

WITHOUT PREJUDICE & WITHOUT PRECEDENT E&OE



## **2016 Collective Bargaining in the Health Sector**

### **Renewal of the 2012-2014 Nurses Bargaining Association**

#### **NBA Collective Agreement**

### **ARTICLE 59 - PROFESSIONAL RESPONSIBILITY CLAUSE**

**Amend the collective agreement, by creating the following:**

In the interest of safe patient/client/resident care, and to reflect a strengthened professional practice commitment, the parties agree to a refreshed approach related to quality nursing practice. This approach will be built on trust and common goals and will enable nurses and the employer to engage in meaningful conversations around opportunities for improvement.

In order to facilitate this collaborative relationship, the Union and Employer agree to deliver PRF education to participants as determined by the parties. This education will be based on a mutually agreed curriculum and co-facilitated by the Employer and the Union.

The following problem solving process will address nursing practice conditions and the safety of patients/residents/clients and nurses.

The parties agree that if a PRF is submitted that focuses on a staffing issue, it will be referred to the Nurse Staffing Secretariat.

Communication between the Employer and the nurse(s) with respect to the status of their issue will occur regardless of the process followed.

In the interest of achieving collaborative solutions in a timely and orderly fashion, the parties will make every effort to consolidate related Professional Responsibility Forms (PRF).

**59.01** Within 72 hours of identifying a concern, the nurse(s) will discuss the matter with their excluded manager or excluded designate with the objective of resolving the concern. This discussion must include specific details as it pertains to practice. The preferred method for this discussion is face to face, but may also take place via other means (e.g., email or telephone) when necessary. The nurse(s) may be accompanied/supported by an experienced PRF representative or a steward. When the concern is not immediately resolved, the excluded manager or excluded designate will provide the nurse(s) with a written response of actions to be taken within seven (7) days of the discussion.

**59.02** If the matter is not resolved to the nurse(s)' satisfaction within seven (7) calendar days of receipt of the written response, the nurse(s) may submit the PRF to the Professional Responsibility Committee ("PRC"). The nurse(s) retains the original and forwards copies to her

**WITHOUT PREJUDICE & WITHOUT PRECEDENT E&OE**

excluded manager or excluded designate and the Union steward, who will ensure that the standing members of the PRC receive copies.

**59.03** A PRC shall be established with each Employer as defined in Article 1.02. The parties will operate in accordance with the mutually agreed to Terms of Reference and Guiding Principles.

Composition of the PRC:

(A) Standing Members:

- (1) one member appointed by the NBA
- (2) one member appointed by the Employer

(B) Ad Hoc Members:

- (1) the nurse(s) with the concern
- (2) a PRF representative or a Union steward
- (3) the immediate supervisor
- (4) the excluded manager or excluded designate of the unit

**59.04** The Standing Members of the PRC shall request and be given access to documents and data necessary to assist in satisfactory resolution of the nurse(s)' concerns.

**59.05** A meeting of the PRC shall be held within fourteen (14) calendar days of receipt of the PRF. The PRC will have thirty (30) days following the meeting to attempt to resolve the identified concern(s) and to submit a final written report to the nurse(s) and the Union identifying the actions to be taken and the timeline for implementation. In the event that not all Ad Hoc Members can attend the meeting, the Standing Members will determine if the meeting can proceed with only the available members, making all reasonable efforts to ensure at least one PRF author is present.

All efforts will be made to schedule member(s)' attendance at the PRC/SRC on a scheduled shift to ensure that a member does not lose pay to attend and in the event that this cannot be done, the member will be compensated at straight time.

Where multiple employees are a party to the PRF(s), the Standing Members of the PRC/SRC will limit the number of attendees to a reasonable level. The authors will determine who will attend and speak on their behalf.

Action items that are jointly agreed to by the PRC shall be communicated in writing to the PRF author(s), their excluded manager or excluded designate and any other persons whose involvement is required to implement the action items. The PRC will also identify a timeframe for reviewing the action items, which may vary depending on their nature.

**59.06** **Applicable to Health Authorities, Providence Health Care and Bishop of Victoria (St. Joseph's General Hospital)**

- (a) A Senior Review Committee (SRC) shall be established at each Health Authority/Providence Health Care consisting of the Health Authority's/Providence Health Care's Chief Operating Officer (or functional equivalent) or the Chief Nursing Officer (or functional equivalent), and one senior representative appointed by the Union.
- (b) If the concern(s) is not resolved at the PRC level or the identified actions are not taken, the Union may refer the matter to the SRC within seven (7) calendar days of receipt of the PRC final written report or of the failure to implement the report. All referrals to the SRC will be accompanied by correspondence that explains the Union's rationale for referral.
- (c) The SRC will review the matter, including having access to data and documents as necessary, and will issue recommendations in a written report to the Union and the respective Health

**WITHOUT PREJUDICE & WITHOUT PRECEDENT E&OE**

Authority/Providence Health Care/Bishop of Victoria (St. Joseph's General Hospital) Chief Executive Officers within 60 days of referral.

- (d) Prior to any referral to the Provincial Nursing Secretariat (PNS), either party shall notify the CEO of their intent to make a referral. Within 14 days of receiving the notification, the CEO will acknowledge receipt and communicate any resolve to the parties. Where the matter is resolved at this level, it shall not be referred to the PNS.
- (e) Recommendations that are unanimous will be binding and will be implemented by the parties. The SRC will specify a timeframe for reviewing binding recommendations to ensure that they are implemented as intended. If it is determined during this review that progress is not being made, either party may refer the binding recommendations to the PNS.
- (f) Where the SRC is unable to make unanimous recommendations, a written report outlining the SRC's findings will be issued to the Union and the Health Authority/Providence Health Care. At that point, either party may refer the matter to the PNS.

**59.07 Applicable to Affiliate Employers other than Providence Health Care and Bishop of Victoria (St. Joseph's General Hospital)**

- (a) If the concern(s) is not resolved to the Union's satisfaction, it may refer the matter to the Board of Directors (or functional equivalent) within seven (7) calendar days of receipt of the PRC final written report. The Union may make a written submission and/or a verbal presentation. All parties shall receive copies of any submission or documentation that may be provided to the Board.
- (b) The Board of Directors (or functional equivalent) will review the submission and/or hear the verbal presentation at their next regularly scheduled board meeting and shall respond in writing to the Union within fourteen (14) calendar days. Copies of the response shall be forwarded to the Union, the Administrator and the PRC Members.
- (c) Where the Board of Directors (or functional equivalent) has not resolved the issue to the Union's satisfaction, either party may refer the matter to the contract holder. Within 14 days of receiving the referral, the contract holder will acknowledge receipt and communicate any resolve to the parties. Where the matter is not resolved at this level, either party may refer the matter to the PNS.

~~59.08 If additional staff are immediately necessary due to emergent circumstances either within a particular shift or for the next shift, and no management personnel are on the premises or otherwise immediately accessible to the employee in person or by telephone, the nurse who has been designated in charge shall have the authority to call in additional staff pursuant to any policies in place respecting such call-ins for specific work units. For such call-ins, call in by seniority pursuant to Article 11.04 shall not apply.~~

Agreed to this day of \_\_\_\_\_, \_\_\_\_\_, 2016

\_\_\_\_\_  
Nurses' Bargaining Association

\_\_\_\_\_  
Health Employers Association of BC

\_\_\_\_\_  
British Columbia Nurses Union