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FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC | fiqsante.qc.ca



Mylène Lavigueur, CSSS de Saint-Jérôme

RATIOS IN QUÉBEC FOR SAFETY OF CARE READY AND MOTIVATED TO WAGE THE BATTLE!

The reflection group on the ratios for the Federation presented the results of its research and its analysis of the eventual implementation of healthcare professional to patient ratios in Québec to the delegates. The delegates believe that this battle must be waged now more than ever.

WE DO WE NEED RATIOS?

The answer to this question was unanimous among the delegates of the FIQ: we have to have the means to give compassionate care, to the best of our abilities and our knowledge by taking the time necessary with each patient. Yet, for several years, the budget allotted for nursing care has been the target of several repetitive cutbacks. These have generated an unbearable excessive workload for the healthcare professionals.

Despite all the proposals made by the FIQ to improve the working conditions of its members, it must be concluded that none of the means have turned out to be sufficiently effective in

compelling the employers to ensure an adequate number of healthcare professionals to respond to the needs of the patients at all times. In this context, it has become essential to implement a ratio which ensures a maximum number of patients per team of healthcare professionals so that they are able to provide safe health care in adequate working conditions.

INSPIRING AND CONVINCING MODELS

Did you know that some states have already implemented healthcare professional to patient ratios? In fact, California, in the United States, and the State of Victoria, in Australia, are the pioneers in the matter and the

reflection group on the ratios for the FIQ was inspired by their models to start its work. The unions in these states have waged long-fought battles in succeeding to have ratios imposed in their institutions.

In California, the model provides a mandatory minimum nurse to patient ratio per centre of activities in the hospital setting. This mandatory minimum ratio can be upgraded according to the assessment of the patients carried out through a patient classification system and to the intensity of the care that they require.

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At the microphone: 1. Pauline Paradis, CSSS Maria-Chapdelaine 2. Sébastien Simard, CSSS Haut-Richelieu-Rouville

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WORD FROM THE PRESIDENT

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AUSTERITY WON'T STOP US FROM FIGHTING

Régine Laurent

"Stop, don't add any more, enough is enough!" This is no doubt what the government would like to hear us say. That we are no longer capable of taking it, that we are at the end of our rope. Maybe it is betting that by overwhelming us with battles to wage, it will break us. Because it's the reality.

At the same time as we are launching the negotiations to renew our collective agreement, the government throws at us a commission on the review of programmes, cutbacks of more than 600 million dollars in the healthcare network and a gargantuan reform of structures. But if that is the government's strategy, they don't know us very well and are underestimating us. We are resilient and winners.

The fight against austerity and the cutbacks, we will continue to energetically wage this fight. Same thing for Bill 10 which gives the minister the keys to the whole network. And the negotiations, we will get them done with all the combativeness and determination that characterizes the FIQ. We are

going to do it for you, for the 65,000 healthcare professional members of the FIQ.

We, healthcare professionals, we are the backbone of the healthcare system. We work in conditions that are too often grueling, harassing and sometimes dangerous. For a long time, we have been prevented from giving care to the best of our abilities, our skills and our expertise. The healthcare system, we know, we live with it every day. The solutions for improving things, we know them. It's time they listened to us!

This round of negotiations will be an opportunity for us to change things. Obviously, we are demanding better salary conditions, because we deserve them. But we are also demanding that we be left to give

care in better conditions. We are demanding to be heard by the government. We are the voice of the patients, we are the defenders of our public healthcare network.

We are talking about an upgrade in the quality of the care with our conditions of practice and our monetary compensation. For all of us, it is the sustainability and the access to care that is the issue. Because our battle, the battle of the healthcare professionals, it is one of the quality and the safety of care. If you feel the need for change, get moving and get on board with us! ■

AFFILIATION OF NEW UNIONS TO THE FIQ

Régine Laurent took advantage of this Special Federal Council to welcome with much pride and pleasure, the new unions officially affiliated to the Federation following the change of union allegiance period which ended on August 4 last. They are the following unions:

- *Syndicat interprofessionnel de la santé de la Minganie;*
- *Syndicat des professionnelles en soins des Sommets;*
- *Syndicat des professionnelles en soins des Pays-d'en-Haut;*
- *Syndicat des professionnelles en soins de Dorval-Lachine-Lasalle;*
- *Syndicat des professionnelles en soins du Haut-St-Laurent;*
- *Syndicat des professionnelles en soins du Granit.*

Ms Laurent also welcomed the new union representatives from the institutions which have joined the ranks of the regional union, The United Healthcare Professionals (UHCP), affiliated to the FIQ. They are the following institutions:

- *Canadian-Polish Welfare Institute Inc.;*
- *Agence de la santé et des services sociaux de Lanaudière.*

Lastly, Ms Laurent warmly thanked all the union representatives, the staff and members of the Executive Committee for all the work that they did during that period when only the FIQ was the target of particularly vicious attacks from the other labour organizations. Everyone met this formidable challenge with success and the FIQ is still the choice of more than 90% of the unionized healthcare professionals in Québec. ■

ORGANIZATION OF WORK

Ratios in Québec for safety of care – Ready and motivated to wage the battle! (cont'd)



The members of the reflection group, from left to right: Nancy Bédard, 4th Vice-President, Marie-Eve Viau and Édith Dubé, Union Consultants in the Task and Organization of Work Sector, and Jean Villeneuve, Union Consultant on the Research Team at the FIQ.

RATIOS IN QUÉBEC FOR SAFETY OF CARE – READY AND MOTIVATED TO WAGE THE BATTLE!

(CONT'D)

The ratios have to be respected at all times in the institutions, even during breaks and meal periods, failing which severe penalties are imposed on the employer. Thanks to legislative progress on the ratios, the professionals are entitled to refuse assignments that would violate the ratios or would endanger the patients. Since the implementation of ratios in this state, the number of vacant positions has decreased by 69% and the staff turnover rate is less than 5%, proof that the ratios have a positive impact on the working conditions.

In Australia, the ratios are included in the professionals' collective agreement and are also governed by a decision of the Australian Labour Relations Commission. Sanctions, such as bed closures or fines, are also provided for the institutions which violate the articles on the ratios. In the State of Victoria, where ratios exist, the result has been phenomenal: the number of licensed nurses has increased by 24%, there are no longer vacant positions in the regional institutions and nearly 7,000 nurses have returned to the healthcare network when they had previously left.

In the two cases studied by the reflection group, mobilization and activism were the keys to success for the unions. Communication and information campaigns, demonstrations as well as

original and major events raised awareness in the population who overwhelmingly supported the professionals in their approach, which forced the governments and the employers to negotiate with them.

TOWARDS A FIQ MODEL

The delegates applauded the idea of ratios and expressed the hope that they are putting in this approach that the FIQ is initiating to improve the working conditions of its members and the care for the patients. One after another at the microphones, the delegates raised interesting questions and suggested some areas to think about which the group will certainly be giving serious consideration.

For example, for the delegates, the FIQ model must take into account all the job titles that the FIQ represents in order to develop ratios which include the respective fields of practice of the licensed practical nurses, respiratory therapists, perfusionists and nurses. On that point, the members of the reflection group were all reassuring. All their steps effectively cover developing ratios which incorporate the care team in its entirety. This is why the FIQ model will be unique worldwide.

The delegates also expressed their disappointment with some of the professional orders who seem not to be interested in waging this battle jointly with the FIQ, when it

is an issue that directly concerns them. This is why the participants agreed that everyone, the healthcare professionals themselves and the Federation, must take steps to try and convince the professional orders to support this solution of the future which is the ratios.

Other delegates raised the importance of taking into account, in the development of the ratios, the specificities of the clientele according to the departments. For example, the deterioration of the medical condition of a senior in a CHSLD must be taken into account, the same as the time and listening that the interventions with new parents and newborns in a postpartum unit require.

