

SUN PROPOSALS

to reach a

MEMORANDUM OF AGREEMENT

Between

The Saskatchewan Union of Nurses

And

The Saskatchewan Association of Healthcare Organizations

Regarding

**EMERGENCY RETENTION AND RECRUITMENT INITIATIVES
ACHIEVING THE TARGETS AND OBJECTIVES OF THE
SUN/GOVERNMENT PARTNERSHIP AGREEMENT.**

March 5, 2008

SUN Proposals

- *Immediate Relief from Excessive Overtime*
- *Meeting Professional Standards To Achieve Patient/Client Safety*
- *Maintaining Minimum Staffing To Improve Patient/Client Safety*
- *Improved Nurse Patient Ratios and Patient Safety*
- *Retention and Recruitment Joint Funds/Incentives*
- *Retention and Recruitment Targets*
- *Retention Initiatives for New, Mid and Late Career Nurses*
- *Expanded Health Promotion and Prevention Initiatives*
- *Creation of new Registered Nurse (Nurse Practitioner) positions*
- *Supernumerary Positions for New Graduates/ Mentorship/Preceptorship*
- *Enhanced Salaries and Benefits*

Additional revisions may be required to fully implement these provisions. SUN reserves the right to table additional bargaining proposals.

Immediate Relief from Excessive Overtime

Health Regions must provide immediate relief for nurses working overtime by temporarily reducing admissions and services to match available staffing, and advising nurses that overtime is voluntary.

ARTICLE 7.15 Reporting Back to Work after Shift Completion

An Employee ~~who required to~~ reports back to work after leaving the premises of the Employer following completion of a shift, but before commencement of her next shift, shall be guaranteed a minimum of two (2) hours pay at the appropriate overtime rates.

ARTICLE 7.17 Working on a Scheduled Day or Days Off

Employee(s) ~~required to~~ **who** work their scheduled day or days off shall receive ~~double (2x)~~ **three (3x)** times their regular rate of pay for such time so worked and upon request of the Employee and whenever possible, a day(s) off may be granted for such time worked. Such requests must be made within a one (1) week period of the actual time worked.

ARTICLE 8.01 Overtime in ~~Emergency Circumstances~~

Employees shall not be required to work overtime. ~~against their wishes except in emergency circumstances. An emergent circumstance shall be defined as a circumstance driven by an unforeseen and/or unpredictable influx of patients and/or an unanticipated increase in care required to address patient well being.~~

~~Such overtime shall be consistent with the Employee's normal Responsibilities in her work area.~~

ARTICLE 8.02- Overtime Premium Penalty

- a) All time worked in excess of the normal daily or bi-weekly hours shall be paid at the overtime rates of ~~one and one half (1 1/2x) times the~~ **three (3x) times the employee's regular rate of pay** for the first ~~three (3) hours and~~ ~~double (2x) times the Employee's regular rate of pay thereafter.~~ While overtime is continuous with the Employee's regular shift and the Employee elects to leave the Facility/Agency for a meal break not to exceed two (2) hours, premium pay shall be paid at the applicable rate for all hours worked.

ARTICLE 8.06 Overtime on Statutory Holiday

Employees ~~required to~~ **who** work overtime on a Statutory Holiday shall be paid ~~double (2x)~~ **three (3x)** times the regular rate of pay for all overtime hours worked unless banked under Article 8.04.

ARTICLE 15.11 ~~Call Back From~~ Working during Vacation

An Employee who has agreed to work during her ~~called back from her~~ annual vacation leave shall be paid at the rate of ~~two times (2x)~~ **three (3x)** times her regular rate of pay for all hours so worked. Vacation days so worked shall be rescheduled.

Meeting Professional Standards To Achieve Patient/Client Safety:
Health Regions must accept that nurses are bound by legislation and professional standards to assess and protect patient safety, including nurses' obligation to request that management either provide sufficient staffing, halt further admissions, close beds, or transfer patients to a safe care area.

ARTICLE 1 PREAMBLE

- (g) Promote an environment supportive of professional nursing practice In conjunction with legislation and professional associations policy documents.

NEW ARTICLE X - PROFESSIONAL STANDARDS.

