Description**

This position is key in developing a highly effective steward team which increases the presence and power of the union in the workplace. Steward Coordinators are organizers, delegators, and communicators. Specific responsibilities include:

**Steward coordinator as organizer**

- recruits and develops stewards to ensure a strong enough team in the workplace; in cooperation with Regional Executive and union staff
- calls regular steward meetings and invites Labour Relations Officer to attend if appropriate
- calls regular workplace membership meetings and acts as Chair
- develops the Bargaining Unit plan and budget in conjunction with other stewards; submits it to the region
- accounts for bargaining unit funds
- appoints returning officer for steward elections and calls bi-elections as needed

**Steward coordinator as delegator**

- encourages steward teamwork by ensuring that work is shared and assignments are covered
- coordinates the activities of the stewards in the workplace
- assigns an experienced steward “buddy” to each new steward (whenever possible) to assist with contract interpretation and grievance meetings
- ensures workplace committees have BCNU representatives and that committee reports are presented at steward meetings
- designates a communications steward for the workplace who is responsible for the bargaining unit fax machine.

**Steward coordinator as communicator**

- ensures that faxed information is shared with the other stewards and/or the members
- ensures all grievances are reported at steward meetings
- communicates member and/or steward concerns or issues to the Regional executive, the region or Council members
- informs the region of workplace activities (including grievances)
9. **Duty of Fair Representation**

All workers have the right to fair treatment - and the union and stewards are obliged to provide it. By law, a Union has a duty to fairly represent all employees covered by the Collective Agreement.

BC provincial labour law reads as follows:

“A trade union or council of trade unions must not act in a manner that is arbitrary discriminatory, or in bad faith

a) in representing any employees in an appropriate bargaining unit or

b) in the referral of persons to employment.”

Similar provisions exist in all provincial and federal labour codes.

There are two aspects to Duty of Fair Representation:

- What the union does
- How the union does it

For example, the union might make the right decision in deciding not to take a grievance to arbitration. But it might act in the wrong way by not listening to the grievor’s side of the story.

In the same way, a union might be very careful and considerate with a grievor, but in the end make a decision out of line with its responsibilities.

The Labour Relations Board uses three standards to determine whether a union has failed to fulfill its Duty of Fair Representation:

- Is it Arbitrary?
- Is it Discriminatory?
- Is it in Bad Faith?

**Is It Arbitrary?**

Most cases involving Duty of Fair Representation occur because of bad process.

The Board has described union conduct as arbitrary if union representatives:

- did not turn their minds to the merits of the issue (biggest mistake)
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10. Problem Solving - Grievances in Context

How Does Fair Representation Affect Grievance Handling?

- It means that we have to investigate every grievance thoroughly. We have to treat every grievance on its merits.

- We have to keep the grievor informed at every step. If we proceed with the grievance, we have to explain why, and on what grounds. If we withdraw a grievance, we have to explain why, and for what reasons.
We have to give equal representation to everybody in the bargaining unit. Not only do we have to do this, we have to be seen to do it, and we have to be in a position to prove later on that we did do it.

It does not mean that unions are obliged to process every grievance to arbitration at the grievor’s insistence.

If a member feels that they have not been fairly represented, they can file a complaint at the Labour Relations Board. This is often referred to as a “Section 12”

**11. Employer Investigatory Meeting, Know Your Rights**

You have been called to a meeting by the Employer to discuss your nursing care or perhaps you are simply called to attend a meeting and told to bring a steward. What should you do?

**Step 1** Immediately contact a steward and meet with them in a private area off of your unit. Give the steward as much information as you have including what you think the meeting may be about.

**Step 2** The steward will contact either the Labour Relations Department in your facility or the excluded nursing representative who initiated the meeting with you.

**Step 3** The employer will fully disclose to the steward what the meeting is about including any evidence, witnesses or other collaborating evidence it may have in advance so that you and the steward can discuss the matter privately.

**Step 4** The law of natural justice and arbitral jurisprudence state that once the meeting with the employer begins, the employer must state its case first and clearly state what its concerns are. If the Employer Does Not Follow this Process Immediately Stop the Meeting and Advise the Employer That You Will Be Contacting the Union Office for Advice.

**Step 5** A. Meeting Proceeds

The steward will be your advocate and ensure that the employer sticks to the agenda. Any questions or matters which seem to deviate from the matter at hand will not be discussed. Answer questions with factual statements only. Do not speculate and if you don’t know the answer say so. Beware of entrapment. If you do not wish to answer a question advise the employer that you will consider the question in consultation with the steward later.

Remember you have the right to end the meeting at any time and the employer must respect that right. Some employers might threaten you with discipline for ending a meeting. If that should happen remain calm and leave the meeting immediately.
B. Meeting Ends

Leave the meeting with the steward and go to a private area to discuss the events of the meeting. Review the issues as you understand them and ensure that if you didn’t take notes at the meeting that you make a record now. Be sure to record who was at the meeting, the time and as much detail about what was said as is possible. Once your records are in order, you should remain with the steward until you feel calm enough to return to work. If the employer attempts to discuss the matter with you again, advise them that the steward will be pleased to arrange a meeting at a time in the future. Depending on the experience level of the steward, they may wish to call the Union office for advice at this time.

Step 6

Remain calm and remember that you have rights under the collective agreement. Most people find this type of experience very stressful and many want to simply avoid dealing with the issue and or their employer. Remember, nursing is a lifelong career. Most issues can be resolved when a clear and concise process is followed. That process includes full employer disclosure regarding the issue, the substantive right to union representation and adherence to the collective agreement.

Step 7

Advocate for Your Rights.

12. What an Arbitrator May Consider in Addressing a Discipline Issue

The Arbitration Decision: Wm. Scott and Co. Ltd. and Canadian Food and Allied Workers Union Local P-162 (1977) (Weiler) stressed the importance of a more flexible and individualized approach to disciplinary penalties under arbitral jurisprudence. The decision by Paul Weiler set out the following principles:

1. Has the employee given just and reasonable cause for some form of discipline?
   - Involves a factual dispute about whether, on the evidence, an employee actually engaged in conduct which would attract discipline.

2. If so, was the Employer’s decision to dismiss the employee an excessive response in all of the circumstances of the case?
   - Whether the employee’s misconduct was serious enough to justify the penalty imposed by management - either dismissal or discipline.
   - Arbitrator’s evaluation of management’s decision.

3. Based on the arbitration decision in Steel Equipment Co. (1964), Phillips Cables (1974) arbitrators also consider such factors as:
   - The previous good record of the grievor
   - The long service of the grievor.
   - Whether the offence was an isolated incident in the grievor’s employment history.
   - Provocation.
e. Whether the offence was committed on the spur of the moment (as a result of momentary aberration due to strong emotional impulses) or whether the offence was premeditated.

f. Whether the penalty imposed has created a special economic hardship for the grievor, in light of his particular circumstances.

g. Evidence of the company rules of conduct, either unwritten or posted, have not been uniformly enforced, thus constituting a form of discrimination.

h. Circumstances negating intent (e.g. the likelihood the grievor misunderstood the nature or intent of an order given him and as a result disobeyed it).]

i. The seriousness of the offence in terms of company policy and company obligations.

13. HEABC’s Guidelines for Progressive Discipline

Step - By - Step Use of Warnings Reprimands & Corrective Penalties

Most supervisors have found that positive methods of establishing discipline, and of coaching and correcting employees having difficulty, result in voluntary acceptance, and self-control at least 90% of the time.

Where unacceptable performance cannot be corrected by positive methods, a series of steps involving warnings and penalties must be undertaken to secure compliance. These steps are often referred to as progressive discipline.

1. Correcting Problem Performance

Step 1
Coaching,
Correcting,
Counselling,
Verbal Warnings,
Written Warnings

After Step 1

The first steps of correcting problem performance are coaching, correcting, counselling and verbal warning steps (documented for your own records).

2. Written Warnings

Written warnings are undertaken when the first steps have not resulted in the required performance or behaviour. These steps always involve a letter or similar document placed on the employee’s personnel file. Unless this is done, the step taken will not be considered a serious part of the progressive discipline process.

Although this step includes a letter, it is generally agreed that a face to face discussion occurs first. At this time, the following should be discussed: the reason for the expected behaviour, your efforts made to date, the unacceptable results, the need for change, and a
clear statement that continuation of the present situation can (will) result in more serious disciplinary action (or a statement of what the penalty will be).

In many discussions of a disciplinary nature, a shop steward will be present. This discussion is followed by a letter or summary of your discussion. (BCNU box)

Both the discussion and the letter must clearly communicate the consequences of a failure to change and your statement that you are realistically confident of the employee’s ability to make the change. There may be more than one formal warning step.

The progressive discipline process may include a second or third progressively more severe reprimand, each of which refers to earlier warnings.

If there has been a significant period of adequate performance, in most cases supervisors repeat the last step that worked rather than jump to more severe action. Other mitigating factors could lead to repeating any step.

Culminating Incidents
In cases of repetitive unsatisfactory behaviour which is not deteriorating, the supervisor can respond with a more serious discipline. There must be a specific incident which produces your reprimand but the incident does not have to be more serious than the previous ones.

The incidents of unsatisfactory performance or behaviour do not have to be exactly the same “type” to result in an escalation of the process.

Improvement must be recognized and reinforced

Your objective is to motivate the employee to improve his/her performance and behaviour while maintaining the employee’s self respect and pride. Improvement must be recognized. Failure to do so hampers your change of success and signals that you are “out to get” the employee. Recognition shows equal attention to the positive side and allows supervisors to restate the impact of correct performance on work and group.

Where performance is still not up to standard, it is important to recognize improvement but indicate that the required level has not yet been achieved

3. Suspension
Suspension without pay can follow one or more written warnings or reprimands. Suspensions are undertaken in the hope that the penalty will impress the employee with the seriousness of the situation and will prompt change. They are also taken where it is felt that there must be a clearly established final step before discharge.

If step by step efforts have been correctly carried out, the penalty is not a surprise to anyone, including the union.
When suspending an employee, it is important to tell him/her that the next failure to meet the requirements can result in his/her termination. You have to be able to show that you made this clear.
Sent home “pending a decision” (Get authority to do this step).

There are situations where the seriousness of the offence or the situation require you to take immediate action to get the employee off the job. In such cases the employee is sent home “pending an investigation and decision”.

Steps may be repeated.

If there has been a period of adequate performance, in most cases, supervisors repeat the last step that worked rather than jump to more severe action. Other mitigating factors could lead to repeating any step.

Steps may be bypassed.

In serious cases, it is possible to move directly to a more severe disciplinary response. However, when third parties get involved in adjudicating your action they not only consider whether you have the right to take disciplinary action but whether the seriousness of your action was appropriate. Arbitrators ask “Would a less severe level of discipline have corrected the employee’s behaviour?”

4. **Discharge**

Dismissal is used only when corrective measures have failed or are considered inapplicable. Where a recommendation for dismissal is based on a series of incidents, the previous occurrences must have been communicated in writing to the employee and a final warning given that further incidents would result in dismissal.

Many penalty and discharge cases combine a record of unsatisfactory behaviour and a specific culminating incident...“the last straw”.

The culminating incident does not necessarily have to be of a type related to the unsatisfactory record.

Arbitrators take the view that the employee’s poor record, and step by step efforts to improve it, should have been documented progressively. Only incidents brought to the employee’s attention in a timely fashion are usable in an arbitration.

The arbitrator must feel further corrective measures will not succeed before he or she supports discharge.

**The Serious, One Time Incident**

There are offenses of a sufficiently serious nature where dismissal may be the only appropriate action. Such situations require thorough investigation and the “suspension pending investigation” is usually the appropriate action. Some arbitrators have stated that serious incidents such as theft or patient abuse are not automatic grounds for dismissal.

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Please Note

The preceding material was taken from an HEABC document B060-006.1, pages 16 - 19
14. Individual Grievance Procedure (Article 9.02)

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15. Interviewing Techniques

As a Shop Steward, you will be expected to “get the story” from grievors and witnesses. Although there are no simple formulas, there are a number of techniques which you may find useful. You will probably discover that you have a great deal of experience as an interviewer and as someone who has been interviewed.

An interview is not to be confused with a “chat” or “conversation.” An interview normally is “going somewhere” and participants usually have one or more specific objectives. It is not a one way directed form of communication. Unless both parties participate in the exchange, there is no productive interview. The verbal and nonverbal behaviour of one person cannot be analyzed without taking into account the corresponding behaviours of the other person.

Proximity

Probably all of us have listened to a speaker and have been compelled to yawn out of either fatigue or boredom. Most times, our “gauche” behaviour has gone unnoticed by the speaker. In a two person (dyadic) situation like the interview, a yawn can have a significant impact indeed. The participants are so close that all verbal and nonverbal messages are greatly amplified.

