

HSC NURSES

M.N.U. LOCAL 10

2013

ANNUAL GENERAL

MEETING

MARCH 13TH, 2014



2013 LOCAL 10 EXECUTIVE

President

Lynda Liebrecht

Vice-President

Shelley Trapp-Armstrong

Secretary/Treasurer

Susan Morrisseau

MNU Board Member

Kim Fraser

MNU Board Member

Lana Penner

PCBC Rep

Lana Penner

Centre Reps

Women's Rep

Lydia Danilis

Children's Rep

Connie Kamara

Anne Thomas Rep

Jo-Anne Paterson

Psych Health Rep

Lorna Wirt

General/Rehab Rep

Anne Boyd

COMMITTEE MEMBERS

Labour Education Committee

Shelley Trapp-Armstrong

Jan Kozubal

Audrey Weiss

Susan Morrisseau

Finance Committee

Susan Morrisseau

Connie Kamara

Jan Kozubal

NOMINATIONS UPDATE

As of February 8th, 2014

PRESIDENT

Shelley Trapp-Armstrong
Lana Penner



VOTE REQUIRED

IN BY ACCLAMATION

Provincial MNU Board Rep Kim Fraser
General Centre Rep Anne Boyd
Children's Centre Rep Connie Kamara
Finance Committee Member Connie Kamara

Voting Delegates for 2014 Provincial AGM

Larissa Medwid, Shaye Bolduc, Erin Goleski
Kimberley Regnier

Voting Delegates for 2015 Provincial AGM

Karen Rodgers, Barb Coelho, Moon Suk Cho
Jane Stone, Debra Burda, Kimberley Regnier
Erin Goleski, Cheryl Lange, Kim Krahn, Tracy
Nacionales, Audrey Weiss

POSITIONS OPEN FOR ELECTION

Two (2) Labour Education Committee Positions

Three (3) plus four (4) Alternate Voting Delegates
for 2014 Provincial AGM

Twenty Seven (27) Voting Delegates for 2015
Provincial AGM

2014 PROVINCIAL AGM VOTING DELEGATES

1. ARMSTRONG, SHELLEY TRAPP
2. BINNUN, JODI
3. BLOMELY, CLAIRE
4. BOLDUC, SHAYE
5. BOSSMAN, DIANE
6. BOYD, ANNE
7. BURDA, DEBRA
8. CHO. MOONSUK
9. COELHO, BARB
10. DANILIS, LYDIA
11. DESJARLAIS, JO-ANNE
12. DONDO, RUTH
13. DOUGLAS, JASON
14. GIRARDIN, PAT
15. GOLESKI, ERIN
16. JONES, ALLISON
17. KAMARA, CONNIE
18. KIESMAN, COLLEEN
19. KONOWALCHUK, MARY ANNE
20. KOZUBAL, JAN
21. KRAHN, KIM
22. LANGE, CHERYL
23. MEDWID, LARISSA
24. MORRISSEAU, SUSAN
25. NACIONALES, TRACY
26. PAZIUK, AMBER
27. REGNIER, KIMBERLEY
28. RODGERS, KAREN
29. ROGERS, WENDY
30. STONE, JANE
31. STRACHAN, JUDY
32. THIESSEN, REBECCA
33. WEISS, AUDREY
34. WIRT, LORNA

Health Sciences Centre MNU Local 10
2013 Annual Meeting
March 13th, 2014

RULES

RULE 1. ORDER OF BUSINESS

THE ORDER OF BUSINESS SHALL BE ADOPTED BY A MAJORITY VOTE AND MAY BE AMENDED DURING THE MEETING BY MAJORITY VOTE.

RULE 2. SCRUTINEERS

PERSONS APPROVED AT THE ANNUAL MEETING SHALL ACT AS SCRUTINEERS AND SHALL COUNT ALL BALLOTS OR HAND VOTES REQUIRING A COUNTED VOTE.

RULE 3. PROCEDURE

PROCEDURE SHALL BE IN ACCORDANCE WITH MNU LOCAL 10 CONSTITUTION. IF ANY PROCEDURAL MATTER IS BROUGHT INTO ISSUE AT ANY MEETING OF THE LOCAL, THE CURRENT ISSUE OF "ROBERT'S RULES OF ORDER" SHALL PREVAIL.

RULE 4. MOTIONS AND DEBATE

MEMBERS MAY SPEAK ONLY ONCE TO ANY GIVEN RESOLUTION OR MOTION. DEBATE IS LIMITED TO THREE (3) MINUTES PER SPEAKER, UNLESS DEVIATION TO THIS RULE IS GRANTED BY THE ASSEMBLY. MEMBERS WISHING TO SPEAK SHALL GO TO A MICROPHONE, ADDRESS THE CHAIR AND IDENTIFY THEMSELVES BY NAME BEFORE SPEAKING. ALL MOTIONS AND ANY AMENDMENTS TO MOTIONS MUST BE WRITTEN ON MOTION FORMS PROVIDED AND FORWARDED TO THE CHAIR.