The Employer acknowledges that Registered Nurses and Registered Psychiatric Nurses have an obligation to practice according to the professional standards required by the Registered Nurses Act, the Registered Psychiatric Nursing Act and the standards of practice established by the Registered Psychiatric Nurses Association and the Saskatchewan Registered Nurses Association. Accordingly, the employer agrees to provide a nursing practice environment consistent with those standards, and to incorporate the following provisions from the relevant legislation and standards of practice into the collective agreement:

The employer acknowledges that the practice of registered nursing is defined by Section 2 (k) of the Registered Nurses Act as: "the performance or coordination of health care services including but not limited to:

- (i) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and
- (ii) The counseling, teaching, supervision, administration and research that is required to implement or complement health care services"

The employer acknowledges that Registered Nurses in its employ are bound by the following standards of practice.

"Sound, evidence-based knowledge and judgment guides the decision-making of RNs in the determination of appropriate staff and skill mix. Key elements of supervision are: assessment and evaluation, ongoing communication and monitoring, directing, guiding, assigning and/or delegating nursing care. The decision-making about a client's nursing care requires the RN's clinical judgment, critical thinking and analysis skills at the point of care. In the interest of client safety and positive client outcomes, the appropriate category of nursing care provider must be assigned by the RN at the point of care, based on sound current evidence.

(Saskatchewan Registered Nurses Association, the RN Scope of Practice, 2004, pp 3.)

Within the scope of registered nursing practice, RNs have an obligation to direct and/or supervise nursing care services, at the point of care, at all times in health care settings. The level and proximity of RN supervision is determined by the client's nursing care needs and predictability of outcomes. When the client's nursing care needs are complex, the RN cannot delegate the nursing care plan or the nursing assessment to an LPN or an auxiliary nursing care provider. Agreements, position descriptions and/or employer policies cannot and should not compromise the RNs' professional accountability to provide competent nursing care.

(Saskatchewan Registered Nurses Association, the RN Scope of Practice, 2004, pp 4.)

The primary professional obligation of the RN is to the client. The client has the right to rely on the breadth and depth of knowledge, skill or judgment of the RN at the point of care. RNs have an obligation to intervene on the client's behalf when they have knowledge that a client's safety is in jeopardy, including reporting to the appropriate authority. Nursing care and client safety must not be compromised and thus, requires appropriate decision making, action and/or delegation.

(Saskatchewan Registered Nurses Association, the RN Scope of Practice, 2004, pp 4.)

The RN is bound to adhere to the RN legal scope of practice to coordinate and supervise client care. To determine the appropriate care provider, the RN at the point of care must consider the complexity of the client's nursing care needs and the context of care, together with the degree of direction and/or supervision available. Staff and skill mix must match the client care needs on a nursing unit and must reflect sound, current evidence.

(Saskatchewan Registered Nurses Association, the RN Scope of Practice, 2004, pp 5)

If and when there is insufficient staffing to provide safe, competent nursing care, the RN has an obligation to immediately report the situation to a supervisor. The agency has an obligation to ensure adequate staffing to ensure safe nursing care. If the standards of nursing care cannot be maintained, the agency has an obligation to either provide the necessary staffing to ensure safe, competent nursing care and/or to transfer the client to a care area where safe nursing care can be provided.

(Saskatchewan Registered Nurses Association, the RN Scope of Practice, 2004, pp 5)

The Employer acknowledges that where the supervisor or agency fails to provide sufficient staffing or transfer the patient, client or service as requested, and in the professional opinion of the Registered Nurses or Registered Psychiatric Nurses on the unit or service, there is still insufficient staffing to ensure safe nursing care for the patients or clients under their care, they shall have the authority to authorize the transfer of patients and/or close beds, refuse further admissions, or otherwise reduce services.

ARTICLE 59 – ~~Nursing~~ PRACTICE ENVIRONMENT

59.01 The Employer shall provide a working environment consistent with nursing standards, practices and procedures. This work environment shall have in place sufficient base line staffing for all facility/agencies and units as per Article 27.06

- 59.03** a) Where an individual Employee or group of Employees have cause to believe that she or they are being asked to perform more work than is consistent with proper client care, she or they shall first discuss the matter with her supervisor. If the matter is not resolved within five (5) calendar days, the issue may be referred to the NAC.
- b) Where an Employee has reasonable grounds to believe that she is working, at the Employer's direction, in violation of her professional responsibilities, she shall inform her immediate supervisor and identify the issue. A meeting shall be convened within twenty-four (24) hours to consider and implement alternative options of care delivery meeting the required professional standards.
- c) If the meeting requested under Article 59.03 b) does not result in care delivery meeting the required professional standards, Employee's can request an audit of their nursing practice environment as per Article 59.04

59.04 ~~If~~ When a nursing professional association wishes to, or is requested by the Union to audit the nursing practice environment at the operations of an Employer, the Employer shall disclose the information relevant to the nursing issues to be reviewed.