An innocuous movement (such as glancing at one’s watch in the interview situation) can result in a number of interpretations or misinterpretations by the griever. “Is the Shop Steward bored?” “Am I keeping her/him too long?” All are reasonable interpretations of the cue which you have, perhaps unintentionally, given the griever.

Related to this aspect of proximity in the interview is the magnification of communication behaviours which can readily be observed in “elevator communication.” Most of us have experienced this phenomenon. People talk quite freely in the corridor (gesturing, laughing) and then, upon entering the elevator, fall into very hushed tones or complete silence. The environment in an elevator is suddenly “intimate”. So it is with most interviews.

Setting The Stage

The physical environment for the interview should be comfortable and private, and as free from distractions and interruptions as possible. It may also be important to ask the griever approximately how long she/he anticipates the interview taking. If you have other commitments which would interfere with completing the interview, it may be preferable to set an alternate time to meet.

Interviewing Barriers and Biases

Any unwanted distortion in the communication between interviewer and interviewee can be considered a barrier. In any interview situation, each person comes with a fixed set of attitudes, personality characteristics, motives, goals, and needs. Our background characteristics which may influence the interview include age, sex, race, religious beliefs, income and many other factors. Our experiences, value system and prejudices affect our interpretation of what we see and hear. Our own biases may act as a filter for accepting or rejecting the other person in the interview situation. As Shop Steward, you will be more
effective if you are aware of your own biases so you can make an attempt to set them aside in order to try to see the world from the griever’s point of view.

Behavioural Influences

The behaviours of both parties in the interview can also act as positive or negative forces. Behavioural influences include:

1. physical
2. vocal
3. feedback

Physical

Physical communication includes such things as eye contact, facial expressions and mannerisms. A pleasant and relaxed appearance conveys a relaxed and comfortable atmosphere. The initial impressions - gained in the first 30 to 60 seconds of the interview - can seriously affect the remainder of the interview. For some people, gum chewing or cigarette smoking may be serious irritations. Remember that physical factors are magnified because of the close proximity in the one- to-one interview situation.

Vocal

Vocal communication includes such things as voice pleasantness, audibility, articulation, and projecting interest in the other person through the voice. Negative vocal factors could include speaking too fast or too slow, or speaking in a brash or impersonal manner.

Although physical and vocal communication are important, perhaps the most important trait that could overcome both limitations is the feeling that you are taking a personal and genuine interest in your interviewing partner.

Feedback Behaviour

Feedback behaviour concerns the willingness and sensitivity of one participant to respond to the various cues being received from the other. Remember that anything to which either party assigns meaning is considered a form of feedback: verbal, nonverbal, intentional, or unintentional.

A listening feedback technique designed to improve understanding is to restate the response or statement of the other person in your own words. The restatement principle makes the other person feel that he or she is being listened to and it also improves the accuracy of the interchange. Some areas such as sensitive or embarrassing topics may be difficult to bring out because of their apparent inappropriateness. A good interviewer will sense this and create an atmosphere in which the other person feels free to discuss these issues.
Listening and Questioning

When we talk about listening, we mean a good deal more than “hearing.” We mean listening with your eyes as well as your ears, attending not only to what is being said but tuning into the underlying feelings. Sometimes, the failure to ask the right question in an interview results from the failure to listen to earlier answers or nonverbal cues. Effective listening is hard work and involves a very “active” set of behaviours. It means listening with eyes, ears, and insight, not only to the content but also to the feelings behind the content. Active listening includes giving feedback such as restatement. The speaker then knows that the listener has really understood what has been said. If the restatement is not accurate, the speaker has an opportunity to clarify.

Uses and Abuses of Questions

Interviewing depends heavily upon techniques of questioning. As children, questions were often a prelude to accusations, advice, blame, orders, etc. At home, we would be asked what we did, or what we didn’t do. At school, most questions seemed designed to find out what we didn’t know rather than what we did know. As adults, the questions keep coming and we may feel defensive about responding to certain types of questions, particularly if we feel that we are being interrogated.

One principle of interviewing is that the interview’s objectives should determine the nature of the questions asked as well as the method of questioning. As Shop Stewards, it is our job to act as advocates for grievers. If we put them on the defensive with our questioning approaches, we may find that they have difficulty trusting that we are really on their side.

Open Questions

Open questions are broad and basically unstructured; they simply indicate the topic to be discussed and let the interviewee structure the answer as he or she sees fit. Open questions may vary in their degree of openness. For example: “Tell me about your problem” is much broader than “What do you plan to do about this problem in the future?”.

Open questions cannot be answered by a “yes” or “no”. The open question is often the best way to start a discussion with a griever. Sometimes it is important to focus the open question on a specific area or period of time so that you are not hearing an entire life story.

Direct Questions

As a Shop Steward you will often be in situations which demand direct information. Once rapport has been established, certain questions should be asked directly. You may want to ask for explanations about or further expansion of a particular point, such as: “On average, how many hours per week do you spend working short staffed?”.

The same question can be asked indirectly, such as: “I wonder how many hours on average you spend working short staffed.”

The advantage of asking direct questions indirectly is that even though they do not sound like custodians it is obvious that a response is wanted.

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Closed Questions

Closed questions are a form of direct questions which greatly narrows the respondent’s range of possible answers. For example: “Given the fact that the employer states that you do not have the required qualifications for the position, what do you consider to be an equivalent combination of education, training and experience which will help us prove your case?”

Yes/No Questions (Extreme Form of Closed Questions)

This type of question allows the interviewee virtually no latitude or response except “yes”, “no” or “I don’t know”. While the yes/no question may be useful for some purposes, it also tends to limit the amount of information actually obtained. The interviewee may only answer that which is asked. Even if the interviewee volunteers some additional information, the interviewer may not pay much attention since his/her concentration is probably directed at formulating more questions. A major problem arising with the “yes/no” question is that it may resemble the infamous “third degree” type of questioning.

Probes

Probes are used to stimulate discussion to obtain further information. Such techniques motivate the interviewee to communicate more fully so that he or she enlarges, clarifies, or explains reasons underlying responses made previously. Probes allow the interviewer to follow up on partial or superficial responses by directing the thinking of the interviewee to further aspects of the topic at hand. Some examples of probes include:

- What do you mean by that?
- Could you give me an example of what you mean?
- I would like to know more about your thinking on that.
- What do you have in mind when you say that?
- Why do you think that is so?
- Could you tell me more about that?
- Why do you feel that way?
- Is there anything else that may be affecting the situation?

Probing is also useful to ensure that the speaker knows that you are paying attention and are really interested in what they have to say.

Dealing With The “Compulsive Talker”

How do you deal with the compulsive talker? Essentially, you phrase your questions in such a manner that you limit his or her range of responses. You avoid question which will provide him or her with the rationale for launching into a lengthy monologue. This, of course, means a greater use of closed questions.

In addition to the use of closed question, you may intervene during the course of your interviewee’s answers to refocus his or her attention, very tactfully, on the heart of your inquiry. The challenge here is to provide the speaker with cues that you wish to move on in the interview without alienating him or her in the process. Such lead-ins as: “That’s very interesting and I would like to hear more about it if time permits, but there are some specific
points we need to cover if we’re both to profit from our interview. Do you mind if we come
back to this and move into the area of ____? Fine.”

Dealing with the “Non-Talker”

Your tactic here is the opposite of dealing with the compulsive talker. You will need to phrase
your questions in an open-ended manner which cannot really be answered with one word
responses. This problem interviewee can be dealt with by using a variety of one word or short
probes such as:

Tell me more.
Oh?
Could you clarify that for me?
I am not sure I follow you there?
That’s interesting, what makes you feel that way?

Frequently, the non-talker is that way because he or she lacks confidence or is experiencing
anxiety. If you detect this in the early stages of the interview, it is important to spend more
time on rapport building than might generally be necessary. Stories about similar experiences
or backgrounds between the two of you may help. Also, if you do detect nervousness, it is
wise to start your interview with relatively easy questions.

Dealing With the Anger of a Hostile Person

Your initial response to anger should be one of calm neutrality yet sincere interest. Allow the
interviewee to have his or her say, register the complaint, or whatever uninterrupted.

To intervene of defend yourself at the outset is to run the risk of escalation. Few people will
continue attacking or arguing with a reasonable, receptive, and empathetic listener.
Once the interviewee has finished blowing off steam, your response should be one of
clarification. It is essential that you gather all of the facts as the other person sees them. If
his or her words upset you, your emotional response can distort or blind you to what he or she
is actually saying. You can be so busy planning your defensive response that you stop actively
listening to what is being said. When you have determined that you do understand the
problem through use of restatement and probes, do not be afraid to confront his or her
viewpoints if it appears that they are founded upon incomplete or distorted information.

The target of anger in such an interview may be yourself, someone else, or a group of
philosophy with which you are associated. When the anger is directed at you, it is important
to avoid the very human tendency to “respond in kind”. This will allow the interview. After
the angry person has calmed down (which invariably he or she will if you remain in control),
strive to understand the nature of the anger or complaint - restate in an effort to get
clarification. If the anger is focused on your behaviour, you may be able to either:

1. See his or her point of view and rectify your own behaviour or,
2. Provide him or her with your own interpretation and intent of the behaviour.

Help the person to see that the conflict is not between the two of you but rather between to
points of view regarding a specific action or behaviour. An area of objectivity may begin to
develop within which actions are seen as divorced from personalities. Rational discussion can then replace the emotional exchange. When the interviewee’s anger is directed at someone else, it is again important to remain calm and to probe for understanding and clarity. The greatest pitfall during this kind of interview is to “line up” on the side of the person to whom the anger is directed, especially if the anger is directed at a fellow union member.

If, during the course of your conversation, you and the interviewee agree on interpretation of events, determine precisely what should be done about the problem, immediately and in the long-term. If such planning requires greater investigation, that process should be decided upon and future appointments made.

Summary

As a Shop Steward, your role in an interview is to maximize the positive forces to communicate while at the same time reducing the negative forces or barriers. This means that the effective interviewer must recognize potential barriers and biases, and should be aware of communication strengths and weaknesses. Being flexible with different types of questions should enhance your interviewing skills. Opportunities to challenge those skills will appear daily. As a Shop Steward, your members see you as the face of the union. You have a unique opportunity to help build the union simply by your positive approach in dealing with the members at your Local. Keep up the good work!
16. Step 2 Interview with Grievor/Fact Sheet

Step 2 Interview with Grievor/Fact Sheet

<table>
<thead>
<tr>
<th>Grievor's Data — please complete, circle and check as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievor's Name: ____________________________ Home Phone: ______</td>
</tr>
<tr>
<td>Worksite: ____________________________ Cell Phone: ______</td>
</tr>
<tr>
<td>Unit: ____________________________ BCNU # or SIN: ______</td>
</tr>
<tr>
<td>E-mail: ______</td>
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<td>Current Status: FT ☐ PT ☐ Casual ☐ Other ☐ How long have you been in this position?: ______</td>
</tr>
<tr>
<td>Immediate supervisor’s name: ____________________________ Title: ______</td>
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<tr>
<td>Brief educational history: ____________________________________</td>
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<tr>
<td>Where else have you worked? (Brief summary of positions/duties until present): ____________________________</td>
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<tr>
<td>What issue(s) is in dispute: ____________________________________</td>
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<tr>
<td>When (Chronology of dates) did this happen: ____________________________</td>
</tr>
<tr>
<td>Who was there or who may be affected: ____________________________</td>
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</tbody>
</table>

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17. Writing Up a Grievance

Identify Information
Include employer’s name, grievor’s name, address, work phone numbers and their classification.

Specify Contract Sections Violated But Do Not Limit the Violations
In case new issues are raised in the course of the grievance procedure or in case you miss a clause.(Do not be too specific.)

State the Facts
Include names, dates, times and places. Do not include the Union’s arguments, evidence and justification. The case is presented in the grievance meeting not on the grievance form. Avoid personal remarks, sarcastic comments, etc. They do not help you win the grievance and could be used against you and the Union to discount the seriousness of the issue involved.

Specify the Remedy Desired
Be specific if possible but do not unnecessarily limit your request.

Consult
Always consult with the grievor. She/he should read the entire grievance before signing it. If necessary, advise others affected by the grievance.

Request a Meeting
It’s a good idea to make this request in writing, referencing the grievance procedure in the collective agreement.

Get Signatures
The steward, the grievor and the management representative receiving the grievance must sign and date the grievance form.