RULE 5. DECORUM

DURING DISCUSSION OF MOTIONS, VOTING AND ELECTIONS, MEMBERS ARE REQUESTED TO REMAIN IN THE ROOM.

RULE 6. NOMINATIONS FROM THE FLOOR

ARTICLE 10.04 "IF NO PERSON HAS BEEN NOMINATED TO A POSITION OR POSITIONS, NOMINATIONS IN WRITING WILL BE ACCEPTED AT THE ANNUAL MEETING PRIOR TO START OF THE BUSINESS SESSION". EACH CANDIDATE SO NOMINATED SHALL BE ALLOWED TO ADDRESS THE ASSEMBLY FOR NO MORE THAN TWO (2) MINUTES.

RULE 7. ELECTIONS

ELECTIONS SHALL BE BY SECRET BALLOT OR A SHOW OF HANDS.

RULE 8. PROXY VOTES

PROXY VOTES SHALL BE COUNTED FOR THE PURPOSE OF ELECTIONS ONLY. IN ACCORDANCE WITH LOCAL 10 CONSTITUTION SECTION 10.05 "THE LOCAL MAY HAVE A VOTING DAY OF ADEQUATE HOURS TO ALLOW ALL MEMBERS THE OPPORTUNITY TO VOTE. THE TIME AND DATE OF THIS VOTE WOULD BE DETERMINED BY THE LOCAL EXECUTIVE COMMITTEE. IF ALL DAY VOTING OCCURS THERE WOULD BE NO OPTION FOR PROXY VOTING. IF THE ABOVE IS ADOPTED BY THE LOCAL THE FOLLOWING WOULD OCCUR: A MEMBER WHO IS UNABLE TO ATTEND THE ANNUAL MEETING ONLY BY REASON OF BEING ON DUTY MAY APPOINT ANOTHER MEMBER AS HIS/HER PROXY, PROVIDED THAT NO MEMBER SHALL HOLD MORE THAN TWO (2) PROXIES. THE PROXY MUST BE COMPLETED AND ORIGINALLY SIGNED BY THE MEMBER WHO IS WORKING, INDICATING WHICH MEMBER HE/SHE IS ASSIGNING THE PROXY TO".

AGENDA

- 1.0 CALL TO ORDER
- 2.0 WELCOMING REMARKS
- 3.0 INTRODUCTION OF LOCAL EXECUTIVE
- 4.0 APPROVAL OF CREDENTIALS
- Moment of silence for our sisters and brothers who have passed away in the last year.*
- 5.0 ADOPTION AND APPROVAL OF AGENDA Pg. 4
- 6.0 APPROVAL OF RULES OF PROCEDURE OF THE ANNUAL MEETING Pg. 3
- 7.0 APPROVAL OF SCRUTINEERS
- 8.0 GUEST SPEAKER – SANDI MOWAT
- 9.0 MINUTES
- 9.1 APPROVAL OF 2012 ANNUAL GENERAL MEETING MINUTES
- 9.2 MINUTE APPROVING COMMITTEE FOR 2013 MINUTES
- 10.0 SECRETARY/TREASURERS REPORT Pg. 8
AUDITORS REPORT
- MOTION #1**
To ADOPT THE 2013 FINANCIAL STATEMENTS AS AUDITED BY R T ROBERT CERTIFIED GENERAL ACCOUNTANT PROFESSIONAL CORPORATION
MOVED BY: The Finance Committee
- MOTION #2**
To APPOINT R. T. ROBERT CERTIFIED GENERAL ACCOUNTS PROFESSIONAL CORPORATION AS AUDITOR FOR THE LOCAL 10 2014 FISCAL YEAR.
MOVED BY: The Finance Committee
- MOTION #3** Pg. 8
To ADOPT THE 2014 ADJUSTED GLOBAL BUDGET AS PROPOSED AND APPROVED BY THE FINANCE COMMITTEE.
MOVED BY: The Finance Committee
- MOTION #4** Pg. 8
To ADOPT THE 2015 PROPOSED GLOBAL BUDGET AS PROPOSED AND APPROVED BY THE FINANCE COMMITTEE.
MOVED BY: The Finance Committee
- MOTION #5** Pg. 9
To ADOPT THE EDUCATION TRUST FUND 2013, FINANCIAL STATEMENTS AS AUDITED BY R T ROBERT CERTIFIED GENERAL ACCOUNTANT PROFESSIONAL CORPORATION.
MOVED BY: THE EDUCATION TRUST FUND
- MOTION #6** Pg. 9
To APPOINT R. T. ROBERT CERTIFIED GENERAL ACCOUNTS PROFESSIONAL CORPORATION AS AUDITOR FOR THE EDUCATION TRUST FUND 2014 FISCAL YEAR.
MOVED BY: THE EDUCATION TRUST FUND
- 11.0 ELECTION RESULTS (IN BY ACCLAMATION) Pg. 2
- 12.0 NOMINATIONS FOR UNFILLED POSITIONS Pg. 2
- 13.0 REPORTS
- 13.1 PRESIDENT'S REPORT Pg. 5,6
- 13.2 VICE PRESIDENT'S REPORT Pg. 7
- 13.3 MNU BOARD REPORT Pg. 10
- 13.4 PCBC REPORT Pg. 9
- 13.5 CENTRE UNION REPS
- i) GENERAL CENTRE/REHAB Pg. 13
- ii) WOMEN'S CENTRE Pg. 12
- iii) CHILDREN'S Pg. 11
- iv) PSYCH HEALTH Pg. 11
- v) ANNE THOMAS Pg. 10
- 13.6 EDUCATION TRUST FUND REPORT Pg. 9
- 14.0 NEW BUSINESS/ANNOUNCEMENTS
- 15.0 ADJOURNMENT