Maintaining Minimum Staffing To Improve Patient/Client Safety:

In order to stabilize the current nursing workforce, improve public access to services and improve patient safety, effective February 1, 2008, Regional Health Authorities shall maintain as a minimum baseline the number of full time equivalent RN and RPNs (including current vacancies) employed by each Regional Health Authority as of November 1, 2007. Permanent relief positions will be created to cover vacations and other absences.

ARTICLE 27.02 Posting of Vacancies

The Employer shall post all vacant positions. All positions covered by this Collective Agreement shall be filled with a Registered Nurse or Registered Psychiatric Nurse.

ARTICLE 27.06 Minimum Number of RN/RPN Positions.

~~The Employer shall demonstrate efforts to endeavor to maintain the number of existing Registered Nurse and Registered Psychiatric Nurse positions in each Regional Health Authority during the lifetime of this agreement. The Employer shall provide the Union with an annual report of paid FTE's.~~

In order to stabilize the current nursing workforce, improve public access to services and improve patient safety, effective February 1, 2008, Regional Health Authorities shall maintain as a minimum baseline the number of full time equivalent RN and RPNs (including current vacancies) employed by each Regional Health Authority as of November 1, 2007, with no positions or vacancies abolished or replaced by other Health providers.

The results of the 2007 SUN Staffing for Professional Standards Survey shall determine the number of vacancies that existed on November 1, 2007. The number of vacancies identified by the 2007 SUN Staffing for professional Standards Survey shall also be used to determine the number of vacancies for each subsequent month until the parties reach agreement on an alternate method to determine vacancies.

Baseline staffing on all units/facilities/agencies in effect on February 1/2008 (including vacancies) shall be maintained as a minimum with no reduction of Registered Nurse or Registered Psychiatric Nurse hours or positions, no abolition of positions, and no increase in beds, patient or client load or services without a corresponding increase in Registered Nurse or Registered Psychiatric Nurse positions. Baseline staffing shall be maintained and established without utilization of casual nurses.

In order to maintain baseline staffing while employees are on vacation or absent for other reasons, effective April 1, 2008 Regional Health Authorities shall create and post permanent relief positions equal to 1 FTE for every 12 FTEs employed by the Region. Employees occupying relief positions shall be given orientation and training for certifiable skills for each unit and/or facility/agency.

An employee who is the successful applicant to a temporary relief position, as per 37.16 that requires travel in excess of fifty (50) kilometers shall be entitled to a travel advance of \$800.00 to cover the cost of meals and any other incidental expenses including kilometrage. Employees shall be entitled to submit expense claims on a weekly basis. Where it is anticipated that the Employee will exceed the travel advance, the Employee shall be provided with additional travel advance to cover the expected remaining travel related costs. Accommodation expenses will be directly billed to the Employer.

An employee who is the successful applicant to a temporary relief position as per 37.16 that does not require travel in excess of fifty (50) kilometers shall be entitled to expenses in accordance with Article 13.

When, in the professional opinion of the Registered Nurses or Registered Psychiatric Nurses on the unit/facility/agency, there is insufficient staffing to ensure safe nursing care for the patients or clients under their care, they shall have the authority to authorize the transfer of patients and/or close beds, refuse further admissions, or otherwise reduce services.

ARTICLE 37.16 ~~Full-time and OTFT~~ Relief Positions

- a) In addition to the relief positions created as per Article 27.06, the Employer shall review annually, in consultation with the Union, the predictable absences of regularly scheduled Employees, temporary excess workload, as well as a review of overtime usage. Positions which have been identified as those that can be regularly scheduled on a continuing basis shall be posted **on a permanent basis. These positions shall become part of the baseline staffing complement as per Article 27.06.**
- b) Positions mutually agreed to, that are temporary in nature shall be posted on a temporary basis.
- c) If the Employer and Union cannot mutually agree with the review outlined above, the respective parties may submit these positions to the Independent Assessment Committee for a decision subject to Article 58.
- d) Such relief Employee(s) shall be given orientation and training for certifiable skills for each Unit and/or Facility/Agency they shall be relieving at prior to providing such relief. It is agreed the Employer shall first consolidate work in a single Unit/Facility/Agency.
- e) Except in ~~extenuating circumstances~~ **as mutually agreed to**, an Employee shall not be required to report to more than two Units or Facilities/Agencies on any given shift/workday. ~~Insofar as possible~~ Such positions shall be full-time **unless mutually agreed to by the Union and the Employer** and **shall** encompass similar services or programs.