Making a comparison with the time and the patience that an approach through the committee on care requires, some delegates insisted that the battle for ratios would be a long-fought one, but that it would be worthwhile to wage it! As a few delegates emphasized, in a context of budget cutbacks and in the wake of Bill 10, the process of developing and implementing the ratios promises to be tough. But, with the strength of conviction and enthusiasm that the FIQ delegates have shown, there are grounds for hope and the fulfillment of this approach is more attainable than ever! ■

A culture of advocacy

A culture of advocacy, which translates into being a patient advocate, is a key concept of the process in the implementation of ratios. It is a reaction of the healthcare professional defending the patient's interests when she notices the poor care given to him or when she realizes that the patient's rights have been violated or that his dignity has been trampled on. A culture of advocacy relies mostly on the professionals' code of ethics as well as their clinical leadership.



At the microphone:
 1. Isabelle Groulx, CSSS Jardins-Roussillon
 2. Richard Beauregard, CSSS Richelieu-Yamaska
 3. Julie Ouellet, CSSS Alphonse-Desjardins – SPSQ

PROVINCIAL NEGOTIATIONS

Provincial negotiations – Adoption of the draft sectoral collective agreement



Matthieu Parker Labonté, CSSS du Lac-des-Deux-Montagnes

**PROVINCIAL NEGOTIATIONS
ADOPTION OF THE DRAFT
SECTORAL COLLECTIVE
AGREEMENT**

The delegates had the opportunity at this Special Federal Council to vote on all the sectoral demands that the FIQ will table with the *Comité patronal de négociation* (Management Negotiating Committee) on October 31 as part of the renewal of the healthcare professionals' collective agreement due in 2015.



Linda Lapointe, CHU de Québec

The FIQ broadly consulted its members on the problems that they encounter every day and the solutions that they want to bring in order to be able to once again enjoy their work and practice their profession in conditions which enable them to ensure the quality and the safety of care for the patients.

The FIQ draft therefore contains the demands of almost 65,000 healthcare professionals who, despite the many corrective actions of austerity for improving public finances carried out by the Liberal government, are determined to obtain a satisfactory collective agreement.

THE FIQ PRIORITIES

The sectoral demands cover the four main priorities, a reduction in the workload, a reduction in job insecurity, an improvement in the working conditions with a perspective of attraction-retention and the recognition and enhancement of training/education.

The *FIQ en Action* is giving you the main demands adopted for each one of the established priorities. If

you have questions regarding these demands, do not hesitate to consult your local union team.

A REDUCTION IN THE WORKLOAD

- Introduce a grid of healthcare professional to patient ratios for all those giving direct care at the patient's bedside.
- Evaluate the structures of positions in all the centres of activities to include in it additions corresponding to the basic daily needs required.
- Ensure better quality of working life by better work-family life balance by access to normal work hours and the leaves stipulated in the collective agreements, among others.
- Stabilize the work teams by posting simple positions in the centres of activities.
- Clarify the field of practice for each one of the healthcare professionals.
- Reduce relying on the use of independent labour.

A REDUCTION IN JOB INSECURITY

- Give the committee on care the responsibility of doing the workforce planning every fiscal year.
- Offer an upgrading in positions to all the healthcare professionals who so want before offering to hire for part-time positions with a minimum number of days in the same centre of activities.
- Reach a minimum percentage of 70% of full-time positions.
- Ensure that there is training and offer the means needed to enable the healthcare professionals to carry out their entire field of practice.
- Establish the number of positions created on the float team so that this number cannot be more than 5% of the number of FTE in the institution (by job title group and by shift).
- Have all the healthcare professionals work who want to before using rehired retirees.

CONT'D P. 5



At the microphone: Ingrid Gédéon, Jewish General Hospital - UHCP



PROVINCIAL NEGOTIATIONS

Provincial negotiations – Adoption of the draft sectoral collective agreement (cont'd)