Distribute Copies
You should keep a copy of everything pertaining to the grievance, especially the original of the grievance form. The grievor should be given a copy and management should retain a copy.

The written grievance does not win the case. The problem is best resolved through effective communications by the steward(s), supported by a strong, united membership.
18. Official Grievance Form - Sample

British Columbia Nurses' Union

SAMPLE

OFFICIAL GRIEVANCE FORM

BETWEEN: BRITISH COLUMBIAN NURSES' UNION AND
HEABD and Relentless Regional Hospital (Name of the Employer)

Department/

Name of Employee: Linda Larsen Ward/Unit Maternity

Home Address: 123 Any Street, Anytown Postal Code: V2V 4M7

Work Phone: 333-3333 Local: 33

Position Classification: RN Level 1 Home Phone: 333-4444

SIN: 123 456 789 Fax: n/a

NATURE OF GRIEVANCE

ARTICLE IN DISPUTE (And any other Article relevant to the grievance)

FACTS (Include names, dates, times & places)

Linda Larsen was terminated on May 1, 2001

REMEDY SOUGHT

1. Job reinstated with full benefits since dismissal
2. All matters pertaining to this discipline be removed from her personnel file

(And any other such matter as to make the grievance whole)

Date Step II

Grievors Signature: Stewards Signature: Presented:

Submitted to: Management Representative

Signature of Management Representative Date:

(if the space in any step is inadequate, attach a separate sheet)
19. Step 2 Grievance Preparation

### Step 2 Grievance Preparation

<table>
<thead>
<tr>
<th>Date</th>
<th>Facts (who, what, when, where details)</th>
<th>Resources</th>
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**B. Questions for the Employer**

Step 2's are an opportunity to discuss and resolve the issues. Given the summary of facts, prepare a complete list of questions for the employer. For example

- Could you explain the Employer’s reasoning behind....
- Could you tell me why....
- What documentation is there to substantiate....
- We are curious as to....

1. 
2. 
3. 
4. 
5. 
6. 

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C. Information needed from the Employer

Step 2s are an opportunity to formally request missing documentation which may be essential if moving on to Step 3, for example, letters, policies, memos, interview notes, missing evaluations, etc. Ask for copies and ensure that your request is documented in the minutes.

1. 
2. 
3. 
4. 
5. 
6. 

D. Union’s Argument/ Presentation

Root the argument in the collective agreement. Select your key points and supporting Articles. Present the least contentious ones first to build your argument. Use specific evidence and documentation to show how the grievor is complying with the terms of the Collective Agreement or the Employer is not. Ask the Employer for their rationale or for missing documentation.

| Key Points (link to specific Contract Articles) | • Union’s Supporting Evidence & Documentation  
• Questions to / Information from Employer  
(see B & C) |
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<td>7</td>
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</tbody>
</table>
E. Remedy Sought
Prepare your anticipated resolutions. Make sure you have a rationale as to why the resolution is in the best interests of both parties. A well prepared resolution can bring benefits to more than one party. Ensure the grievor knows the entire continuum of possibilities.

1. 
2. 
3. 
4. 
5. 
6. 

Notes

Name of Steward: ___________________________ Date: ___________________________

If proceeding to Step 3 please send this guide to your LRO
20. 10 Secrets of Successful Grievance Presentation

1. **Have a Plan**  
Shooting from the hip when going into a grievance session is dangerously close to shooting yourself in the foot. Meet with the grievant beforehand. Review all the arguments. Decide on your best evidence. Talk about strategy — the plan for how the meeting is likely to go. Know what your desired outcome is.

If your grievant is going to testify, go through a rehearsal. Ask all the questions that you think management may ask when they try to undermine his/her testimony. Make sure the answers are what they should be.

2. **No Surprises**  
Make sure you know everything about what happened in the case. Nothing destroys a game plan more than finding out new information in the middle of a grievance hearing, like witnesses you didn’t know about, or prior warnings.

3. **Don’t Lose Your Cool**  
If you want to maintain control of the meeting, start by maintaining your self-control. That’s not to say that anger or emotion cannot be effective tools for you to use. But don’t be spontaneous. Any outbursts should be part of your plan.

4. **Be Realistic About Your Chances**  
Understand going into the session whether you’re in a strong position or a weak one. What does your contract say? What about the law or enforceable policies? If the facts or precedents are clearly on your side, don’t give an inch until you want to.

Most grievances aren’t that black and white. Often it’s a situation that is new that wasn’t anticipated the last time the contract was negotiated. Be sure you know if you’re building a case on concrete or sand. And discuss the odds in advance with your grievant.

5. **Know Where the Other Side Stands**  
Put yourself in the employer’s shoes for a minute and think about how they’ll present their arguments. Consider how they will defend their actions, and know before you walk into the room what your response will be to their presentation.

6. **Don’t Get Personal**  
You want to challenge management’s actions, but you don’t want to attack people personally. If you make it personal, it’s harder for the other side to agree that you’re right.

And if management makes it personal, don’t get baited into a shouting match. Don’t let your grievant call the boss a stupid clown — no matter how true it may be. It will only help prove their claim of a pattern of inappropriate conduct on the part of the grievant.

7. **Ask Questions**  
Look for the inconsistencies in management’s arguments, and pick them apart. Don’t let them off the hook if they offer evasive answers. Be persistent. If their side of the story is a fairy tale, chances are there will be a contradiction in their arguments, witnesses, evidence and/or statements. Find them.

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8. **Have Notes, Take Notes**
Never go into a grievance hearing without a written outline of the arguments you’re going to present and the evidence you have to back it up.

During the hearing, take good notes — especially when management is making their case. Nothing slows a supervisor down more than knowing you are writing down what they say, word for word. Good notes will also help you prepare if you need to appeal the case further.

9. **Have Written Evidence**
It’s a fact of life — people are more likely to believe something if it’s written down. It worked for the Ten Commandments; it can work for you.

If you have copies of relevant official documents, hand them out at the hearing. If your argument entails a specific chronology of events, type it out and distribute it. Written documents easily become the point of reference for everybody’s discussion. If they are your documents, then you are controlling the discussion.

10. **Stay United**
Never disagree among yourselves during a grievance hearing. Be especially careful if management asks you a question you didn’t anticipate. Feel free to call for a caucus, so you can step outside and discuss something in private with your grievant. Never show management that there is anything but full agreement on your side of the table.

-Tom Israel. *The author is executive director of the Montgomery County (Md) Teachers Association and former president of SEIU Local 205 in Nashville, Tenn.*

21. **Grievance Presentation: Tips for going in prepared and staying grounded**

**Day(s) before**
- final preparation: all info gathered, organized, reviewed
- prepare notes for the presentation; organize evidence
- develop arguments, strategy, desired outcomes
- ensure member is prepared - check in with them and review the plan/process

**Upon Arrival**
- connect with the grievor (ahead of time); if not covered already, advise them not to talk too much, arrange signals to give to indicate a caucus needed, etc.
- ensure the environment sets up a meeting between equals: seating arrangement; neutral location; ensure you are meeting with the appropriate people

**Introductions**
- make sure everyone is introduced and their role stated (steward introduces grievor)
- set a tone that is polite/professional while putting people at ease and opening space for dialogue
- clarify purpose of meeting: event and issue
- demonstrate commitment to problem solving / finding resolution in introductory remarks (e.g. “hopeful that things can be resolved”)
- clarify timeframe for meeting

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Presentation/Discussion
- goal: dialogue; finding solutions to the issue
- your presentation: begin with a summary of the situation and intended outcome (sought resolution), present your facts, make your arguments

NOTE: Union presentation leads in every case EXCEPT DISCIPLINE (in this case, the concept of ‘natural justice’ means that employer leads (i.e. speak first as they must justify their action)

- discussion of the issue: look for common ground / solutions
- call a caucus at any time
- summarize at appropriate points during the discussion, to keep the discussion on track
- take lots of notes!!

Closure
- summarize discussion/decisions; clarify next steps (expectations)
- if no resolution, give them the grievance form to sign
- thank all for their time

Follow-up
- debrief with the grievor
- review and clarify/completed your notes
22. Step 2 Grievance Presentation Guide

Step 2 Grievance Presentation Guide

A. Introductions:
Ensure that everyone in the room is introduced by name and worksite title.

B. Purpose of the Meeting, Time Expectations & Meeting Plan:
Identify the purpose of the meeting, set the tone and clarify your step 2 grievance meeting expectations. For example: "We are here today to talk about Collective Agreement Article . . . and how it pertains to the circumstances of (name of grievor)”. "When we booked the meeting, I asked for a full hour. Do we have that time?" "I have an initial presentation of 5-10 min after which there will be an opportunity for questions and a discussion." Get agreement.

C. Articles in Dispute
Review the articles in dispute as listed on the grievance form. See D & E.

D. Summary of Facts
Establish the facts by using a chronology of dates to develop an outline. Incorporate the who, what, when, where details. Cite the collective agreement article when appropriate.

In discipline cases, the Employer would be expected to speak first because of the principle of natural justice. The Union and the grievor have the right to know the exact charges and the Employer's evidence to support the charges before being asked to participate in a discussion.

E. Union's Argument/ Presentation
Root the argument in the collective agreement. Select your key points. Present the least contentious ones first to build your argument. Use specific evidence & documentation to show how the grievor is complying with the terms of the Collective Agreement, or how the Employer is not. Prepare yourself for anticipated Employer replies.

F. Questions for the Employer and Discussion
Step 2's are an opportunity to discuss and resolve the issues. Ask the Employer for their rationale. Prepare a complete list of questions for the employer. For example: "Could you explain the Employer's reasoning behind...", "Could you tell me why...", "What documentation is there to substantiate...", "We are curious as to...", Listen attentively and take notes. Be sure to ask the Employer to slow down or repeat themselves so that you understand their answers.

G. Information needed from the Employer
Step 2's are an opportunity to formally request missing documentation which may be essential if moving on to Step 3. For example, letters, policies, memos, interview notes, missing evaluations etc. Ask for copies and ensure that your request is documented in the minutes.

H. Remedy Sought
Prepare your anticipated resolutions. Make sure you have a rationale as to why the resolution is in the best interests of both parties. A well prepared resolution can bring benefits to more than one. Ensure the grievor knows the entire continuum of possibilities.

I. Closure
Thank the Employer for the time spent. Review any action plan. For example: "You said that you would send us a copy of the interview questions in the next week", "I will anticipate a letter informing us of your decision regarding this grievance", "I will be forwarding the file to our LRO and they will be contacting you regarding this issue", etc. Sign the grievance form and submit it to the employer.

J. Debrief with the Griever
Ask the grievor how she/he felt the step 2 meeting went. Ask if she/he has any questions. Ask for their notes of the meeting. Review any next steps.
23. Principles of Assertiveness

Keep the following basic principles in mind:

1. You cannot change other people’s behaviour; you can only change your reaction to it. Related to this is another principle: if you keep doing the same thing you’ve always done, you’ll keep getting the same thing you have always gotten. Your behaviour can influence someone else’s, but that is all. The only person you can actually control is you. You can tell a person what you are feeling and how his or her actions affect you (note: he or she cannot control you either, but they can influence you), but you cannot make that person change the way he or she is treating you. If you cannot bear to continue a relationship with a person after having asserted yourself, then recognize that and sever the relationship.

2. People are not mind readers. You must ask for what you want. You must share your feelings if they are to know what you are feeling.

3. Habit is no reason for doing anything. “That’s the way it’s always been.” “We always do it that way.” “It’s our tradition.” None of these things mean that change cannot occur. None of them mean the pattern should or must continue.

4. You cannot make others happy. Just as you have no control over others’ behaviour, you have no control over their feelings. They make themselves happy or not, just as you make yourself happy or not. This does not enable us to escape responsibility; rather, it recognizes where ultimate responsibility lies. Look at this principle negatively if you must: if you feel that nothing you do is ever good enough, then recognize that it will never be enough, and stop trying. Closer to reality is that if others do not recognize that only they can make themselves happy, then they will be unhappy no matter what you do. Therefore, do not allow yourself to be manipulated by such statements as, “If you don’t do as I ask, I’m going to be mad at you.” That may well be the decision they make, but it is not you making them feel that way.

5. Remind yourself that parents, spouses, bosses, friends, children, and others will often disapprove of your behaviour, and that their disapproval has nothing to do with who or what you are. Calling a skunk a rose does not make him smell sweet. Neither does it make you stupid or evil just because someone calls you stupid or evil. In any relationship, you will incur some disapproval. Expect it, accept that it will happen. You don’t have to like it, but neither do you have to be controlled by it.