PRESIDENTS REPORT 2013

Submitted by: *Lynda Liebrecht*

We have come to that time of year again when Spring is around the corner and the AGM is upon us.

As my journey comes to an end as your President I cannot believe that eight years have come and gone. I started at HSC in August of 1980 and have worked with many of you over the 34 years. I became a Union Activist because I did not like how the Employer was not following the Collective agreement in some situations and then following when it was to their advantage and I thought if I didn't speak up nothing would ever change. And to this day I still believe that nurses need to speak up to make effective changes in their workplace.

Over the last several years the activity in the office has grown tremendously to the point we have a fulltime Vice-President in the office. The Vice-Presidents primary role has been to facilitate Return to Work programs for our members off on Medical Leave once they are ready to return to work, and to step in when the President is away.

Local 10 has five nurses that sit on the Executive Committee, each of them represent a Hospital within the Center. Each unit within HSC has a unit rep that nurses can go to with concerns. The Center Reps follow up with concerns that have been brought forward to the Union office to see if concerns have been resolved and to ensure that our members know they have been heard.

Most staff are aware that HSC has under gone many changes in the past year and is continuing to change such as the Front End construction in the Adult ER; the new Women's Hospital is out of the ground, and the new building that will house our Helipad. There is also a new unit within the General Center and that is a Personal Care Unit housed in the old Recovery Room on the 7th floor. The Center is also still going through Rotational changes on the units. If Nurses have concerns regarding their new Rotations please call the office.

There are several Units that have ongoing concerns on their Units and when they have brought them forward to the Manager with no resolve we will meet with the staff in our office to help them find solutions and then Local 10 will meet with the Manager to resolve the issues.

Negotiations for a new collective agreement have begun and will be a priority to ensure that the best possible outcome will result. We have heard from many of you that issues relating to pensions are high, and that has been recognized and forwarded to your representatives to the committee.

In October of 2013 the Brian Sinclair inquest began. The inquest was to provide information of what went wrong and how to fix the health care system so that this would not happen again. MNU is very supportive and proud of those HSC nurses from ER who testified. Kudos to Bruce Stevenson the Psych liaison who also provided support to the ER nurses. Faze 2 will begin this mid February.

As my term draws to a close I would like to take this opportunity to thank many people who made my job as your President much easier. Shelley Trapp-Armstrong your Vice President who is always open to being a sounding board when I have been frustrated with issues that we are unable to resolve, who has stepped into my shoes when I am away and done a fantastic job, Leona Barrett whom I hold in the highest regard because she has mentored me throughout my Presidency and was never too busy to talk to me in the evenings and weekends. To My executive thank you for all your support over the years. To Sandra Moffat our Administrative Assistant who has been my IT person and the person who has kept me organized. To all HSC local 10 nurses, thank you for your dedication to the patients at HSC.

Grievances

Grievances are filed due to actions of the Employer that do not follow the Collective Agreement. In 2013 the Local saw an increase in the number of grievances filed, and we continue to work with Human Resources to resolve them before they go to Arbitration.

Grievance Breakdown

2007 – one (1) ongoing

2010 – one (1) ongoing

- Stat time vs Sick time which is being referred to Negotiations to achieve a better language

2011 – one (1) ongoing

- Failure to distribute standby equitably

2012 – five (5) ongoing all referred to arbitration

2013 – twenty four (24) were filed; seven (7) withdrawn; two (2) in abeyance; one (1) referred to arbitration and five (5) resolved

WRHA Continuing Education Committee

“The Continuing Education Fund was established in 2000 by Manitoba Health Nurses Recruitment and Retention Fund to support ongoing education for Registered Nurses, Registered Psychiatric Nurses, Graduate Nurses and Licensed Practical Nurses who are employed by the WRHA as nurses and provide direct patient care. Educators and front-line managers who fall under this professional umbrella are also eligible to apply.”-from the WRHA website.