A relief Employee shall appear on the schedule on a regular and continuing basis. The relief Employee may be scheduled for the following:

- ~~i)-a)~~ Replacement of illness and WCB of less than one hundred and twenty (120) days;
- ~~ii)-b)~~ Vacation replacement;
- ~~iii)-c)~~ Statutory Holiday replacement;
- ~~iv)-d)~~ Leave of absence of less than one hundred and twenty (120) days;
- ~~v)-e)~~ Temporary excess workload

Improved Nurse Patient Ratios and Patient Safety:

Establishment of formal nurse/patient ratios for each facility, unit or service which recognizes nurses' professional obligation to assess patient needs, and provides a mechanism to match nursing staffing with shifting patient needs and workload, including the right of nurses to authorize the transfer of patients and/or close beds, refuse further admissions, or otherwise reduce services where patient safety is jeopardized.

NEW ARTICLE X- NURSE PATIENT RATIOS

The Employer acknowledges that in order for RNs and RPNs at the point of care to exercise professional judgment regarding appropriate staffing as required by their professional standards, formal nurse patient ratios for each Unit and/or Facility/Agency with each Regional Health Authority shall be established utilizing the following expedited process:

Commencing September 1, 2008 RNs and RPNs on each unit, service or facility shall be consulted about the establishment of formal nurse/patient ratios.

Effective October 1, 2008 nurses on each unit, facility or agency shall make formal recommendations to facility management and SUN regarding appropriate nurse/patient ratios utilizing the professional judgement of nurses on the unit regarding patient needs, patient outcomes, and available research and best practice models.

Effective November 1, 2008 formal nurse/patient ratios shall be established and implemented along with a workload measurement tool that is adapted or developed by nurses on the unit to provide for adjustments to the ratios.

Research shall be conducted in order to measure the patient and organizational outcomes of the ratios, including pre-ratio patient and organizational outcome indicators.

Where the nurse manager and affected nurses cannot agree on establishment, implementation, or application of the formal nurse patient ratio applicable by November 1, 2008 staffing on the unit, facility or agency shall be increased (by 2 FTEs or 15% whichever is greater) on an interim basis, and the matter may be referred to an independent assessment committee for final resolution.

When, in the professional opinion of the Registered Nurses or Registered Psychiatric Nurses on the unit or service, there is insufficient staffing to ensure safe nursing care for the patients or clients under their care, they shall have the authority to authorize the transfer of patients and/or close beds, refuse further admissions, or otherwise reduce services.

Retention and Recruitment Joint Funds/Incentives:

To ensure nursing budgets are reserved for front line care and recruitment and retention, and to provide an incentive for Health Regions to achieve the targets established by government, each Region will contribute funding which, combined with a contribution from Saskatchewan Health, will equal the salary and benefit costs for each vacant position to a joint SUN/Health Region retention and recruitment fund, utilized to support innovative regional initiatives designed to fill vacancies and retain nurses.

NEW ARTICLE X- JOINT HEALTH REGION/SUN RETENTION AND RECRUITMENT FUNDS

Establishing Joint Health Region/SUN Retention and Recruitment Funds

In order to provide financial support and incentives for Regional Health Authorities to meet retention and recruitment targets and ensure that nursing budgets are utilized for frontline nursing services, a joint Health Region/SUN Retention and Recruitment Fund shall be established for each Health Region, effective April 1, 2008.

- ◄ **The joint funds shall be dedicated to supporting initiatives to fill RN and RPN vacancies.**
- ◄ **Financial contributions to the joint Retention and Recruitment Funds shall be made as follows:**

April 1, 2008 to March 31, 2009 (40% Region contribution-60% Ministry)

Effective April 1, 2008, each Health Region shall contribute funding to each Health Region/SUN Retention and Recruitment fund equal to 40% of the monthly salary and benefit costs of each RN and RPN vacancy that existed on November 1, 2007, with Saskatchewan Health contributing the remaining 60%. The results of the 2007 SUN Professional Practice Survey shall be utilized to calculate the number of vacancies that existed on November 1, 2007. The number of vacancies identified by the 2007 SUN Staffing for professional Standards Survey shall also be used to determine the number of vacancies for each subsequent month until the parties reach agreement on an alternate method to determine vacancies.