6. Whenever you find yourself avoiding the unknown, ask yourself what’s the worst thing that could happen to you. Fear stops us quite often. Before you let fear stop you, determine the realistic consequences of your action, your communication. Weigh the factors involved, and make your decision on the basis. If you cannot handle the consequences, don’t take the action, but first consider how much you have exaggerated the consequences in your mind. Plus, consider Susan Jeffers approach: feel the fear and do it anyway. Recognize your fear, but don’t put it in the driver’s seat. Jeffers does this by pointing out that it’s not that if “a” happens it will be good and if “b” happens it will be bad. Rather, “a” will lead to one result, “b” will lead to another one, and ultimately both will have some kind of benefit.
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7. Do not be victimized. A victimizer is an entity (person or organization) that interferes with another person’s right to decide how to live his or her own life. A victim is a person denied that right. Victimization is often self-victimization. It is a basic psychological principle that when people are functioning as adults, they use available resources to get out of victimizing situations and victimizing relationships. One of the basic questions a victim must ask is: “Why am I playing the victim?” Get rid of self-defeating behaviour, such as saying “I’m a loser,” or “I tried it before and it didn’t work.” In other words, make self-fulfilling prophecies work for you, not against you.

8. Worrying about something will not change it. Only action can affect outcomes. Worrying will not alter the past, the present, or the future. Action, however, can relieve anxiety. Perhaps you need to confront someone and share your feelings. Maybe you need to make drastic changes or end a relationship. Regardless, it is a cinch that worrying about it won’t change it.

9. Adopt the attitude that you will do the best you can, and if someone does not like it, that is her or his problem. After all, what more can you do but your best? (Side note: apply general semantics here, especially the concept of dating. Your best today may not be your best tomorrow.) You are responsible only to you and for you. For those of a religious bent, this is the same as saying there is no one else on earth you must answer to. When you were a child, you answered to your parents because they were responsible for you (and that responsibility came because of decisions they made). You are no longer a child. To be responsible means you accept the consequences of your decisions. Therefore, since you bear the consequences of your decisions, no one else can bear the responsibility for you.

10. Assertion does not mean aggression.

11. When you decide to be assertive, be aware of the consequences.
## 24. Employer Meeting: Note-Taking Format

### Employer Meeting: Note-Taking Format

Date: ____________________  Topic: ____________________

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<tr>
<th>Union</th>
<th>Employer</th>
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<tr>
<td>Participants</td>
<td>Title/Role</td>
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Proposed Action:

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25. Grievance File Transfer
Memo

BRITISH COLUMBIA NURSES’ UNION

Grievance File Transfer Memo

To: LRO
From: Steward
Re: Step 2 Grievance Transfer (name of Grievor)

This file contains: (please check all that apply)

☐ 1) Step 2 grievance form
☐ 2) Employer's step 2 response
☐ 3) Step 1 & 2 meeting notes
☐ 4) Step 2 Interview with Grievor/Fact Sheet
☐ 5) Step 2 Grievance Preparation
☐ 6) Grievor's written notes of what happened
☐ 7) Supporting documentation
☐ Policies
☐ Past practices
☐ Personnel file information
☐ Minutes from relevant meetings
☐ Relevant forms (shift exchange, vacation request, etc.)
☐ Rotations
☐ Seniority lists
☐ Posting
☐ Casual call in logs
☐ Evidence corroborating grievor's story
☐ Witness investigation interview notes
☐ Previously settled disputes that have relevance
☐ Evidence that the grievor is being singled out
☐ Documents supplied by employer
☐ Other statutes etc. ie: WCB regs
☐ Any media information

Note: Photocopy, enclose all of the above documents, and send to your LRO.

♦ If in doubt, send it to the LRO anyway. Let them decide if it is relevant.
♦ If the employer will not release sensitive documents, such as charts or interview notes, then contact
  the LRO. This is to maintain confidentiality and for your protection. If the employer does release
documents, block out any identifying information.
♦ If you have additional comments, please attach to this memo.

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the Nurses’ Association of Bargaining Agents may take in any arbitral proceeding or any other forum.

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26. Overtime Grievance Checklist

**BCNU Stewards:** The following is a list of information needed by the Labour Relations Officer (LRO) when they are dealing with an overtime grievance.

Please make copies of this checklist and use it when filing an overtime grievance to ensure you have collected all the necessary information.

<table>
<thead>
<tr>
<th>Overtime Grievance Checklist</th>
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<tbody>
<tr>
<td>1. Employee status (i.e. Regular Full-Time, Regular Part-Time, Casual)</td>
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<tr>
<td>2. Hourly wage rate, wage level (i.e. DC1, DC2, CH1, CH2 etc) and increment step</td>
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<tr>
<td>3. Date of shift (s), length of shift and the actual hours worked on the date(s) where overtime is being claimed.</td>
</tr>
<tr>
<td>4. Whether this was a day that already attracted premium pay (i.e. work on a Stat, Superstat holiday or a day marked on rotation as a Stat/Superstat)</td>
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<tr>
<td>5. Copy of rotation/schedule/calendar (i.e. if RPT need record of shifts for 3 consecutive pay periods and for casuals need a record of consecutive shifts worked)</td>
</tr>
<tr>
<td>6. Pay stubs for the time frame in question showing pay rate, OT banks, what was actually paid)</td>
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</table>
| 7. If a casual employee:  
  - Specify whether the member was working in a temporary vacancy pursuant to 17.03/ or  
  - Working in a temporary appointment replacing an incumbent pursuant to Article 17.02 |
| 8. If a community based employee:  
  - Specify whether the member was working on a flex schedule pursuant to Article 25.07. |
| 9. If a regular full-time employee:  
  - Specify whether the overtime was on a scheduled day off |
| 10. Specify the type of overtime being claimed:  
  - Call-back to work while being paid the on-call premium  
  - Telephone work while on-call  
  - Additional work on an unscheduled day off (i.e. RPT)  
  - Additional work before or at the end of a scheduled shift  
  - Additional work on a Stat day (either being called in to work on a Stat day or working before or following a scheduled shift on a Stat day) |
| 11. Other information you think might be helpful. |
27. A Checklist to Assist In Advancing Your PRF: Documentation is the Key!

The Professional Responsibility Form (PRF) process can be strengthened by including as much as possible of the following:

- A Copy of your original PRF
- Copies of any PRFs previously filed on the same issue from the same unit/worksite (including the manager’s written response, PRF Committee meeting minutes, etc.), or additional PRFs filed since your original was filed, that document that the concern is still ongoing
- The excluded Manager’s written response to PRF.
- Minutes of the PRF Committee meeting(s) including any documents used in the attempted problem-solving process.

- Supporting documentation
  - Schedules (sign-in sheets, assignment sheets - indicating use of casuals or agency nurses particularly when they are new to the unit or lack orientation)
  - Staffing comparisons with other similar sized units/worksites
  - Overtime stats
  - Vacation hours used/unused
  - Staff turnover
  - Rotation - highlight empty lines
  - Past practices
  - Relevant Professional Practice Standards; CRNBC, CRPNBC, speciality groups (e.g. Operating Room (ORNAC), Obstetrics (BCRCP), etc.)
  - WCB regulations for safety issues

Note: The Employee Rep of the PRF Committee should ask for the above documentation as appropriate. The PRF Committee can’t be expected to resolve nurses’ concerns without all committee members having access to all information. The Employee Rep may have to suggest another meeting be scheduled to give management time to gather the required information. Nurses can also attempt to access some of this information from colleagues in their worksite or elsewhere.

- Any follow up to the PRF Committee; responses from other managers, contracted out services, outside agencies (e.g. BC Ambulance Service).
- Notes taken by Employee Rep, BCNU Steward or BCNU member at any meeting.

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The PRF Process can also be strengthened and advanced by nurses and others working together on a worksite campaign by incorporating other strategies such as; identifying allies, getting public support, lobbying key decision-makers/politicians, and creating media interest.

**TIP:** attach a sticker like this on PRF forms so you can easily contact members who have completed a form.

For more useful tips, contact Suzanne Campbell, Professional Responsibility Officer at the BCNU Provincial Office and watch for updates in your mail-outs!
28.

**SELECTION/POSTING GRIEVANCE CHECKLIST**

For the Investigation and Grievance File

It is suggested you make a copy of this page to insert in your grievance file as a reference

1. Copy of the job posting and job description.
2. The grievor’s work history in chronological order. Include classification, seniority, etc.
3. The grievor’s education.
4. The date of the grievor’s application, and interview (include time).
5. The grievor’s performance appraisals and other related personnel file information (copied with member permission).
6. Was there an interview or panel and/or exam in the selection process? Get the names and titles of the participants. Get the name of the person who developed any tools or questions used.
7. A copy of pre-determined panel or interview questions. A copy of the exam.
8. A copy of pre-determined answers.
9. A copy of the scoring system for the interview, panel and/or exam.
10. Copies of scored results for all applicants for the position.
11. Describe any other tools and methods used to select (e.g. evaluations, education courses, experience, seniority, etc.) and provide copies.
12. A copy of any special considerations (e.g. the position calls for specific education, degrees, courses, etc).
13. The name, seniority, and work experience of the successful applicant.
14. The date and process by which the grievor was informed of the selection decision.
15. Management’s reasons for rejection the grievor.
16. Management’s reasons for selecting the successful applicant.
17. Past practice regarding the requirement and process for similar positions.
18. The hospital/facility seniority list.
19. The names and seniority of all other applicants.
20. Confirmation that the successful applicant has been informed of the grievance.

**Consider:** Have you compared the wording of the job description and that of the posting? The requirements and qualifications specified should be the same.
29. **Workload - MOA**  
Standards for measuring Nurse Workload and Application of Nurse Staffing Plans in BC

### MOA (2006-2010) - Workload

**New in 2006:** This MOA sets out a committee structure that reports through to the top level of the Ministry of Health and contains strategies to address workload concerns.

#### Leadership Council (LC)
- MoH Health Executive
- Health Authority (HA) Chief Executive Officers (CEO), Chief Financial Officers (CFO), Chief Operating Officers (COO)
- HA Chief Nursing Officers (CNO)
- Physician leadership
- HEABC

#### Provincial Nursing Workload Committee (PNWC)
Chaired by the ADM - Clinical Innovation and Integration (Chief Nurse Executive) and Vice Chair is President of the BCNU
- 3 senior representatives from the NBA
- 3 senior representatives from the Health Authorities

**Mandate**

To seek to develop consensus and provide advice to Leadership Council on:
- which indicators within a workload measurement system tool should be used within the healthcare system
- the selection of the initial areas where the workload measurement system tools and nurse staffing plans will be implemented

Also to:
- develop a timeline and target goals for its activities at its initial meetings
- undertake a review of all outstanding PRF reports related to workload within 3 months of ratification
- make recommendations to the LC
- inform the RNWC of the identity of key areas or units of concern and potential strategies and/or interventions that may be undertaken

#### Regional Nursing Workload Committees (RNWC)
Chair - Senior Executive of the HA
- Chief Nursing Officer and other HA management staff
- NBA representation

**Mandate**

To develop specific strategies and/or interventions to address workload in the key areas or units identified by the PNWC.

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The interpretations in this manual are provided on a *without prejudice, errors and omissions basis* to any position Unions in the Nurses’ Association of Bargaining Agents may take in any arbitral proceeding or any other forum.

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MOA (2006-2010) - Workload

Strategic Workload Analysis Teams (SWAT)

- Will be established at the HA level and funded by the HA
- Will be composed of a Senior HA management representative
- NBA representative
- HA Executive Sponsor

The intent is that senior executive sponsorship and participation will facilitate implementation of any mutually agreed strategies to address urgent workload problems.

SWAT Process

- Team may access expertise and/or resources (staff, equipment, expertise in hiring, recruitment, scheduling, environmental knowledge, clinical, professional practice, facility knowledge, etc) as appropriate.

- Factors that may be identified for SWAT response include:
  - Persistent overcapacity;
  - Vacancy rates;
  - Inability to maintain baseline staffing;
  - Closures of service;
  - Overtime;
  - Sick time;
  - Professional responsibility forms
  - Lack of access to vacation/leaves/breaks

- May need to limit number of units reviewed in order to maximize team effectiveness.

- The Team will develop recommendations and strategies and assist in their implementation.

- Recommendations and strategies will be focused on solutions that will have an immediate impact in the short term and are designed to show indicators of success within 6 months.