The WRHA education fund was an initiative of the recruitment and retention fund. Financial support is on a yearly basis. This joint committee of management and union representatives is charged with determining the criteria and options that can be offered to nurses to support ongoing education. At the current time, funding of \$500.00 per year per nurse has been able to be maintained. An education subsidy for unpaid leave of absence for attendance at course/conference has now been reduced to three days per year per nurse. This subsidy is not salary replacement per se but does help offset wage loss. It has been comparable to the ‘post-tax’ income of Nurse II top of scale. It is possible that, dependent of funding provisions in the future, that one of both of these may have to be adjusted. Nurses appreciate and have been utilizing these funds more and more since it was implemented, and we are hopeful that funding will be supported in the future.

Staff Management Council

This is a joint committee in which all Unions working within HSC and Management meet to discuss global issues that pertain to working conditions at HSC. Items that have been discussed at this forum are safe patient handling, attendance management program, respectful workplace issues and employee’s satisfaction survey outcome.

Nursing Advisory Committee

The NAC is a joint committee with management charged with problem solving discussions related to concerns of workload and staffing including documented nursing workload staffing reports, as well as nursing standards and practice.

The NAC meets approximately once a month excluding the summer period. Topics of discussion this year have included Nursing Workload Staffing Reports, Conscious Sedation, Secondment of nurses, and Agency nurses just to mention a few.

MNU Management Committee

The MNU Management Committee is a joint committee whose focus is discussion of issues relating to nurses working conditions that are outside of the practice focus of the Nursing Advisory Committee. Some of the issues that have been discussed this year include critical incidents, partial leaves, mandatory overtime, travel policy, and other policies that may affect patient care.

Regional Nursing Advisory Committee

I sit as a member to the Regional Nursing Advisory Committee with other representatives of the Winnipeg facilities along with representatives of the management. Issues which are unable to be dealt with at the facilities and have regional implications and cause and effect are referred to this committee for discussion and problem solving approach. Some issues which have been referred to this committee include Conscious Sedation, Emergency rooms across the city, and hospital security.



We held our third annual Hot Dog Day on September 13, 2013 and over 225 nurses were able to get away from their Unit to enjoy a Hot Dog, Chips, drink and a cookie. Hot Dog Day was established as a means for us to say thank you to our members and to let people know who their MNU Executive is so they can put a face to the name.



VICE PRESIDENTS REPORT 2013

Submitted by: *Shelley Trapp-Armstrong*

The annual report deadlines appear on my calendar sooner than I often realize. The last year has flown by and Local 10 has had a busy time meeting the many requests of its members and bringing their concerns forward to the Employer.

How is Your Attendance?

The activities on the rise this past year include the Attendance Support Assistance Program. The Union has seen an increase of members being placed on a formal Step II of the program. The Employer continues to implement this program and make nurses insightful to their attendance for their shifts. The Union encourages nurses to seek the assistance of the Union when attending these meetings and to understand where their absence rate is at. The Employer at present is calculating against a 6 % comparator group.

Helping Nurses get Back to Work

The Disability Management team has assisted many nurses return from their leave of absences. These injured nurses have worked very hard to get back to their pre-injured positions. There have also been a large number of medical accommodations that have been accomplished with the engagement of the Employer and for the success for the nurse to be able to return in a modified program.

Workplace Safety and Health Committees

The 12 committees around the Health Sciences Centre continue to work through transition. The committees are starting to get their quarterly inspections in order. They are trying diligently to meet the regulations as set out by the Province. There are bulletin boards in each of the buildings and the committee members are identified on them. You are encouraged to contact your committee members if there are unresolved workplace safety concerns that you have not been able to get a resolve with from your Manager. There are vacancies on the following committees: Women's Centre, Thorlakson Building, and the Harry Medovy/Community Services Buildings. I would be happy to assist in an orientation with you if you are interested. Please contact the office for further information.

Thank You to Many

I would like thank our Local 10 executive committee and our administrative assistant in our office Sandra Moffat. This team has worked hard to represent our membership through the activities and business at the Local level. The representation has also been seen at the Provincial level, along with negotiating a new collective agreement, and the Centre Reps work hard to bring your frontline concerns forward. Our future will be brighter because of these individuals' visions for our Local. I would like to acknowledge and thank Lorna Wirt as she steps down from our Executive team for her contributions to the Psychhealth Program. Your knowledge and awareness was always an asset. I want to wish you well and again thank-you for your dedication to the Executive this past year.