Christine Laliberté,
CSSS de la Vieille-Capitale - SPSQ

AN IMPROVEMENT IN THE WORKING CONDITIONS WITH A PERSPECTIVE OF ATTRACTION-RETENTION

- Replace the list of centres of activities by a definition of critical care.
- Pay the critical care premium and the enhanced critical care premium for the time worked in critical care. Pay the premium for the whole shift to the healthcare professionals who work 50% and more of their shift in critical care.
- Pay the rotation premium to all healthcare professionals with a rotation position without taking into account the rotation cycle. For every evening or night shift worked, pay 50% of this premium (evening or night) for an equivalent number of day shifts.
- Grant the shift overlap to the job title groups of licensed practical nurse and the respiratory therapy clinical instructor.
- Grant the perfusionists the 2% premium for the healthcare professionals not covered by the shift overlap.
- Grant the orientation and training premium of 5% to all the healthcare professionals who take on these responsibilities with one or several employees or interns.
- Pay the psychiatry premium to the healthcare professionals who give front-line and second-line

services in mental health in the community.

- Upgrade the weekend premium to 8%.
- Promote the implementation of an on-call service 24 hours a day, 7 days a week in the work setting, at the residence or in a family setting, depending on what is appropriate.
- Limit on-call work to 16 consecutive hours by including the regular shift and schedule relief.
- Allow the healthcare professionals on all shifts to have access to an arrangement of work time.

THE RECOGNITION AND ENHANCEMENT OF TRAINING/ EDUCATION

- Classify the healthcare professionals with a Bachelor of Science in Nursing or a bachelor's degree with three eligible certificates, at least two of which are recognized in nursing, in the nurse clinician position.
- Recognize all postgraduate training in nursing or relative to the profession for additional remuneration for all job title groups.
- Create the following job titles: assistant-head clinical perfusionist, nurse clinician in a northern clinic, assistant to the immediate superior in a northern

clinic, nurse clinician assistant to the immediate superior in a northern clinic, candidate for admission to the practice of the licensed practical nurse profession (CPLNP).

OTHER DEMANDS

- Pay the full amount to the healthcare professionals forced to stay on the work premises during their meal periods.
- Pay a premium of 5% to all healthcare professionals working in long-term care.
- Establish that overtime worked is always done on a voluntary basis and is never compulsory.
- Grant a leave of six days a year to the specialty nurse practitioner (SNP) in order for her to attend training sessions.
- Create a provincial committee on the implementation and development of the SNP practice in Québec.
- Establish a maximum delay of two years for dealing with the settlement of grievances.
- Review the list of the following job titles: respiratory therapist, assistant-head respiratory therapist, clinical instructor, licensed practical nurse, care counsellor nurse. ■

The delegates feel that it is urgent to improve the constantly deteriorating working conditions in the public healthcare network to ensure the quality and the safety of care for the patients. They adopted a draft sectoral collective agreement which champions solutions to recognize the essential work of the healthcare professionals in the public healthcare network.



At the microphone:
Ann Déry, McGill University Health Centre

**PROVINCIAL
NEGOTIATIONS**

**FIQ-FAE intersectoral negotiations -
A winning alliance**



Marie-Chantal Mireault,
CSSS de la Pointe-de-l'Île - UHCP

**FIQ-FAE INTERSECTORAL NEGOTIATIONS
A WINNING ALLIANCE**

The decision to ally ourselves with the *Fédération autonome de l'enseignement* (FAE) for the negotiation of the intersectoral demands was taken by the delegation last June. Since then, the FIQ and the FAE undertook discussions in order to agree on an intersectoral draft for the negotiations on retirement, parental rights, regional disparities and salaries. This draft was presented to the delegates at this Special Federal Council.



Véronique Gleeton Déraps, CSSS de la Minganie

The delegation found that the problems of the healthcare professionals and the teachers concerning parental rights and retirement are similar. Same thing for the salaries while the constantly increasing salary gap between workers in Québec and employees in the public and parapublic sectors has to be corrected. The salary demand has to be attractive to encourage the employees to stay in the job and to attract new recruits in a context of an ever increasing shortage, notably because of upcoming retirements.

RETIREMENT

The demands linked to retirement aim to improve the amounts paid to retirees by indexing them and to improve certain provisions of the gradual (progressive) retirement programme. Thus, the FIQ and the FAE want more flexibility in the granting and the arrangement of the gradual retirement plan, notably on the length and access to it. The healthcare professionals and the teachers must be able to retire after seven years in the plan instead of five and be able to resume the remainder of the plan for those who have temporarily stopped their participation for personal reasons, which is not currently possible.