- Recommendations and strategies will include a wide variety of designs including Responsive Shift Scheduling, non-nursing duties, Innovation fund, etc

- The Team will follow-up with an informal evaluation: Plan, Do, Study, Act - what worked, what didn’t;

The Team will communicate with the Regional Nursing Workload Committee (RNWC) and share solutions with other Health Authority SWAT Teams.
Health Policy Secretariat

Nursing Policy Section

ROLE AND TERMS OF REFERENCE
REGIONAL NURSING WORKLOAD COMMITTEE’ (NBA)

Role Statement:
The primary role of the Regional Nursing Workload Committee (RNWC) is to advise Health Authority Management and the Provincial Nursing Workload Committee on the appropriate implementation and tracking of the workload measurement indicators and staffing plan processes.

A Regional Nursing Workload Committee will be formed in each Health Authority. The RNWC is chaired by a senior executive of the Health Authority and consists of Health Authority (including CNO) and NBA representation. The RNWC reports to Health Authority management and the Provincial Nursing Workload Committee.

Primary Responsibilities:

1. Receives reports and guidance from the Provincial Nursing Workload Committee that identify key areas or units of concern and potential strategies that may be undertaken in resolving or ameliorating immediate workload concerns.

2. Develops specific strategies and interventions to address workload in the key areas or units identified by the Provincial Nursing Workload Committee. Additionally may identify areas or units of concern and develop strategies and/or interventions on its own

3. May deploy Strategic Workload Analysis Teams (SWAT) for areas of immediate concern and will receive reports from the SWAT. The number of units reviewed may be limited in order to maximize team effectiveness. Factors that may be identified for SWAT response include:
   o Persistent overcapacity
   o Vacancy Rates
   o Inability to maintain baseline staffing
   o Closure of service
   o Overtime
   o Sick time
   o Professional responsibility forms
   o Lack of access to vacation/leaves/breaks

4. Provides reports to the PNWC on the appropriate implementation and tracking of the workload measurement indicators and staffing plan processes

5. Provides ongoing advice to the Health Authority operational leadership and the PNWC on the implementation of workload measurement indicators and staffing plan processes in the selected areas/sites/locations in Phase 1 for the areas of Acute Care and Residential Care and Phase 2 for the areas of Community and Mental Health.

Formerly called the Local Nursing Workload Committee

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Health Policy Secretariat

Nursing Policy Section

ROLE AND TERMS OF REFERENCE

PROVINCIAL NURSING WORKLOAD COMMITTEE (NBA)

Role Statement:

The primary role of the Provincial Nursing Workload Committee (PNWC) is to develop consensus
and provide advice to Leadership Council (LC) regarding the province-wide implementation of a workload
measurement system to facilitate workload measurement and informed decision making in staffing plan
processes.

The Provincial Nursing Workload Committee is chaired by the Assistant Deputy Minister, Clinical
Innovation & Integration (Chief Nursing Executive), vice-chaired held by a senior representative from the
NBA, and includes three senior representatives from the NBA, three senior representatives from the
Health Authorities (HA) and one senior representative from HEABC. The PNWC reports to and receives
direction from Leadership Council.

Primary Responsibilities:

(i) Professional Responsibility Forms

1. Undertakes a review of all outstanding Professional Responsibility Forms (PRFs) related to
workload in order to inform its work and may make recommendations to Leadership Council
based on this review.

2. Informs the Regional Nursing Workload Committees of key areas or units of concern and
provides guidance on potential strategies that may be undertaken in resolving or ameliorating
immediate workload concerns based on the PRF review.

3. Reviews and takes action on Assessment Committee Reports that are not responded to with
a satisfactory implementation plan and are forwarded to the PNWC.

(ii) Acute Care and Residential Care Workload Measurement Tools

4. Develops consensus and provides advice to Leadership Council on the workload
measurement indicators and the selection of the initial four areas, sites or locations where
workload measurement tools, staffing plan processes and tracking of patient outcomes will be
implemented in Phase 1 for the areas of Acute Care and Residential Care.

5. Directs the implementation of the workload measurement indicators, staffing plan processes
and tracking of patient outcomes in the agreed-upon Acute Care and Residential Care areas,
sites or locations within six months of the PNWC first meeting.

6. Directs the evaluation in accordance with Phase 2 for the areas of Acute Care and
Residential Care.

7. Directs the province-wide implementation of appropriate workload measurement indicators,
staffing plan processes and tracking of patient outcomes for the areas of Acute Care and
Residential Care in accordance with Phase 3 for the areas of Acute Care and Residential Care.

2 Formerly called the Local Nursing Workload Committee

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the Nurses’ Association of Bargaining Agents may take in any arbitral proceeding or any other forum.
Health Policy Secretariat

Nursing Policy Section

(iii) Community and Mental Health Workload Measurement Tools

8. Develops or refines workload indicators, staffing plan processes and measurements for tracking patient indicators for the areas of Community and Mental Health within one year of the PNWC first meeting.

9. Develops consensus and provides advice to Leadership Council on the workload measurement indicators and the selection of the initial areas where workload measurement tools, staffing plan processes and tracking of patient outcomes will be implemented in Phase 2 for the areas of Community and Mental Health.

10. Directs the implementation of the workload measurement indicators, staffing plan processes and tracking of patient indicators in the in the agreed-upon Community and Mental Health areas, sites or locations within three months of the completion of Phase 1.

11. Directs the evaluation of such implementation in accordance with Phase 3 for the areas of Community and Mental Health.

(iv) General

12. Recruits the assistance of clinical nurse researchers including, but not limited to, a researcher associated with the CHSRF research project on nurse staffing, conducted through the University of Toronto, to assist with the development and/or selection of the indicators and the assessment phases.

13. Receives reports from the Regional Nursing Workload Committees on the appropriate implementation and tracking of workload measurement indicators and staffing plan processes.

14. Recognizes that appropriate workload measurement tools and nurse staffing plans should be based on evidence, as well as on patient/resident/client needs, acuity and outcomes.

15. Considers the following elements when assessing and responding to workload issues:
   o The staffing level should be aligned with the mix of patients being served
   o Appropriate relief should be allocated to account for vacancies due to vacation, union leave, leave of absence, etc
   o There should be appropriate surge capacity available to deal with changes in patient load and acuity over the course of time
   o There should be accessible, empowered, skilled frontline leadership
   o Other key resources which can assist in the management of workload and may need to be made available include:
     a. Equipment
     b. Clerical support
     c. Allied health providers
     d. Patient transport support
     e. Information and communication technology

16. Develops a timeline and target goals for its activities and initially meets a minimum of once per month.

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Health Policy Secretariat

Nursing Policy Section

ROLE AND TERMS OF REFERENCE
STRATEGIC WORKLOAD ANALYSIS TEAM (NBA)

Role Statement:

The Regional Nursing Workload Committee in each Health Authority may use a Strategic Workload Analysis Team (SWAT) where workload is an immediate concern. The primary role of the Strategic Workload Analysis Team is to respond to RNWC and make recommendations and design strategies that are focused on solutions that will have an immediate impact in the short term and are designed to show indicators of success within 6 months.

The SWAT is composed of an NBA representative, a Health Authority management representative and will have a Senior Health Authority Executive sponsor. The SWAT reports to the Regional Nursing Workload Committee.

Primary Responsibilities:

1. Receives reports from the Regional Nursing Workload Committee that identify areas or units of immediate concern.
2. May access expertise and/or resources (staff, equipment, expertise in hiring, recruitment, scheduling, environmental knowledge, clinical professional practice, faculty knowledge, etc) as appropriate.
3. Develops recommendations and strategies and assists in implementation of strategies that are focused on solutions that will have an immediate impact in the short term and are designed to show indicators of success within 6 months.
4. Follow-up will occur with an informal evaluation.
5. Communicates with the Regional Nursing Workload Committee and shares solutions with other HA SWAT teams.

Formerly known as the Local Nursing Workload Committee

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30. Workload Committee at a Glance

This MOA sets out a committee structure that reports through to the top level of the Ministry of Health and contains strategies to address workload concerns.

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**Mandate**

To seek to develop consensus and provide advice to Leadership Council on:
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- the selection of the initial areas where the workload measurement system tools and nurse staffing plans will be implemented

Also to:
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- make recommendations to the LC
- inform the LNWC of the identity of key areas or units of concern and potential strategies and/or interventions that may be undertaken

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<td>NBA representation</td>
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</table>

**Mandate**

- To develop specific strategies and/or interventions to address workload in the key areas or units identified by the PNWC.
- To identify areas or units of concern and develop strategies and/or interventions on its own

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31. Workload Resources

Dr Linda O’Brien Pallas
Co-director, Chair (NHSRU)
Nursing Human Resources Research Unit
Professor, Faculty of Nursing, University of Toronto

Notes from speech given at BCNU Convention March 1, 2006

Nursing Productivity & Patient Outcomes

After 7% is allocated for paid breaks, technically the maximum work capacity of an employee is 93%. If RNs work at 93% capacity, then this assumes there is no possibility of changing needs of patients. In a recent study, it was determined that nurses worked at:

- 93% utilization on 47% of days
- 85% utilization on 62% of days

Health care delivery is more complex that a factory product. See the Patient Care Delivery Model on the next page. When nurse utilization was compared to patient outcome it was found that if you utilize nurses at:

- greater than 80% researchers found a decrease in patient health scores
- greater than 80% researchers found an increase in RN absenteeism
- greater than 80% researchers found less job satisfaction
- greater than 83% researchers found increased RN intent to leave the profession
- greater than 85% researchers found nurses used more autonomy but nurse/physician relationships deteriorated
- greater than 88% researchers found a decrease in patient outcomes
- greater than 90% researchers found higher costs per resource intensity weight
- greater than 91% researchers found longer lengths of stay

Conclusions

- working nurses harder decreases positive patient outcomes
- managers’ choices influence outcomes
- managers need to use data to justify decisions
- time & money need to be invested to analyse data on outcomes
- Health Authorities need to shift emphasis from costs (staff levels) to outcomes

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O’Brien Pallas Recommendations

- The most effective work capacity range for nurses is 80%. Work capacity above 80% creates negative outcomes.
- There are significant fiscal and human benefits achievable by reducing utilization hours to 85% + or - 5%. This may not be applicable to specialty units.

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Highlights From “RN Staffing Time And Outcomes Of Long-Stay Nursing Home Residents”
(By Susan Horn & Others in American Journal of Nursing, November 2005)

This was an American study that found a clear link between lower nurse staffing levels in hospitals and adverse patient outcomes in both hospitals and long-term care. RN direct care time per residents per day was strongly associated with better outcomes.

Interestingly, more RN direct care time improved overall patient care outcomes while increases to other care providers did not seem to have as dramatic and effect on patient outcomes (with the exception of a decrease in pressure ulcers). That is, the RN is the most important care-giver associated with improved patient outcomes in long-term care.

The study estimated that it would cost approximately $175,000 to increase the RN levels to 30 to 40 minutes per resident per day on an annual basis.

Contrast this with the following savings if the RN nursing hours were increased in LTC:

- $250,000 due to fewer pressure ulcers (it is estimated that pressure ulcers alone cost $6.8 billion annually in the USA)
- $520,000 due to fewer incidences of hospitalizations
- $30,000 due to fewer urinary tract infections
- overall, $3200/resident/year to society and due to improved patient outcomes

The study made two recommendations regarding how to improve patient outcomes:

1. Create a consistent “data culture” that all providers are trained in. Documentation should be done consistently and completely in order to increase the data gathered on a patient/resident (example weight loss, nutrition, etc.) it would then trigger earlier interventions into deteriorations of health.

2. Standardize documentation: would increase the usage of the documentation across care providers. This would also allow weekly reports to be generated on the resident/patient which could lead to earlier changes in care plans.

The Study also made some other recommendations about practical workload measures:

- Control over work by “acuity–based staffing”, i.e. if a drop in staff or increase in acuity occurs:
  - RNs are given authority to determine safe workloads and are able to adjust admission rates accordingly (i.e. can shut down units or admissions)
  - suspension of non-priority care needs
Why Do We Want To Reduce Workload?

– For Our Lives

Workload hurts our health and our families

A recent Canadian study looked into nurses' workload (BCNU President Debra McPherson was a contributor to the report).

It looked specifically at the health of nurses in Canada and made the familiar linkage that excessive workload affects productivity and patient outcomes in a detrimental manner.

More importantly for nurses on an individual basis - excessive and unreasonable workload is a key contributor to stress and burn-out.

Interviews were conducted with several nurses from all levels of healthcare (including: front line nurses, Union officials/activists, management, professional bodies/colleges, university researchers, government bodies, etc.).

Key findings included:

“There was an overwhelming agreement (85%) among interviewees about the existence of a strong relationship between the health of nurses, challenges in recruitment/retention, and the nursing labour unrest experienced across the country, with increasing frequency over the past several years ....

