

Nursing Home Collective Bargaining is based on an old fashioned model highly out of date:

The public needs accurate information about the CUPE/Nursing Homes Dispute, not simply a recitation of positions given by sound bytes in the media that only convey bargaining positions.

Collective bargaining was originally conceived during times in which employers took advantage of workers in their quest for profits! For many years, the role of unions was paramount in bringing civility to working conditions and fair compensation. History records many high profile strikes erupting into violence as the two sides to the dispute fought for their respective positions.

Nursing homes have been challenging places in which to work and some have been fairly unpleasant. Such is not generally the case now as many nursing homes have been replaced with modern facilities that have labor-saving equipment and much better programming.

The union plays an important role in providing a means of on-going communication about things that matter to employees and, for the most part, those processes work well in NB. Can it get better? Can management processes continue to improve? Most assuredly. But change is essential.

Daryl Branscombe's commentary of March 14, 2019 described the current process of collective bargaining with nursing homes and CUPE as being out of date and he is correct. Frightening seniors and families thru nasty media coverage and demonstrations cannot possibly be in the public interest, nor is the lack of energy to complete a new contract based on sound rationale.

Whoever caused this long delay of 2.5 years to occur, we should say shame! Actually, in the public interest there should be an immediate inquiry as to how that happened and why? To this point the union blames government and government blames union....and the public is left in confusion, not having perfect trust in the communications of either party. And government is not even the "employer"!

Public messaging leaves citizens confused because the sole message is "workers deserve more"; the public has no idea what "more" looks like. They have no way of distinguishing fact from bargaining position. Having inflationary adjustments built into the contract goes without saying. To expect the public to believe that the current pay and benefits are somehow substandard, however, is not being fair to the public without some explanation.

What should the rates of pay be? Within the CUPE agreement there are 21 different job classifications that represent 7 different pay scales. Only one or two require Red Seal trades qualification in larger facilities. Some require the two year LPN training while most jobs require on the job training which can range from job shadowing to weeks of more formal training. For many of the positions, prior work experience is preferred, particularly in those areas jobs where advanced knowledge is needed.

How those rates should compare to other health organizations and to the marketplace is what needs to be negotiated based on reason, evidence, and facts. Some positions are comparable to the hospital

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sector and to the extent that the job requirements are similar, compensation should be similar. With LPNs there has been similarity but the employment contracts are now out of sequence for comparison purposes. Base rates in the expired contract range from \$16.99 to \$25.91, depending on the job and skills required.

An employee's total earnings for any given year is a combination of the base rate of pay plus overtime pay, shift premium, and Stat Holiday pay.

Sick time provision is another high cost benefit provided to staff. Each employee is allowed up to 18 paid sick days per year worked. The nursing homes are funded to provide 11.5 sick days per employee and since the use of sick time normally exceeds the funded level, nursing homes subsidize sick time from other budget lines. In many nursing homes this subsidization accounts for a huge cost item contributing to budgetary distress. When staff members are called to replace those who called in sick, the replacement is nearly always at premium time.

Within Worksafe NB, nursing homes have the highest rating of all industries covered. The average for all nursing homes is 6.99 per cent of payroll with the new huge rates approved by Worksafe NB. The budgetary impact of the increase in rates is estimated at \$8 million for nursing homes. The cost impact of the rate increases for York Care Centre alone is estimated at \$250,000 or a total bill of over \$600,000 this year! The cost increase would fund 4 new care staff with benefits!

Retirement benefits paid include employer participation in the pension plan in addition to the retirement allowances in which each employee who meets the service requirements is provided with an allowance that can range from \$17,000 to \$23,000.

Similarly, the health benefit plan which covers drugs, vision care, and a wide variety of other health benefits is cost shared between employer and employee.

Hours of Care has received a good deal of publicity in public discussion as the union has advanced its demand of 3.1 hours. This is a mathematical formula that determines the number of care staff that can be hired. Years ago, 2.5 hours allowed for adequate staff; then there were pilot projects to test the validity of 3.1 hours that involved three nursing homes. With the significant increase in complexity and care requirements, all agree that more staff is indicated. The question is: what should that level be since there is no real consistent measure of complexity of caseload at this time? Government does provide funding for 2.89 hours of care per resident per day. Moving that to 3.1 across the board would not be wise in the absence of the application of evidence-based management.

As many nursing homes have demonstrated, the number of care hours alone is no guarantee of superb, consistent care.

These are not matters for public negotiation.

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