Leona Barrett our Labour Relations Officer has continued to provide guidance for the resolve of many situations with members in 2013. I look forward to working with her on behalf of the members of Local 10.

Fond Farewell for Our President

Local 10 has seen many Presidents come and go. I have had 3 years of watching the leadership of Lynda Liebrecht. She has given 100's of members advice, provided a listening ear, or a hug when needed. I have seen her advocate for safe patient care, and work with the Human Resources department to create a professional relationship on behalf of the members of Local 10. She always made her members her 1st priority. I wish to extend my heartfelt thank you for the dedication you have given our Local. As you enter into retirement I wish you only health and happiness. May you start to enjoy many coffees with your friends and family on your deck. May new adventures be at your doorstep after a beautiful nursing career.



2013 SECRETARY/TREASURER REPORT

2013 was a year of challenge. Challenges to finance and fund the activities and operations of MNU 10. The challenge is trying to anticipate and plan with accuracy expenses, especially those which we are invoiced for by HSC. It is a challenge because they are many months behind in invoicing us for Salary continuance (the salaries paid to employees doing the work of the Union at meetings and other activities, like Collective Bargaining). The budget that is being brought forward by the Finance Committee for 2015 is a balanced budget. It was achieved by anticipating only 1% to 2% increases in some expenses and some slight cutbacks in areas we felt we could achieve savings. We also have increased revenues, not by raising dues but by increasing the anticipated number of dues paying members working in each pay period. This will more accurately reflect the number of casual nurses working here at HSC.

Over the past few years our budgets have included Revenues, achieved by infusing monies from our Savings and Investments to maintain a balanced or surplus Budget. As of now we have not had to transfer those monies, in large part due to the delay in invoicing by HSC, but we do anticipate them to catch up with us this year and it will likely result in the transfer of those funds.

Our 2014 budget has been amended within expense lines to more accurately reflect the expenses we have experienced over the past 12 months.

Our current hourly pay rates went into effect January 1, 2013 (a year ago). For 2015 we have budgeted for slight increases in the President and Vice President Salaries in anticipation of an increase in hourly pay rates through the collective bargaining process, as well as an increase to the Administrative Assistant's salary expense. We have held the line on Local Dues for 2014 and for the 2015 Proposed Budget but have budgeted for more dues paying members. For 2014 we have increased the estimated number of dues paying members by 20 and for 2015 by another 35 to more accurately reflect the number of dues paying members.

The Finance Committee meets every Fall to review our Budget predictions, our investments and financial strategies, to ensure that we continue to operate within our means. Because we do our initial Budget preparations 14 to 15 months in advance we sometimes don't get it exactly right to the penny. It is a challenge, especially when you don't have a crystal ball that for-sees and predicts the future.

I would like to extend my thanks to the members of the Finance committee; Jan Kozubal and Connie Kamara, for their work and continued commitment.

As you may recall we switched to "R.T. Robert Certified General Accountant, Professional Corporation" two years ago to perform our Annual Audits. We have been pleased with the change and we look forward to continuing our relationship with them.

I would like to thank our Administrative Assistant, Sandra Moffat, who does a great job! She keeps us on track, organized and maintains our Local 10 website.

Over the years she has become a treasured friend. THANKS SANDRA, for all you do!

Susan Morrisseau

GLOBAL BUDGET

REVENUE	2014 PROPOSED	2014 ADJUSTED	2015 PROPOSED
Local Portion of Dues	320,675.00	320,675.00	324,415.00
President Salary Replacement	35,400.00	35,400.00	35,750.00
Interest on Deposits	5,000.00	5,000.00	5,000.00
Transfer From Savings	19,000.00	19,000.00	19,000.00
TOTAL	380,075.00	380,075.00	384,165.00
EXPENSES			
Office Costs	50,935.00	50,600.00	50,910.00
Demo/Membership	39,500.00	39,500.00	38,750.00
Admin/Support	281,180.00	281,180.00	286,605.00
Funds (cfnu/severance/platinum)	7,850.00	7,850.00	7,900.00
TOTAL	379,465.00	379,130.00	384,165.00

MOTION #3

To adopt the 2014 Adjusted Global Budget as proposed and approved by the Finance Committee.

Carried

MOTION #4

To adopt the 2015 Proposed Global Budget as proposed and approved by the Finance Committee.

Carried

EDUCATION TRUST FUND



The Health Sciences Centre Education Trust Fund was established in 1980 with accumulated funds from the then Unemployment Insurance (now EI) Fund that were received due to the above average income protection provisions in the Collective Agreement. A Board administers the Fund. Last year's Board consisted of Lynda Liebrecht, Chair, Shelley Trapp-Armstrong, Cherie Pinkerton, Sheila Levin, Laura Walton and Linda Newton, Administrator. Since its inception, over 2 million dollars have been awarded to Health Sciences Centre nurses in support of formal and continuing education activities.