- ◄ **Thereafter, until April 1, 2009, Health Regions shall contribute to the joint funds at the first of each month, funds equal to 40% of the monthly salary and benefits costs for the total number of FTE RN and RPN vacancies that existed on the first day of the previous month while Saskatchewan Health contributes the remaining 60%. (e.g. On May 1, 2008, Health Region contributions to the joint funds shall be based on the vacancies that existed on April 1, 2008)**
- ◄ **Where the total number of FTE (full time equivalent) positions actively employed (i.e. excluding vacant positions) in each health region exceeds the baseline FTE established for each health region, contributions for vacancies will be reduced by the number of positions that are in excess of the FTE baseline.**

April 1, 2009 to March 31, 2010 (additional 40% Region 20% Ministry)

- ◀ **Health Region contributions for the joint Health Region/SUN funds based on the above formula shall be increased to 80%, supplemented by Saskatchewan Health contributions of 20%.**

April 1, 2010 to March 31, 2011 (additional 20%= 100% Region contribution)

- ◀ **Health Region contributions for the joint Health Region/SUN funds shall increase to 100%.**

Retention and Recruitment Targets:

Health Regions will increase baseline staffing by 320 nurses by April 1, 2009, 320 by April 1, 2010 and 160 by April 1, 2011.

NEW ARTICLE X- QUARTERLY RETENTION AND RECRUITMENT TARGETS

Quarterly Retention and Recruitment Targets

The Ministry of Health, the Union and the Health Regions shall collaborate on establishing quarterly targets for the baseline FTEs employed in each health region over the next three years, based on increasing provincial baseline FTEs by 800, with that goal divided into annual targets of 40% by April 1, 2009, 40% by April 2010, and the remaining 20% by April 2011. Unless otherwise agreed, each Regional Health Authority shall:

- **by April 1, 2009 have posted and continue posting until filled, sufficient new Registered Nurse and Registered Psychiatric Nurse positions to increase FTEs employed by the Region by 5.3%.**
- **by April 1, 2010, have posted and continue posting until filled, sufficient new Registered Nurse and Registered Psychiatric Nurse positions to increase FTEs employed by the Region by a further 5.3%.**
- **by April 1, 2011, have posted and continue posting until filled, sufficient new Registered Nurse and Registered Psychiatric Nurse positions to increase FTEs employed by the Region by a further 2.7%.**

Retention Initiatives for New, Mid and Late Career Nurses:

- Provincial Service Recognition
- Long Service Recognition
- Enhanced Professional Development and Continuing Education

NEW ARTICLE X- PROVINCIAL SERVICE RECOGNITION PROGRAM

The Employer recognizes the contributions of employees and to assist in the retention of current Employees, shall pay the following amounts for the prescribed time periods listed below:

a) <u>April 1, 2008- September 30, 2008:</u>	<u>\$750.00</u>
b) <u>October 1, 2008- March 31, 2009;</u>	<u>\$750.00</u>
c) <u>April 1, 2009- September 30, 2009;</u>	<u>\$812.50</u>
d) <u>October 1, 2009- March 31, 2010;</u>	<u>\$812.50</u>
e) <u>April 1, 2010- September 30, 2010;</u>	<u>\$875.00</u>
f) <u>October 1, 2010- March 31, 2011;</u>	<u>\$875.00</u>

These payments shall be pro-rated for OTFT employees based on their FTE plus any additional hours worked exclusive of overtime averaged over the previous six (6) month period.

NEW ARTICLE X- LONG SERVICE RECOGNITION

Effective April 1, 2008, and with every subsequent general economic increase, two percent (2%) shall be added to the basic rate of pay for all Employees who have twenty (20) or more calendar years of registered nursing practice, in addition to any other payment, premium or allowance contained herein.

ENHANCED PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION

ARTICLE 42.03 – ~~Staff~~ Professional Development

Upon request each Employee shall be granted at least three days annually for professional development, at their current rate of pay. An Employee shall be advised in writing prior to taking any professional development days of any transportation, registration fees, subsistence and other expenses that will be paid by the Employer

- a) Such hours not used in each fiscal year shall not be carried forward into subsequent years.
- b) Application for such paid professional development opportunities shall be made in writing, to the Employer as early as possible.