[Second], addressing the impact of restructuring on nurse health, common themes about the impact of restructuring were also noted, including notions of greater workload responsibility, loss of nursing management, and a lingering sense of both betrayal and uncertainty about the future. A theme of struggling to cope with constant and rapid change was also identified in the interviews ...."
Why Do We Want To Reduce Workload?

- For Healthcare

Improved Patient Outcomes
- Both research and public opinion polls identified the quality of nursing care as the pivotal contributor to quality patient care.

Improved Employee Health and Attendance
- One third of days absent from work that are attributable to mental health problems are related to the work itself and to the conditions in which that work is performed.

Improved Recruitment and Retention
- “The creation of organizational and work environments that support the health of nurses will not only reduce the anticipated shortage by preserving these [nursing] resources for the future, it will also reduce the cost of nursing services by ensuring that the current supply of nurses is used efficiently and effectively, and in a manner that respects their right to safe and healthy workplace.”
from: “Monitoring the Health of Nurses in Canada” - Research Study published in November 2002 by Canadian Health Services Research Foundation (see resources list)
- Australia, like all countries worldwide, has been experiencing an extreme nursing shortage.
  - This created excessive workload for nurses who remained. A familiar downward spiral ensued where: nurses left the profession or went part-time; an over-utilization of agency nurse and massive restructuring just made the nursing shortage worse.
    - To address the problem, more than one state in Australia has adopted mandatory ratios along with other strategies to address excessive RN workload, or they are forced to close the unit.
    - The result: within 6 years more than 5000 inactive Registered Nurses returned to active duty in the workforce in one state alone.
EARLY INTERVENTION PROGRAM

POLICIES & PROCEDURES

Between

Nurses’ Bargaining Association

and

HEABC

Health Employers
Association of BC
Introduction

The Health Employers Association of British Columbia (HEABC) and the Nurses’ Bargaining Association (NBA) have negotiated an Early Intervention Program (EIP). The Memorandum of Agreement with respect to EIP can be found at Appendix E.

The purpose of the EIP is to facilitate pro-active, appropriate and customized return to work (RTW) programs for employees with occupational and non-occupational disabilities. This joint program is supported by the NBA and HEABC. The EIP is currently provided by the Healthcare Benefit Trust (HBT), which also provides the LTD coverage.

The benefits of the EIP can be realized by both the employer and employee, and may:

- prevent feelings of loneliness and abandonment that reduce the ill/injured employee’s motivation to get well;
- assist the ill/injured employee to obtain appropriate health/rehabilitation services;
- help avoid a “run-around” for the ill/injured employee from one healthcare professional to another;
- assist the ill/injured employee and her/his family in re-establishing a sense of control;
- increase the likelihood of a successful rehabilitation outcome; and
- reduce the costs of sick leave and the Long-Term Disability Insurance Plan.

The success of the EIP will ultimately depend on the participation of the employers and ill/injured employees, and their support of the program. For ill/injured employees, seeking timely medical treatment, following medical recommendations of the treating physician or healthcare professional and, if appropriate, participating in an early return-to-work (ERTW) plan are vital in improving her/his quality of life and successful return to pre-disability health. Any ERTW will include the involvement of the local steward and management representative as it improves the likelihood of a successful ERTW.

The National Association of Disability Evaluating Professionals (NADEP) has indicated that the likelihood of an unassisted individual ever returning from an absence due to illness or injury decreases the longer an employee is absent from work. Therefore, the EIP plays a critical role in reducing the costs of disability claims within the Health Care sector.

The parties agree that the EIP may evolve as it is implemented and this document will be updated periodically to reflect those changes.
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1.0 Contact Information

1.1 EIP Provider

Healthcare Benefit Trust (HBT)
#1200 – 1333 West Broadway
Vancouver, BC  V6H 4C1

Greater Vancouver calls:  (604) 736-2087
Phone Toll Free:  1-888-736-2087
Fax:  (604) 736-5788

- TBA
  Early Intervention Coordinator (EIC)
  Integrated Health & Disability Management Services / Early Intervention
  - For issues regarding specific employees who are participating in the program

- TBA
  Team Leader, Medical Case Management (MCM)
  Integrated Health & Disability Management Services / Early Intervention
  - For issues regarding specific employees who are participating in the program

- Linda Van Cleave, RN, BHSc (Nursing), MA (Disability Management), COHN-C, COHN-S/CM
  Program Manager / Disease Management and Disability Prevention
  email: lindav@hbt.bc.ca
  - For issues relating to the program and related services

1.2 HEABC Representative

Frances Kerstiens
Senior Consultant, Occupational Health and Safety
200 – 1333 West Broadway
Vancouver, BC  V6H 4C6

Phone:  (604) 714-2272
Fax:  (604) 736-2715
Email:  francesk@heabc.bc.ca

1.3 NBA Representative

NBA Rep and Contact Info TBA
2.0 Goals and Objectives

The goal of the EIP is to complement the existing disability plans by facilitating a proactive and customized service for ill and injured employees to effectively return to work in a safe and timely manner.

The objectives are:

- to initiate early contact with the ill/injured;
- to identify and provide appropriate, caring case management of the ill/injured employee’s health issues;
- to convey the message that employees are valued;
- to facilitate the rehabilitation of ill/injured employees while expediting a safe and timely RTW through an ERTW plan;
- to encourage health promotion and employee wellness;
- to be compliant with legislation and regulations (e.g. Workers’ Compensation Act, Human Rights legislation, including duty to accommodate, provincial and/or federal privacy laws, collective agreements);
- to promote open discussion and support for the EIP by the NBA and HEABC; and
- to reduce the costs of sick leave and the Long-Term Disability Insurance Plan.

3.0 Roles and Responsibilities

3.1 EIP Steering Committee (SC)

Refer to Appendix G.

3.2 EIP Working Group (WG)

Refer to Appendix H.

The WG includes the HEABC Representative(s) and the Union Representative(s).

3.3 Local Implementation Committee

A local implementation committee will be established at each Health Authority or Affiliate Employer with a mandate to:

1. Implement the EIP developed by the Steering Committee;
2. Promote the EIP to employees, Unions, and Employers;
3. Develop and implement a communications plan for the EIP;
4. Receive and analyze quarterly data reports to evaluate the effectiveness of the EIP and its impact on sick leave and on the LTD plan; and
5. Discuss issues arising from the implementation of the EIP referenced in the MOA.
3.4 HBT Program Manager: Disease Management and Disability Prevention

- Participate in the design and implementation of the program under the direction of the Steering Committee;
- give direction to the EIC and MCM;
- approve individual ERTW plans where there will be a direct cost to the EIP, and approve costs (e.g. medical interventions) up to spending limits as defined by HBT management;
- review ongoing effectiveness of HBT’s services to the EIP; and
- attend meetings of the Steering Committee and WG, provide input for enhancements or changes to the EIP, and provide periodic reports.

3.5 Early Intervention Coordinator (EIC): Disability Management Services

This is the individual designated by HBT for early intervention services and is responsible for:

- receiving notification from the employer, employee, or union representative;
- making the initial contact by telephone (within one working day) with the ill/injured employee to determine if the EIP process should be initiated;
- explaining the EIP to the employee, including the roles and responsibilities of both the ill/injured employee and EIC in the program;
- supplying the name and contact information for the NBA Representative on the WG and urge the member to contact the NBA representative if the employee has concerns about the program;
- sending out the Early Notification Package if the EIP process is required;
- receiving and notifying the WG members when the Early Notification Package documentation is received from the employee;
- contacting the Employer Representative and encouraging the early submission of an LTD claim (ideally after 4 months of absence), if the employee is not expected to RTW within the LTD qualification period (currently 5 months); and
- providing weekly status reports to the WG.

3.6 Medical Case Manager (MCM)

- Gathering and reviewing information about the employee’s illness/injury and developing an ERTW/accommodation plan, if appropriate;
- following up with the employee to ensure the RTW was successful, if the EIP process was not initiated – e.g. because the employee will soon be returning to work;
- referring the employee for independent medical examinations, treatment programs (e.g. physiotherapy, counseling);
- referring the case to the WG if there are complicating factors such as labour relations issues;
- communicating with the employee, Employer Representative, attending physician and WG throughout the employee’s absence to monitor her/his progress and to ensure that the RTW plan is followed;
• participating in regular meetings of the WG; and
• providing the HBT Program Manager with periodic status reports for the Steering Committee.

3.7 Employer
The Employer will:
• phone the EIC when an employee has been absent for 5 scheduled working days/shifts (14 calendar days for part-time employees);
• provide the EIC with basic information on the employee (name, phone number, address, last date worked, etc.) as required;
• notify the EIC when an employee’s WCB claim has been finalized and the employee has not returned to work; and
• be responsible for accommodating the employee’s early return to work, transitional accommodations, and the costs associated with that.

3.8 Employee
Ill/injured employees shall participate in the EIP program and cooperate with the parties by:
• completing all required forms;
• speaking with Early Intervention Program coordinators and/or Union representatives to discuss the potential for early return to work or accommodation plans;
• participating in an agreed upon early return to work/accommodation plan if approved by the ill/injured employee’s physician; and
• cooperating with any recommended medical and rehabilitation intervention plans, if approved, by the attending physician.

3.9 EIP Implementation Issue Resolution Process
1. Local Implementation Committee
   If issues arise out of the implementation of EIP which cannot be resolved at the local level, either party can refer the matter to the Working Group for resolution.

2. Working Group
   The working group will resolve issues on a timely basis which they encounter in the day to day implementation of EIP or which are referred to them by the local implementation committees. If the working group cannot resolve local or industry wide issues, they will refer these issues to the Steering Committee.

3. Steering Committee
   The Steering committee will resolve any issues that cannot be resolved by the working group. As a last resort when an issue cannot be resolved at the Steering Committee, the issue will be referred to Don Munroe for mediation/arbitration.
4. **Don Munroe**

Don Munroe shall meet with the parties on a timely basis to try to facilitate a resolution to the conflict. If a facilitated resolution is not reached, he shall issue a written decision.

4.0 **Policies**

4.1 **Confidentiality**

HBT is an independent service provider that is bound by the BC Personal Information Protection Act and has strict confidentiality policies and procedures. As such, information that the ill/injured employee provides to the EIC is confidential. However, the diagnosis and prognosis will be shared with the HEABC and NBA representatives on the WG where required for ERTW planning and where authorized in writing by the employee.

The Steering Committee will only receive aggregate data in order to measure the effectiveness of the EIP.

All documents for active cases are kept in locked security at HBT.

Confidential material will be shared with GWL, when authorized by the employees as part of an LTD claim submission to ensure continuity of case management.

4.2 **Participation**

In accordance with Memorandum of Agreement, participation in the EIP is required for all eligible ill/injured employees.

Participation includes:

- completing the form provided in the Early Notification Package;
- speaking with the EIC and/or Union representatives to discuss the potential for an early return-to-work (ERTW)/accommodation plan;
- participating in an agreed upon ERTW/accommodation plan, if approved by the ill/injured employee’s physician; and
- cooperating with any recommended medical and rehabilitation interventions plans, if approved, by the attending physician.

If an employee refuses to participate, the EIC will refer the case to the WG. If the employee still refuses to participate, the EIC will send a letter notifying the employee that non-participation in the EIP may result in complications, delay or denial of LTD Plan claims and/or benefits. The letter will be copied to the Employer Representative and to the NBA. HBT will not be involved in labour relations or compliance issues.
5.0 Medical Forms
An ill/injured employee participating in the EIP will be asked to have her/his attending physician complete an Occupational Fitness Assessment (OFA) form that provides general information regarding her/his current injury/illness. The OFA is part of the Early Notification Package, and includes the employee authorization section.

6.0 Early Return to Work (ERTW)
Once the EIC has gathered all necessary information, the MCM will consult with the employee, supervisor, attending physician and/or any other relevant parties to develop and implement the optimal early return-to-work (ERTW) plan.

7.0 Integration With Other Programs And Services
The EIC will work with employers to facilitate ERTW programs and will encourage the participation of available employer or external ancillary services. Ancillary services may include, but are not limited to:

- ergonomic assessments;
- work conditioning – preparing physically;
- working closely with the ill/injured employee to increase her/his activities of daily living;
- functional capacity evaluations;
- transferable skills analysis;
- job demands analysis;
- graduated RTW planning;
- retraining for transitional work; and
- PEARS.

The healthcare professionals contracted by HBT will be bound by the same confidentiality requirement of provincial and/or federal laws.

The EIC will work collaboratively with other agencies (WCB, ICBC, etc) where applicable to the claim.