Richard Clark of Sun Life Financial provides our financial advice. The Board was pleased with the 10.24% return on our investments. This past year we were required to make a \$38,000.00 withdrawal from our investments in order to cover disbursements. The Board then reviewed the yearly pattern of disbursements for each of the 3 major categories, courses, conferences and bursaries for the pursuit of full-time studies. The amount of monies awarded for courses (predominantly nurses

pursuing post basic education like a registered nurse designation or a baccalaureate degree) appears to have peaked and is slowly declining. Monies awarded for attendance at conferences or the attainment of specialty certification has levelled off at approximately \$40,000.00. The amount provided for bursaries is significantly climbing as more nurses are pursuing masters and doctorate education. The maximum amount for these 2 degrees is \$10,000.00 and \$12,000.00 respectively. In order to maintain a substantial principle, the Board passed a motion to require a review of the maximum amounts available for bursaries if the principle reaches \$450,000.00 (currently it is \$536,000.00). We will closely monitor the continuing patterns of funding for each of the 3 categories.

Finally, Sheila Levin has ended her participation on the Board and will be replaced by Ed Brunner, a Nurse Therapist in the Adult Mental Health program.

Linda Newton - Administrator

MOTION #5

TO ADOPT THE EDUCATION TRUST FUND 2013, FINANCIAL STATEMENTS AS AUDITED BY R. T. ROBERT CERTIFIED GENERAL ACCOUNTS PROFESSIONAL CORPORATION.

MOVED BY: THE EDUCATION TRUST FUND

MOTION #6

TO APPOINT R. T. ROBERT CERTIFIED GENERAL ACCOUNTS PROFESSIONAL CORPORATION AS AUDITOR FOR THE EDUCATION TRUST FUND 2014 FISCAL YEAR.

MOVED BY: THE EDUCATION TRUST FUND

PROVINCIAL COLLECTIVE BARGAINING COMMITTEE REPRESENTATIVE (PCBC)

PCBC convened early in February 2013 in preparation for NEGOTIATIONS 2013. Postcards were mailed to each members' homes. The Provincial Collective Bargaining Committee met several times to review polling gleaned from Manitoba's 11,000 plus members and began working on proposals plus researching achievements across Canada.

Also an evaluation of the Manitoba economy was presented by Michael Benarroch from the University of Manitoba.

Proposals were finalized and exchanged with the Labour Secretariat at our employer's representatives In August 2013. Face to face negotiations continued over thirty nine (39) days and over nine (9) weeks.

Progress has been achieved contractually with respect to:

- Nurse Advisory Committee (NAC)
- WSR Work Situation Reports
- Safe Staffing, Workload issues
- Respectful Workplace

Monetary issues have yet to be discussed. At this time Employer Representatives have not received a mandate from Government in regards to monetary issues. Talks without a mandate would be fruitless.

We do anticipate a return to the table soon.

I know how frustrating this is for both members and the PCBC.

Please continue to be patient and support your PCBC. MNU will continue to exert pressure on the Employers and Government to return to Negotiation 2013/2014 as soon as possible to finish our work. Bargaining dates will be announced as soon as scheduled. Information on Provincial MNU Website; www.manitobanurses.ca and the Local 10's website of www.mnu10.ca.

YOURS in solidarity;

Lana Penner, PCBC 2013

BOARD REPORT

The MNU Board of Directors held five meetings in 2013. The past year was busy, as always, with grievances, arbitrations. The Board Committees were also very busy again. PCBC has been busy bargaining. The Regional Health Authorities set out by the Government have gone forward. The defeat of the amalgamations presented at AGM meant that Governance and Structure would reconvene to address the issues raised by members to see how MNU would move forward, while best serving our members.

Annual Meeting

The 38th AGM was held at the Keystone Center in Brandon, MB. Approximately 500 delegates participated in the discussion and decision making, about the same in attendance as last year. Margaret Trudeau was a keynote Speaker who spoke about her struggles with Mental Health. I think she wowed us all with her words. The education day had a couple of keynote speakers and then several breakout sessions that people could attend. These were well received.

Board Activity

President Sandi Mowat has been busy with the usual business of representing nurses across Manitoba, but also with touring the province and meeting the nurses. Sandi also represents the nurses of Manitoba when meeting with other provincial union leaders at CFNU and when speaking with political leaders here at home.

All members of the Board of Directors went to the CFNU Biennium which was held in Toronto. The Education Sessions were well attended and the meeting days saw great debate from the Nurses across Canada. Our very own Sandi Mowat received the very prestigious Bread and Roses Award. The next CFNU will be in Halifax, June 2015.