~~In recognition of the mutual value of furthering education~~ The Employer shall issue and make available to the Union a statement of its policy in respect to leave of absence and any other assistance which it may make available to Employee(s) who desire to seek leave **for formal educational purposes and additional professional workshops in excess of the three (3) days currently allocated per year.**

~~(a) for formal educational purposes;~~

~~(b) for professional development workshops;~~

The Employer shall be fair and equitable when granting time off for attendance at professional association meetings, workshops and other professional development opportunities. ~~Insofar as the regular operation of the Employer will permit,~~ Leave of absence without pay shall be granted upon request to enable an employee to fulfil the requirements of continuing educational requirement for RN/RPN licensure and/or for professional development

Expanded Health Promotion and Preventive Care Initiatives:

Expansion of care coordination, health promotion and preventive care will reduce admissions, readmissions and pressure on emergency departments and acute care beds.

Reduced hours of work for nurses eligible for early retirement to permit them to focus on coordinating care, patient teaching, clinical education, mentorship, or health promotion and preventive care initiatives developed by the health region. Creation of full time health promotion and preventive care positions whose role will include patient safety and health promotion initiatives, medication compliance, critical incident reduction, chronic disease management, fitness, smoking, and weight reduction programs.

NEW ARTICLE X- HEALTH PROMOTION AND PREVENTIVE CARE POSITIONS AND INITIATIVES

Expansion of care coordination, health promotion and preventive care activities will reduce admissions, readmissions and pressure on emergency departments and acute care beds.

Effective September 1, 2008 Health Regions shall create and post one full time health promotion and preventive care position for every 35 FTEs employed. The function of the positions will be to provide support for nurses in every unit or service to identify nurse-led patient and client teaching initiatives, including patient safety and health promotion initiatives, medication compliance, critical incident reduction, chronic disease management, fitness, smoking, and weight reduction programs.

NEW ARTICLE X- RETENTION OF SENIOR RN/RPN'S TO PROMOTE HEALTH AND PREVENTIVE CARE INITIATIVES

Employees who have become eligible for early or regular retirement may serve notice to their employer that they wish to reduce their clinical hours of work to 80% of their regular hours. The remaining 20% of hours of work will be self-scheduled by the employee, but will be dedicated to coordinating care, patient teaching, clinical education, mentorship, or health promotion and prevention initiatives developed by the Health Region.

Creation of New Registered Nurse (Nurse Practitioner) Positions:
Each Health Region shall create and maintain new Registered Nurse (Nurse Practitioner) positions within the region so that licensed Registered Nurse (Nurse Practitioners) can obtain employment and be utilized to provide health services to communities without sufficient physician services, and reduce pressure on acute and long-term care facilities.

NEW ARTICLE X- CREATION OF NEW REGISTERED NURSE (NURSE PRACTITIONER) POSITIONS.

Creation of New Registered Nurse (Nurse Practitioner) Positions

Effective April 1, 2008 in consultation with the Local and the Union, the Employer shall review, the need to establish, implement and maintain new Registered Nurse (Nurse Practitioner) positions within the Region. Where the parties cannot agree on establishment, implementation, or application of the creation of new Registered Nurse (Nurse Practitioner) positions, by June 1, 2008, each Regional Health Authority shall post one new full-time position on an interim basis, and the matter may be referred to an Independent Assessment Committee for final resolution.

**Supernumerary Positions for New Graduates/
Mentorship/Preceptorship:**

Health Regions will post 300 new supernumerary positions for new graduates annually, who will be offered orientation, continuing education opportunities, and formal mentorship/preceptorship by an experienced nurse.

ARTICLE 27.07 Graduate Nurses and Graduate Psychiatric Nurses

a) Graduate Nurses and Graduate Psychiatric Nurses

A new Graduate shall be defined as an individual who has completed an initial education program that results in eligibility for registration as a Registered Nurse or Registered Psychiatric Nurse, that is not currently employed under a SUN/SAHO agreement.