These two improvements would enable employees who so desire to remain at work longer, which could also have an impact on the number of rehired retirees. In this way, the employer could keep an employee in a sector with a shortage on the job, which would result in less use of overtime and independent labour (IL). As for the RREGOP, the employee would continue to pay her contributions to the plan, thus delaying the payment of her benefit.

Moreover, there is a certain disparity in the indexation of benefits for the service credited for the years 1982 to 2000. The labour organizations had agreed, during the last negotiations, to correct this situation, if the financial health of the plan allowed for it. This commitment was moreover recorded in the collective agreement. However, the government did not make the same commitment. The objective of the FIQ and FAE demand is that the government agree to contribute in equal parts, to the indexation of the pensions paid to retirees. Thus, if there is a surplus exceeding more than 20% of the actuarial liabilities, the retirees would be entitled to an indexation of their pension for the service credited from 1982 to 2000.

PARENTAL RIGHTS

The current collective agreement lacks flexibility as regards annual vacation within the framework of a maternity, paternity or adoption leave. Thus, certain situations can arise where this penalizes an employee. The demands aim to adapt the leaves linked to parental rights to professional and family reality. The FIQ and the FAE want that all weeks of vacation may be postponed to a time chosen by the employee to avoid her being penalized by the Québec Parental Insurance Plan (QPIP) for a number of weeks equal to her annual vacation.

It is the same for an employee whose spouse delivers when he is on annual vacation. He may lose the 5-day leave stipulated for the birth of a child. The FIQ and FAE demand is designed so that this leave as well as the paternity and adoption leaves can be split up or postponed according to the taking of other leaves. Lastly, it is appropriate to extend the grounds for the absence permitted in the bank of four days for follow-up of a pregnancy to include the employees who use assisted reproduction procedures.

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At the microphone:
Cyril Gabreau, Inuulitsivik Health Centre

PROVINCIAL NEGOTIATIONS

FIQ-FAE intersectoral negotiations - A winning alliance (cont'd)



Marianne Use, *Résidence Sorel-Tracy Inc. - AIM*

REGIONAL DISPARITIES

The demands on regional disparities only concern the healthcare professionals of the FIQ in order to improve and adapt the clauses on regional disparities to the geographic reality. Working in a remote region includes several inconveniences. Think in particular of the lack of roads. This situation makes supplying food and consumer goods difficult and expensive. Transportation is by airplane or boat. The costs of transportation and the travel are substantial for all the localities, that is, that everything is more expensive, including gas. This is why the FIQ believes that there should be an improvement in the premium called "cargo".

Furthermore, even when there are roads, the distances to travel are enormous. The localities in the Far North are divided into five sectors, according to the distance and the existence or not of roads. This division has been established for a long time. Yet, there are some localities which would gain in changing sectors in order to benefit from superior benefits, notably in terms of attraction and retention. This is why the FIQ believes that there needs to be a change in the sectors for some localities in the Far North.

Lastly, many healthcare professionals who work in remote regions come from southern Québec. Their residences and their families are there. In order to see them, they have a certain number of "trips out" per year. When there is a death, they have to use one of these trips out. It is appropriate to

provide an additional trip out in the event of a death.

SALARIES

An analysis of the evolution of the government employees' salaries over the last few years shows that the salary conditions of the employees in the public and parapublic sectors have deteriorated. In fact, in an effort to attain the balanced budget and zero deficit that has been going on for years, it is the salaries which have paid the price. The salary freezes of 2004 and 2005 as well as the meager salary increases over the last few years, particularly since 2011, have not resulted in any enrichment or improvement in purchasing power.

The demands of the FIQ and the FAE on the salary level are established based on a collective agreement of three years and aim to increase the salary scale in order to improve the purchasing power of the healthcare professionals and the teachers. Overall, the demands represent a salary increase of 13.5%, but this percentage is distributed in three ways. First, between 2004 and 2014, the consumer price index (CPI) saw an increase of 19.0% while during the same period, the increases in the salaries of the healthcare professionals and teachers were 14.5%. The difference of 4.5% must be corrected by a salary catch-up in order to recuperate the purchasing power lost since 2004.