8.0 Data Collection And Reporting
The EIC maintains detailed records of each case. It is maintained in a confidential and secure manner. The EIC and the HBT Program Manager provide the following reports:

- Weekly electronic report to the WG of all cases referred to HBT to date.
• Cases that are not accepted into the EIP (e.g. where the employee is soon returning to work) will be reported in a non-identifiable manner because the employee will not have signed an authorization.

• Case-specific reporting to the WG for cases that require further review.

• Periodic aggregate reporting to the Steering Committee based on the requirements of the Steering Committee, such as:
  ▪ total number of active claims and breakdown by types of disability;
  ▪ number of new claims received during the month;
  ▪ number of claimants returning to work in the month;
  ▪ number of claims closed due to non-cooperation;
  ▪ summary of costs;
  ▪ summary of estimated savings (e.g. reduction in number and duration of LTD claims);
  ▪ outcomes (e.g. successful RTW; LTD claim submitted but duration anticipated to be reduced; LTD claim submitted without EIP); and
  ▪ any other data agreed upon by the parties.

9.0 Communication

Effective communication is integral to the overall success of the EIP. The Steering Committee will develop a communication strategy, both to initially introduce the program and promote its ongoing use.

10.0 Program Evaluation

The Steering Committee will evaluate the effectiveness of the EIP on an ongoing basis. This may be accomplished through:

• review of aggregate data that is provided by HBT;
• independent evaluation forms completed by employees who have participated in the EIP;
• feedback provided by NBA, HEABC, and Employer representatives as well as Employees;
• reviews of reports, and feedback from HBT and/or independent consultant(s);
• review of HBT’s services; and
• other processes, as appropriate.
Appendix A – Early Notification Package

A.1 Initial Letter from EIC

Dear ____________________:

We have been advised by your employer that you have been absent from work for 5 working days (or 14 calendar days for part-time) due to health reasons. We are sorry to hear that you are unable to work. We are writing to advise that you have been enrolled in the Early Intervention Program (EIP). This program is being provided jointly by your union and your employer, as part of your collective agreement. In order for us to appropriately assist you, the Healthcare Benefit Trust is coordinating the program and I will be your primary contact person. You may also be contacted by a Medical Case Manager. If you have any questions for your union, please contact your Nurses’ Bargaining Association Representative, ______________________ [name or representative].

The purpose of the EIP is to provide proactive and timely services to employees who are ill or injured, and who need assistance in order to return to work. It is completely confidential, and your personal medical information is only provided to people who are part of your EIP team, and with your permission.

Our role is to ensure that you are getting the best healthcare management possible and, if appropriate, to co-ordinate your rehabilitation plan. The other people who may assist with your rehabilitation plan are your union, a representative of the Health Employers Association of British Columbia (HEABC), a medical case manager, your doctor, other medical professionals, and/or appropriate rehabilitation services. We will work with you to assist you in returning to good health with your return to work. Your employer will also play an important role in any return to work plans, but medical information will NOT be provided to your employer.

In order that we may monitor your progress and start gathering information for your rehabilitation plan (if appropriate), please do the following:

1) Read and sign the authorization on the enclosed Occupational Fitness Assessment (OFA) form and take the OFA form to your doctor for her/his completion, as soon as possible. Your doctor can invoice the Healthcare Benefit Trust for the cost of completing the form, up to $37.50 in accordance with the BCMA fee schedule.

2) Return the Authorization/OFA form to me within 7 days from the date of this letter. It can be faxed to me, in confidence, at (604) 736-5788 or mailed to the above address. If you send the form to me by fax, the original also must be mailed to my attention. Your physician may choose to send the OFA form directly to our office.

By the time you receive this package, we may have spoken by telephone. If not, please call me as soon as possible at (604) 736-2087 or toll free at 1-888-736-2087.

Yours truly,

NAME TBA ______________________
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust
Appendix B – Other Sample Letters From EIC

B.1 Non-Compliance

Dear _____________________:

I am sorry to hear that you are still unable to return to work. As explained during our telephone conversation, your employer has referred your claim to the Early Intervention Program (EIP). This is a confidential program that is provided by the Healthcare Benefit Trust and is fully supported by your union and your employer.

During our conversation you advised that you did not wish to participate in the program, and I therefore recommended that you discuss your concerns with ________________________ [name of union rep] at the ______________________________________ [name of union].

We understand that you have now spoken with ________________________________, but they have not been able to obtain your agreement to participate in the program.

Therefore, we are suspending your EIP file. However, we wish to advise you that your entitlement to Long Term Disability (LTD) may be jeopardized if you are unable to provide medical evidence supporting your illness/injury. Please note that you are required to provide medical documentation regarding your illness/injury and be under the care of a qualified physician from the date of your disability and throughout the five-month waiting period and beyond, in order to qualify for LTD.

If you wish to reconsider your participation, do not hesitate to call me at (604) 736-2087 or toll free at 1-888-736-2087.

Yours truly,

NAME TBA ________________
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust

cc: ________________ Employer Representative TBA
    ________________ Name of Union Representative in letter TBA
    Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC
B.2 EIP Working Group File Referral

MEMO TO: HEABC Representative Frances Kerstiens
         NBA Representative
FROM: HBT MCM
DATE: 
RE: [Name of Employee]

We are referring the attached file for discussion at the next meeting of the EIP Working Group (WG).

File Information:

[Name of Employee]
[Employer]
[Date of Disability]
[Union Affiliation]

Special Issues for Discussion:

☐ Early Return To Work Planning
☐ Accommodation
☐ Employee Motivation
☐ Employer Motivation
☐ Labour Relations
☐ Other ___________________________

Referral Requested By:

☐ NBA
☐ HEABC
☐ HBT
☐ Other ___________________________

To be discussed at meeting on: ___________________________

Attach.
Appendix C – Authorization & Occupational Fitness Assessment (OFA) Form

Early Intervention Program (EIP)

AUTHORIZATION & OCCUPATIONAL FITNESS ASSESSMENT (OFA) FORM

PURPOSE

This confidential form will assist the EIP Early Intervention Coordinator to:

- confirm the anticipated duration of your sick leave
- determine the type of work suitable to your medical restrictions
- determine if other medical or rehabilitation processes would be beneficial

AUTHORIZATION (To Be Completed By Employee)

I authorize any physician or practitioner, healthcare or rehabilitation provider, or any other person who has examined, diagnosed or treated me (or who may do so), to release my personal information, including full particulars of my current illness/injury and medical history that are reasonably necessary to process my claim to the Early Intervention Program (EIP) and the development of my return to work plan, to employees, contractors and agents of the Trustees of the Healthcare Benefit Trust who need access to my personal information in order to process my claim to EIP and to develop my return to work plan.

I authorize the release of my personal information in possession of the EIP Medical Case Manager(s) to:

- Designated representative(s) of the Nurses’ Bargaining Association; and
- Designated representative(s) of the Health Employers Association of BC.

I authorize the EIP to give my personal information to other medical providers for necessary treatment.

I authorize my employer to provide the EIP with information regarding my employment, my date of disability related to my EIP claim, and any other information reasonably necessary for the proper processing of my EIP claim and the development of my return to work plan.

If and when I make a claim for LTD benefits, I authorize EIP to disclose any information collected in the EIP process to Great-West Life for the purpose of administering my LTD claim.

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR 5 MONTHS FROM THE DATE OF SIGNATURE

I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original.

Print Name: ______________________________ Signature of Claimant: ________________________

Date: ___________________________________ Telephone Number: (____) _____________________
**CONFIDENTIAL INFORMATION (To Be Completed By Attending Physician)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Date of Injury/Illness:</td>
<td></td>
</tr>
<tr>
<td>Expected Date of Return to Work:</td>
<td></td>
</tr>
<tr>
<td>Reason for Absence:</td>
<td></td>
</tr>
<tr>
<td>√ Sickness</td>
<td></td>
</tr>
<tr>
<td>√ Injury</td>
<td></td>
</tr>
<tr>
<td>√ Occupational</td>
<td></td>
</tr>
<tr>
<td>√ Non-Occupational</td>
<td></td>
</tr>
<tr>
<td>Primary Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Secondary Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>If Psychiatric Diagnosis, DSM AXIS I:</td>
<td></td>
</tr>
<tr>
<td>Hospitalized:</td>
<td></td>
</tr>
<tr>
<td>√ No</td>
<td></td>
</tr>
<tr>
<td>Yes – If “Yes”, date admitted:</td>
<td></td>
</tr>
<tr>
<td>Date Discharged:</td>
<td></td>
</tr>
<tr>
<td>Medications:</td>
<td></td>
</tr>
<tr>
<td>Treatment:</td>
<td></td>
</tr>
<tr>
<td>Date of First Visit:</td>
<td></td>
</tr>
<tr>
<td>Date of Most Recent Visit:</td>
<td></td>
</tr>
<tr>
<td>Date of Next Planned Visit:</td>
<td></td>
</tr>
<tr>
<td>Frequency of Visits:</td>
<td></td>
</tr>
<tr>
<td>When do you expect improvement?</td>
<td></td>
</tr>
<tr>
<td>Names of other treatment physicians:</td>
<td></td>
</tr>
</tbody>
</table>
**Functional Limitations:**

Restrictions/limitations of function resulting from medications and/or treatment and approximate duration:

____________________________________________________________________________

____________________________________________________________________________

Are there any medical restrictions that limit your patient’s functions or abilities?

☐ No  ☐ Yes – please complete below.

* PLEASE NOTE THAT TRANSITIONAL WORK IS AVAILABLE

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<th>Duration – Comments</th>
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<tbody>
<tr>
<td>Walking:</td>
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<tr>
<td>☐ short distances only</td>
<td>☐ medium distances</td>
</tr>
<tr>
<td>Standing:</td>
<td></td>
</tr>
<tr>
<td>☐ less than 15 min.</td>
<td>☐ less than 30 min.</td>
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<tr>
<td>Sitting:</td>
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<tr>
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<td>☐ less than 1 hr.</td>
</tr>
<tr>
<td>Lifting Floor to Waist:</td>
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</tr>
<tr>
<td>☐ &lt;10 kg</td>
<td>☐ &lt;25 kg</td>
</tr>
<tr>
<td>Lifting Waist to Shoulder:</td>
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</tr>
<tr>
<td>☐ &lt;10 kg</td>
<td>☐ &lt;25 kg</td>
</tr>
<tr>
<td>Stair Climbing:</td>
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<td>☐ 2-3 steps</td>
</tr>
<tr>
<td>Ladder Climbing:</td>
<td></td>
</tr>
<tr>
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<td>☐ 2-3 steps</td>
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<td>Hand / Wrist:</td>
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<td>☐ type</td>
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<td></td>
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<td>Vision:</td>
<td></td>
</tr>
<tr>
<td>☐ acuity</td>
<td>☐ depth</td>
</tr>
<tr>
<td>Pushing / Pulling:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
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</table>

<table>
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<th>Cognitive/Mental Limitations:</th>
<th>Duration – Comments</th>
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</thead>
<tbody>
<tr>
<td>Attention &amp; Concentration:</td>
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</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Learning &amp; Memory:</td>
<td></td>
</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Decision-Making:</td>
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</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Judgment:</td>
<td></td>
</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Organization &amp; Planning:</td>
<td></td>
</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Social Interaction:</td>
<td></td>
</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Communication:</td>
<td></td>
</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Adaptation:</td>
<td></td>
</tr>
<tr>
<td>☐ mild</td>
<td>☐ moderate</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
PATIENT: ______________________________________________________________

PHYSICIAN INFORMATION

Name of Attending Physician *(please print)*  Specialty *(if applicable)*

Address  City, Province, Postal Code

( )  ( )
Phone Number  Fax Number

Physician’s Signature  Date: (month, day, year)

* Please fax or mail this form by: ______________________________

* In accordance with the BCMA fee schedule A00032, Healthcare Benefit Trust will pay a form completion fee of $37.50 for your assistance in this regard. Please mail your invoice to the address listed above. Please note we require original invoices (not faxes).

Fax to: Early Intervention Coordinator
Disability Management Services

HEALTHCARE BENEFIT TRUST
#1200 – 1333 West Broadway
Vancouver, BC V6H 4C1

Telephone: 604-736-2087
Toll Free: 1-888-736-2087
Appendix D – Reminder Letter

Dear _____________________:

Re: Request For Information Concerning Absence From Work Due To Illness Or Injury

To date, we have not received the medical information requested in our letter to you dated __________________. This information is required as part of the Early Intervention Program (EIP), to support your absence from work due to illness or injury. EIP is a confidential program supported jointly by your union and your employer, and your participation is required.