For the lifetime of this agreement, if a position remains vacant after the provincial posting process (in accordance with Article 27.05); new Graduate Nurses or Graduate Psychiatric Nurses **as defined in 27.07 a) above.** ~~of the Nursing Education Program of Saskatchewan~~ shall be given preference **when filling the vacant position.**

b) New Graduate Recruitment Program

The Employer may hire new graduate ~~registered~~ nurses or new graduate ~~registered~~ psychiatric nurses into full time **or other than full-time** positions **upon the new graduate's request** in the New Graduate Recruitment Program for up to 12 months. **These supernumerary positions shall be fully funded by the Employer.** Such new graduates shall work supernumerary with experienced employees for guidance and support. The supernumerary positions shall be additional positions to the existing staffing level. New graduates can be hired into such positions without a posting. The supernumerary positions shall not replace existing vacancies or be used to circumvent the normal hiring process.

c) **At the time of hire New Graduates shall be informed of, and encouraged to participate in the Mentorship program outlined in Article 42.05**

ARTICLE 42.05 Mentorship Program for New Hires

Definition- Mentoring involves a voluntary, mutually beneficial and long-term professional relationship between new hires and/or new graduates and current employees.

Employers and Employees ~~may~~ **shall**, at the local level, agree to establish a Mentorship Program for newly hired Registered Nurses/Registered Psychiatric Nurses.

The Employer ~~may~~ **shall** establish a roster from Employees who have indicated an interest in mentoring newly hired Employees.

Newly hired Registered Nurses/Registered Psychiatric Nurses may request a mentor from the roster. The mentor and the newly hired Employee do not have to work in the same facility/agency/work area.

Educational sessions for both mentor and newly hired Employee, ~~may~~ shall be held at the beginning of the Mentorship Program. The Employer shall provide a minimum of sixteen (16) hours of paid leave to attend these educational sessions. Participation in such educational sessions shall be considered time worked and be paid at the regular rate.

An Employee assigned by the Employer as a mentor shall have her normal workload reduced so that she is able to perform the mentorship duties.

ARTICLE 61- PRECEPTORSHIP

61.01 A "Preceptor" shall mean a Registered Nurse or Registered Psychiatric Nurse who educates, supervises, assesses and evaluates a student in a formal Clinical practicum or who educates, supervises, assesses and provides feedback for a newly hired employee.

61.02 The parties recognize the importance of the role of the preceptor. Prior to the commencement of a preceptorship, the Employer and Employee will discuss and make the necessary work assignment adjustments required to ensure that workloads are reduced by a minimum of 20% for each preceptor.

61.04 In addition, Employee(s) acting as a preceptor shall be provided with orientation in the role, function and responsibility. Payment for such orientation shall be in accordance with Article 42.02 a).

a) The Employer shall provide preceptors, a minimum of sixteen (16) hours of paid education to attend workshops/seminars that focus on skills required and process of the programs. Formal workshops will be supplemented by resource materials.

b) The Employee who is assigned as a preceptor shall be paid a premium of five (5%) of the Employee's current hourly rate, in addition to all other premiums for all time spent preceptoring.

ARTICLE 42.04 (MAKE NEW ARTICLE- TITLED ORIENTATION)

a) The Employer shall provide during regular hours of work a planned, ~~and~~ paid needs based orientation program for up to six (6) weeks or two hundred and twenty four (224) working hours for newly hired Employees, ~~and as required,~~ supernumerary to regular staff complement. An Employee who identifies that they require additional time for orientation shall be provided with such additional orientation until the Employee feels confident in the practice environment. Orientation programs shall include ~~such~~ essential information such as but not limited to ~~as~~ nursing practices and procedures for the Unit, fire and disaster plans, location of supplies and equipment, and training for any certifiable skills necessary for the Employee(s) to competently carry out their duties prior to assuming those duties. Employees who are required to orientate new hires shall meet with the Employer to discuss and make the necessary work adjustments required to fulfil this role.

An RN/RPN shall provide orientation for duties and responsibilities that require the nursing process and are exclusive to a RN/RPN's professional standards of practice.

- b) An Employee who returns to their position after an extended period or acquires a new position pursuant to the terms of the Collective Agreement, including but not limited to Mergers, Transfers, Vacancies, Layoff, Reemployment and Displacement, shall be provided with orientation and training for certifiable skills that are necessary for the Employee to do the assigned duties as per Article 42.04 a). If there are no qualified Employees on re-employment, the Employer shall provide in-house training as required, to Employees prior to hiring a new Employee.
- c) Employees, at the time of hire, or who return to their position after an extended period or who acquire a new position shall be informed of, and encouraged to participate in the mentorship programs outlined in Article 42.05

Enhanced Salaries and Benefits:

In order to achieve retention and recruitment targets set by government, Health Regions must offer competitive salaries, benefits, and innovative retention and recruitment initiatives that allow Saskatchewan to compete effectively with provinces that attract Saskatchewan nurses. Accordingly, effective April 1, 2008, and each April 1st thereafter, salaries and premiums will be adjusted by an amount that would provide Saskatchewan nurses with salaries and premiums equal to the salaries and premiums in effect in Alberta less the difference in cost of living between the provinces.