Secondly, the banking or financial institutions have made their predictions for inflation for the upcoming years. Most of them,

including the Bank of Canada, forecast inflation in the order of about 2%. The FIQ and the FAE are therefore demanding a mechanism protecting purchasing power (indexation of salaries equal to the rate of inflation), while ensuring a minimum increase of 2% per year as well as an attraction and retention premium in the order of 1% per year.

Lastly, an analysis of the period of 2004 to 2013 shows that there was an increase in the gross domestic product (GDP) per resident of 25.9% while the salary increases were 12.5% for the same period for the healthcare professionals and the teachers. There is, therefore, a difference of 13.4%. For the FIQ and the FAE, the sluggish economy won't go on forever and sooner or later, the economy will grow once again. The employees in the public and parapublic sectors should also be able to benefit, independently of the political and ideological orientations of the government. This is why the organizations are demanding an improvement of the mechanism allowing enrichment according to economic growth (GDP).

The FIQ-FAE intersectoral negotiations draft was adopted by the delegates who will submit it to their members in local general assemblies for consultation which will be held over the month of October. Since it is a mutual draft for both organizations, the members must vote on the draft as a whole. ■



At the microphone: Catherine Sirois, *CSSS de Rivière-du-Loup - SPSQ*

DEMONSTRATION

THE FIQ,
A STRONG VOICE,
ACTIONS THAT COUNT



“MY DEAR BARRETTE,
MY DEAR BARRETTE YOU AREN'T
SEEING CLEARLY, TAKE THE
BLINDERS OFF!”

It was on this lively note that the demonstration by 600 delegates from the FIQ in front of the *Hôpital du Haut-Richelieu*, in *St-Jean-sur-Richelieu* took place on September 29 last to denounce the major cutbacks abolishing more than 82 nurse and licensed practical nurse positions and decreasing the number of beds by about forty beds.



The delegates of the *Syndicat des professionnelles en soins infirmiers et cardiorespiratoires du CSSS Gatineau (FIQ)*, from left to right: Cindy Caron, Marie-André Boulanger, Lyne Plante, Yves Poirier (Union Consultant in the FIQ Labour Relations Sector), Edna Wong, Steve Paul and Richard Schnob.

As is the case in several other institutions in Québec, the administration of the *CSSS Haut-Richelieu-Rouville* has initiated a plan to reduce the budget which only aims to attain the budget goals, without regard to the quality and the safety of the care or to the working conditions of the healthcare professionals.

The delegation was happy to support their consœurs in this fight that they have been vigorously waging since August. To watch the video clip of this demonstration, go to the following address https://www.youtube.com/watch?v=dx3Po_Gvhjc.

In the *Gatineau* also, the administrators are slashing the expenses with cutbacks of 20 million dollars. To denounce that situation, the delegates from the *Syndicat des professionnelles en soins infirmiers et cardiorespiratoires du CSSS Gatineau (FIQ)* donned a blue jersey at this Special Federal Council with the goal of clearly showing their opposition of the orientation that their employer is taking at the expense of the quality of the care and the working conditions of the healthcare professionals.

And, as a reaction to the cutbacks announced throughout the network, notably in the *Saguenay-Lac-St-Jean*,

Abitibi-Témiscamingue, *Quebec City* and *Montréal*, which result in the abolition of the healthcare professionals' positions and by a reductions in the number of beds, all the delegates of the Federation signed a letter to the attention of the Minister of Health and Social Services, Gaétan Barrette, to call on him to cease all forms of cuts in the services and health care for the population.

The delegates are demanding that the minister stop the hemorrhaging that is threatening to directly affect the care and services for the population in order to preserve the integrity of our healthcare system. ■



1. Régine Laurent and Sylvie Jovin, President of the *Syndicat des professionnelles de la santé Haut-Richelieu-Rouville* granting an interview to a journalist.