We have been unable to reach you by telephone; therefore we are enclosing duplicate copies of the forms required, in case you did not receive the originals. We wish to advise you that your entitlement to Long Term Disability (LTD) will be jeopardized if you are unable to provide medical evidence supporting your illness/injury. Please note that you are required to provide medical documentation regarding your illness/injury and be under the care of a qualified physician from the date of your disability and throughout the five-month waiting period and beyond, in order to qualify for LTD.

Please ensure that the confidential information is returned to me by __________________. In order to expedite this process, please fax a copy to my attention at 604-736-5788. If you have any questions or concerns about the EIP, please contact me or your Nurses’ Bargaining Association Representative, _________________________________ as soon as possible.

Thank you for your cooperation in this matter.

Yours truly,

NAME TBA ________________
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust

cc: Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC
__________________ NBA TBA
__________________ Employer Representative TBA
MEMORANDUM OF AGREEMENT
between
Nurses’ Bargaining Association
and
Health Employers Association of BC

Re: Early Intervention Program

The Parties agree that the goal of an Early Intervention Program is to complement the existing disability plans by facilitating a proactive and customized service for ill and injured employees to effectively return to work in a safe and timely manner.

WHEREAS the objectives of the Early Intervention Program are:

a) to initiate early contact with the ill/injured employee;

b) to identify and provide appropriate case management of the ill/injured employee’s health issues;

c) to facilitate the rehabilitation of ill/injured employees while expediting a safe and timely return to work through an early return to work plan;

d) to convey the message that employees are valued; and

e) to reduce the costs of sick leave and the Long-Term Disability Insurance Plan.

AND WHEREAS the parties agree to promote open discussion and support for the Early Intervention Program.

THEREFORE the parties agree on the following principles for establishing an Early Intervention Program:

1. A joint Steering Committee comprised of five (5) representatives of the Nurses’ Bargaining Association and five (5) representatives of HEABC shall be established within thirty (30) days of ratification of the renewal Nurses’ Subsector Collective Agreement. The purpose of the Steering Committee is to develop an agreement for the delivery/implementation of an Early Intervention Program that has a case management component. The Steering Committee will also consider how the Early Intervention Program will integrate with existing programs, including PEARs. The Committee shall call upon advisors, as required, such as the Occupational Health and Safety Agency and the Healthcare Benefit Trust.

In the event other health sector Collective Agreements include an Early Intervention Plan Steering Committee similar or identical to the Committee described above, the Nurses’ Bargaining Association will make every effort to work with HEABC and the other Union Associations to develop a health sector wide Early Intervention Plan.
2. A local implementation committee comprised of no more than three (3) representatives of the Nurses’ Bargaining Association and an equal number of representatives from the Health Authority or Affiliate Employer will be established at each Health Authority or Affiliate Employer with the following mandate:

   a) implement the Early Intervention Program developed by the Steering Committee by December 5, 2006;
   b) promote the Early Intervention Program to employees, Unions, and Employers;
   c) develop and implement a communications plan for the Early Intervention Program;
   d) receive and analyze quarterly data reports to evaluate the effectiveness of the Early Intervention Program and its impact on sick leave and the Long-Term Disability Insurance Plan;
   e) discuss issues arising from the implementation of the Early Intervention Program referenced in this Memorandum of Agreement.

In the event other health sector Collective Agreements include a local committee similar or identical to the local committee described above, the Nurses’ Bargaining Association will make every effort to work with the Employer and the other Union Bargaining Associations to establish a single multi-Union local committee.

3. The parties agree that the implementation of the Early Intervention Program will be effective on December 5, 2006. In the event the Steering Committee has not agreed on the elements of the Early Intervention Program, they will refer the matter to mediation/arbitration with Donald Munroe by October 1, 2006 for a hearing by November 15, 2006. Donald Munroe shall also be available to the parties, if necessary, to facilitate the resolution of parties at the local level to resolve any disputes regarding the implementation of the Early Intervention Program.

4. The LTD Plan carrier will administer and provide Early Intervention Program case management unless the members of the Steering Committee voluntarily agree to a different provider.

5. An Early Intervention Program provides assistance to employees, including the proper completion of any required forms. Non-participation in the Early Intervention Program may result in complications, delay or denial of LTD Plan claims and/or benefits. The parties agree that ill/injured regular employees shall participate in the Early Intervention Program and cooperate by:

   • completing all required forms;
   • speaking with Early Intervention Program coordinators and/or Union representatives to discuss the potential for early return to work or accommodation plans;
   • participating in an agreed upon early return to work/accommodation plan if approved by the ill/injured employee’s physician; and
   • cooperating with any recommended medical and rehabilitation interventions plans, if approved, by the attending physician.
6. The parties agree that for the purposes of the Early Intervention Program, an independent service provider engaged for the Early Intervention Program will be bound by the *B.C. Personal Information Protection Act* and have strict confidentiality policies and procedures. Information that the ill/injured employee provides to the Early Intervention Program service provider is confidential.

7. However, the agreed to accommodation plan including limitations will be shared with the Employer and the Early Intervention Program Coordinator where required for early return to work plans.

8. The Steering Committee will only receive aggregate and summary data in order to measure the effectiveness of the Early Intervention Program.
## Appendix F – Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC</td>
<td>EIP Steering Committee</td>
</tr>
<tr>
<td>HEABC</td>
<td>Health Employers Association of British Columbia</td>
</tr>
<tr>
<td>EIP</td>
<td>Early Intervention Program</td>
</tr>
<tr>
<td>WG</td>
<td>EIP Working Group</td>
</tr>
<tr>
<td>EIC</td>
<td>Early Intervention Coordinator (HBT)</td>
</tr>
<tr>
<td>MCM</td>
<td>Medical Case Manager</td>
</tr>
<tr>
<td>ERTW</td>
<td>Early Return to Work</td>
</tr>
<tr>
<td>EWHS</td>
<td>Employee &amp; Workplace Health Services (HBT)</td>
</tr>
<tr>
<td>GWL</td>
<td>Great West Life</td>
</tr>
<tr>
<td>HBT</td>
<td>Healthcare Benefit Trust</td>
</tr>
<tr>
<td>LTD</td>
<td>Long Term Disability</td>
</tr>
<tr>
<td>NADEP</td>
<td>National Association of Disability Evaluating Professionals</td>
</tr>
<tr>
<td>OFA</td>
<td>Occupational Fitness Assessment</td>
</tr>
<tr>
<td>RC</td>
<td>Rehabilitation Consultant</td>
</tr>
<tr>
<td>RTW</td>
<td>Return to Work</td>
</tr>
<tr>
<td>NBA</td>
<td>Nurses’ Bargaining Association</td>
</tr>
</tbody>
</table>
Appendix G – Steering Committee’s (SC) Terms of Reference

1. The SC reports to the HEABC and the NBA.
2. The SC is made up of 5 representatives of HEABC and its members, and 5 representatives of the NBA.
3. The SC meets as required. The SC will need to meet monthly at the inception of the program to develop the education and communication plans. Following development of the plans, the SC will meet, at a minimum, at least quarterly.
4. The SC is responsible for:
   a. Implementing the EIP that is referenced in Memorandum of Agreement.
   b. Contracting with an EIP provider [currently the Healthcare Benefit Trust (HBT)] and giving ongoing direction to the provider.
   c. Promoting the EIP to HEABC members, unions and employees.
   d. Designating the members of the EIP Working Group (WG) from representatives of HEABC and the NBA.
   e. Developing an education program which will include:
      i) how EIP medical certificates and collective agreement requirements for medical certificates will be managed so that there won’t be dual requirements to produce medical information.
      ii) how EIP will integrate with attendance management programs already in place in many employer organizations.
   f. Developing a communication plan and participating in the communication of the EIP.
   g. Approving policies and procedures as established by the WG.
   h. Receiving and analyzing quarterly data reports to evaluate the effectiveness of the EIP and its impact on the LTD plan.
   i. Implementing changes to the EIP based on the recommendations of the WG or as a result of collective bargaining.
Appendix H – Roles of EIP Working Group (WG)

1. The WG reports to the Steering Committee (SC).
2. The WG is made up of 1 or 2 representatives of HEABC and 1 or 2 representatives of the NBA.
3. The WG meets as required.
4. Representatives of the Healthcare Benefit Trust (HBT) will attend the meetings, in their current capacity as the provider of the EIP.
5. The WG is responsible for:
   a. Implementing the EIP that is referenced in Memorandum of Agreement in the Nurses Collective Agreement.
   b. Establishing policies and procedures.
   c. Communicating and promoting the EIP to HEABC members, unions, and employees.
   d. Resolving industry-wide issues and concerns as they arise or referring them to the SC.
   e. Receiving and reviewing regular updates from HBT on the status of claims.
   f. Reviewing certain claims on a regular basis that are identified by the WG and/or MCM and that require special RTW planning and/or accommodations.
   g. Receiving and analyzing quarterly data reports to identify trends and issues, and to evaluate the effectiveness of the EIP.
   h. Making recommendations to the SC for improvements to the EIP.
   i. Reviewing the impact of the EIP on the LTD plan.
   j. Reviewing employee feedback on the effectiveness of the service.
33. Resource Pages

Bullying & Harassment - some useful sites

www.workplaceviolence.ca/thm-bullying/discussion.html
www.andreaadamstrust.org
http://bullybusters.org/

Canadian Human Rights Commission
www.chrc-ccdp.ca

BC Human Rights Tribunal
www.bchrt.bc.ca
See also: BC Human Rights Coalition
www.bchrcoalition.org

Violence in the Workplace

Canadian Centre for Occupational Health and Safety
www.workplaceviolence.ca

Occupational Health and Safety Agency for Healthcare (“OHSAH”)
www.ohsah.bc.ca

WorkSafeBC (formerly called “Worker’s Compensation Board of BC”)
WorkSafeBC.com

Preventing Violence in Health Care: Five Steps to an Effective Program. WorkSafeBC, 2006 edition

Workload & other useful links and resources

Canadian Health Network
www.canadian-health-network.ca

Canadian Health Services Research Foundation (This site has electronic versions of some Dr. Linda O’Brient Pallas’ research on nurses’ workload & productivity)
www.chsrf.ca

Susan D. Horn et al. “RN staffing time and outcomes of long-stay nursing home residents.:

Key Resources Used to Develop Day Two Dialogue & Assertiveness Workshop:


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Numerous websites (Google by topic)

Note: particularly good resources on www.businessballs.com
34. Responsive shift Scheduling

Provincial coordinators have been appointed by both the NBA and HEABC and Responsive Shift Scheduling Committees have been established in each Health Authority as set out in the MOA. Please contact your Regional Chair or LRO to find out who the NBA representative is for the Committee in your Health Authority as they will be able to provide you with additional information on responsive shift scheduling.

Memorandum of Understanding

Re: Continued Commitment to Responsive Shift Scheduling

Health Authorities and the NBA recognize the importance and need for responsive shift scheduling that would provide flexibility to the individual nurse and, at the same time, meet the collective staffing requirements of a wide variety of work settings. The Health Authorities will continue with their commitment to the Responsive Shift Scheduling initiative and will further implement that commitment as follows:

- Each Health Authority and Providence Health Care will establish a two person Responsive Shift Scheduling Committee comprised of one Employer representative and one NBA representative. The costs of the NBA representative will be borne by the Health Authority;

- The primary responsibility of the Health Authority Responsive Shift Scheduling Committee will be to effect implementation of the Responsive Shift Scheduling Goals and Outcomes;

- The expertise and services of the Health Authority Responsive Shift Scheduling Committees will be available to affiliate employers on a voluntary basis and the parties will encourage affiliate employers to utilize these services;

- Within 60 days of ratification of a new Collective Agreement, each Health Authority and Providence Health Care Responsive Shift Scheduling Committee will meet to discuss:
  
  - Developing an authority-wide implementation plan including time frames for commencement, completion and continuing review. In developing these plans and establishing priorities, the committees will consider the opportunities presented by existing shift schedules undergoing revision;
  - Developing a communication plan;
  - Timelines (which may be affected by changes to the collective agreement or by other policy-based changes to shift scheduling);
  - Evaluation mechanisms;
  - Reporting mechanisms.
35. Have you visited the BCNU Website?

British Columbia Nurses’ Union
☞ www.bcnu.org

This is just a small sample of the information that can be accessed through the BCNU website:

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Links

Canadian Federation of Nurses’ Unions (CFNU)
☞ www.nursesunions.ca

College of Registered Nurses of B.C.
☞ www.crnbc.ca

British Columbia Federation of Labour
☞ www.bcfed.com

Canadian Labour Congress (CLC)
☞ www.clc-ctc.ca

HEU
☞ www.heu.org

HSA
☞ www.hsabc.org

Canadian Health Coalition
☞ www.healthcoalition.ca

HEABC
☞ www.heabc.bc.ca

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