Labour School was held in Winnipeg in September. Once again this year we had many first time attendees and student nurses who are eager for information. This year we also had many internationally educated nurses attend. As always, the classes were informative and fun. The Education Officer is always evaluating the courses offered to ensure that the topics remain pertinent to all nurses. Labour School will be held in Hecla for 2014, also this year Manitoba will be hosting Prairie Labour School in June. Stay tuned for further information.

Finally, we would like to thank all Local 10 members for their support over the last year. Special thanks to our President, Lynda Liebrecht and Vice-President Shelly Trapp-Armstrong and all the local executive members. Without their continued support, advice and expertise we wouldn't have been able to accurately represent the nurses at HSC.

We would also like to give our Best Wishes to Lynda as she begins a new chapter in her life, called Retirement.

Submitted by *Kim Fraser* and *Lana Penner*

Anne Thomas Centre Rep

Hello my name is Jo-Anne Paterson and I have to privilege of representing you on the HSC local 10 Executive as the Anne Thomas Center Rep for the past 9 years. This past year we saw the reconstruction of the Adult Emergency Waiting Room as well as the emergence of the Diagnostic Imaging Center as well as the start of the new Women's Center as well as the grand opening of the Keynes Building. It has been a busy year.

Around the Center.... We all felt the effects of the OR'S at St.B closing after their flood especially the OR, PACU and SICU. Great job to all staff pulling together

and getting through increased workloads. It's been a while since everybody saw "open hearts" at HSC. In the ER, it remains busy and all staff seems to be adjusting to the beautiful new surroundings. It took some growing pains but it was all well worth it in the end. At present there is some construction in the MICU. They will be welcoming IICU from B5 shortly.

And in closing with ongoing negotiations and the question of our new contract looming, I wish our PCBC members the best of luck in bargaining with our employer! Solidarity to all!!

CHILDRENS CENTRE REPORT

Respectfully, Connie Kamara

I thank you for the opportunity of representing Children's Hospital and also the membership as a whole during this last year. The year over all at Children's has been fairly busy with peaks when there are "no beds" or "no isolation beds" available to admit patients to. This often backlogs ER, PICU and eventually the OR's. We have been very fortunate that the Bronchiolitis/Influenza season has not been as bad as Jan/Feb 2013 or as bad as it is in the West 2014.

However the issue of needing monitored beds has not gone away but has probably become worse. If there is no medical or surgical monitored bed available on the ward, management will either cancel surgery or admit the patient to PICU because that is where the monitor is.

This is a huge workload for the unit. PICU has started a project in tracking the number of patients not needing PICU care. It will track the number of days spent in PICU after PICU has deemed the patient ready for a ward or monitored bed and the reason why the transfer out of PICU has not occurred. It will track adverse effects such as overtime, surgery being cancelled or PICU closing to out of province patients. Hopefully this data will help in getting funding for more monitored beds.

Another issue that has not been resolved is the lack of peds Psych beds. Often the Psych beds are full and then the patients will be admitted to any of the wards (as there are often so many admissions). This has incurred high costs for the sitters needed in monitoring these patients and it is wondered if these patients are actually getting the best care possible. This issue has been brought up at MNU/Management meetings.

Another hot issue is the new Women's Hospital. Many staff are concerned with the amalgamation of the Nursery and NICU. It is felt that little information has been given on how cross training or job postings are going to be done. The MNU/Management committee had invited Pat Gregory to speak to this issue but still need to hear from Susan Fogg. Womens has a Sharepoint web site which is being used to give information. There was also an open house and mock room set ups for staff to attend. We have encouraged management to make available any new information as soon as possible to staff.

I say a big thank you to all that are sitting on the various committees and participating in the different projects. We also need you to continue to bring forward your concerns to the Executive so that our employer will be held accountable on how our hospital is run. Thank You

PsychHealth Centre Report

Submitted by: Lorna Wirt

There have been several changes over the last year in psychiatry, most notable is the addition of a Mental Health Pod in Emergency. The Psychiatric Emergency Nurses (PENS) now have a dedicated area to assess and reassess individuals with mental health issues. The area is located central of the newly refurbished emergency, neighbouring the REAZ area and the Minor Treatment Area. It contains three patient rooms and two offices. The PENS are now 24/7 in emergency and have changed from a 10 hour rotation to a 12 hour rotation.

These changes will also extend into the spring as the Mental Health program will be opening a reassessment and observation unit. It will be located in psychiatry but will work in tandem with the ED Mental Health Pod in reassessing our patients in a more calming environment.

Other notable changes will be the program wide training of Mental Health staff in the early Spring. The training, called Six Core Strategies aims to increase the knowledge and skills in preventing conflict and violence in mental health settings. This will certainly assist in improving engagement, safety, and health for both patients and our staff.