ARTICLE 9.01 IN- CHARGE PAY

In addition to her hourly rate, a premium of five point five percent (5.5%) of the top step of the Nurse A classification shall be paid for all hours for which the "in charge" duty is assigned. If the duty is assigned for a portion of an hour the premium shall not be pro-rated.

ARTICLE 10.01 TEMPORARY SUPERVISOR ASSIGNMENT

The Employee shall be paid a rate of five point five percent (5.5%) over the Employees current hourly rate or the minimum of the range of the out of scope supervisor or in-scope supervisor, whichever is greater.

ARTICLE 12 STANDBY

12.03 Employee(s) assigned to "standby" shall receive a "standby" premium as follows:

- a) Employee(s) assigned to be on standby shall be paid ~~two dollars and nineteen cents (\$2.19)~~ nine point five percent (9.5%) of the top step of the Nurse A classification, per hour for each hour on standby on a regular working day with a minimum payment of eight (8) hours.
- b) Employee(s) assigned to be on standby on Statutory Holidays and days not scheduled to work shall be paid ~~four dollars and twelve cents (\$4.12)~~ thirteen percent (13%) of the top step of the Nurse A classification per hour for each hour on standby with a minimum payment of eight (8) hours.

ARTICLE 14- SHIFT DIFFERENTIAL AND WEEKEND PREMIUM

- 14.01 a) A shift premium of ~~one dollar and fifty cents (\$1.50)~~ twelve percent (12%) of the top step of the Nurse A classification shall be paid for each hour or part of an hour for all hours worked by an Employee where the majority of the hours of the shift fall between 1500 and 0800 hours. Employees working an extended shift option shall be paid a shift premium for each hour or part of an hour worked between 1500 hours and 0800 hours
- b) Employee(s) working Field Hours or Flexible Hours shall be paid a shift premium ~~one dollar and fifty cents (\$1.50)~~ of twelve percent (12%) of the top step of the Nurse A classification for each hour or part of an hour worked between 1800 hours and 0800 hours.

The shift premium shall not apply to overtime hours worked.

14.02 A weekend premium shall be paid at the rate of ~~one dollar and twenty five cents (\$1.25)~~ **seven point eight percent (7.8%) of the top step of the Nurse A classification**, per hour for each hour worked between 0001 Saturday and 2400 hours Sunday. Weekend premiums will not apply where an Employee is receiving premium pay triggered by consecutive weekends of work.

ARTICLE 36- RECOGNITION OF EDUCATION

36.01 In addition to the salary set forth in Schedule "A", any Employee who so qualifies shall receive for all paid hours, allowances for education as follows:

* Approved post-graduate course ~~\$0.17~~ **\$ 0.50** per hour

One (1) year University diploma in Nursing ~~\$0.17~~ **\$0.50** per hour

Baccalaureate Degree in Nursing ~~Nurse A, B \$0.21~~ **\$1.25** per hour

~~- Nurse C \$0.45~~ per hour

Masters Degree (~~applicable to the position~~) ~~\$0.64~~ **\$1.50** per hour

Schedule A- Rates of Pay

Proposing rates of pay between UNA and SUN effective April 1, 2008, minus the difference in the cost of living between the provinces.

April 1, 2008	Step 1		Step 2		Step 3
Nurse A	31.55	33.33	35.01	36.84	38.66
Nurse B	34.37	36.31	38.25	40.19	42.13
Nurse C	37.47	39.59	41.70	43.81	45.92
Registered Nurse (Nurse Practitioner)	51.78	55.28	58.77	62.27	64.77
Graduate Nurse	27.23				

Effective April 1, 2009 the Employer shall adjust Schedule A- Rates of Pay contained in the SUN/SAHO Collective Agreement by five percent (5%)

Effective April 1, 2010 the Employer shall adjust Schedule A- Rates of Pay contained in the SUN/SAHO Collective Agreement by five percent (5%)

Article 32.02 New or Changed Classifications-New Positions

- a) New or changed positions with the exception of Registered Nurse (Nurse Practitioners) shall be submitted by the Employer to the SAHO Classification/Job Evaluation Department for evaluation and classification placement using the SAHO/SUN Position Evaluation Tool. The