The last 6 months has been stressful as ESP has been implemented. Huge learning curve for everyone as to how staffing is done and hopefully will soon work as effectively as it does in the rest of the hospital.

Womens Centre Report

Submitted by: Lydia Danilis

Our first MNU report of 2014! **HAPPY BELATED NEW YEAR!** I hope the start of the New Year has been good.

Women's Center continues to adapt and grow to meet the needs of patients and of fellow health care facilities. At the start of the New Year 14 operating rooms at the SBGH closed due to flooding caused by internal pipes bursting. Having one of two tertiary centres in the province affected this way is a significant event. Through day-to-day communication, collaboration, and strategic planning HSC and Women's Hospital was part of accommodating many urgent, emergent, and elective surgical procedures. Through this collaboration SBGH was able to remedy the situation in a timely fashion and to date has reopened its OR's. It was inspiring to be part of the teamwork that fostered values to aid SBGH in a time of need. To make teamwork happen, powerful actions must occur i.e. interactions, communication, planning, culture, etc. These can be enhanced through education. These lead me into my next discussion "Continued education". I have experienced an increase of nurses inquiring about nursing conferences and funding available to them. This is great to see as some of the biggest barriers can be finding time to attend educational opportunities and knowing where to go and access funding. Know there are different opportunities from local day conferences to conferences lasting a few days around the world like Hawaii. We recently had a staff member from LA2 return from a "High Risk to Critical Care in Obstetrics" conference in Hawaii. In her words this is how she describes her experience "I loved it. The diversity of topics relevant to my profession left me feeling empowered and inspired. I feel I am able to impart a fresh approach in which to care for our patients". I myself continue to attend conferences. I attended a similar conference mentioned above in New York and most recently Labour School in Winnipeg in fall of 2013. It was a two-day event offering a variety of classes pertinent to the nursing profession. My first class was titled "Are You Conflicted by Conflict." I realize that some conflicts are inevitable at work. Whenever people are committed and fired up, or change and new ideas are emerging, conflict and disagreement are bound to happen. This does not mean you have to revel in conflict or create trouble just for the heck of it, but it does mean that when conflict happens it's not the end of the world. It can be the beginning of an interesting learning process. Conflicts mean that people care enough to disagree strongly. The trick is not to allow the conflict to go on forever. This class focused on understanding each other's point of views and respect we have different perspectives. Progress cannot be made without conflict so embrace and learn from it. Figure out the reason for it and discover a resolution. The trick is not to allow the conflict to go on forever.

My next day class was "Money Minutes and Meetings." Minutes- used to describe taking notes during a meeting. The primary function is to record the participants and the day's discussions and decisions made. Money-where do our union fees go and how is the amount we pay biweekly utilized. Meetings-are used in almost every organization as a way of communicating information. Your union is campaigning to improve working conditions and advance the health, social and economic well being of its members. Get to know your rights. Negotiations are still in progress for the new collective agreement. The collective agreement is a contract between you and your employer to ensure both parties are on the same page when reviewing terms of employment. It also includes wages, premiums, benefits and more. **Knowing your rights is knowing your collective agreement! Knowledge is power- the importance of continued education is undeniable!**

On a lighter note-Did you hear the one about the seasoned detective who finds a body in a field? Surrounded by young detectives, he immediately announces, "I can tell you two things for sure about this person, and that is: She was a nurse and worked in long term care!" Stunned, the newbie detectives ask, "How on earth can you tell that?"

"Easy," says the older detective. "Her stomach is empty, her bladder is full and her butt is chewed out!" This joke is a prelude to my next topic work overload, nurse burnout, missed breaks. This is all but common in the nursing profession. **How to make a change-** utilize your workload forms. I am amazed at that amount of talk being generated around short staffing, increases in sick time, patient to staff ratios. Pick up the pen and fill out the form. Remember the saying if it's not documented it didn't happen. I realize the units get busy and our goal is patient care and filling out forms is last on our list because we have enough paper work. However, if a change is to be made to give nurses the tools and support they need it requires documentation ever time!!!!

I think this is a long enough report. Just a final reminder-please check your pay stubs every pay period. Should you have any questions about how to read your pay stubs, your vacation or stat time please contact the MNU Local 10 at 204-783-4338. TTFN Lydia Danilis

GENERAL CENTRE REP

Submitted by: *Anne Boyd*

The areas the General Center Rep covers are as follows – GA1, GE1 Renal Program, GH1 Interventional Radiology, GA2 ET and Diabetic clinic, GB2, GD2, GG2 ENT, GA3, GB3, GC3 Clinics, GD3, GH3, GA4, GD4, GH4, GA5, GD5, GE5 TPN, GH5, GA/B6, GD6, GE 6 Renal, GH6, GC7 Echo, GD7 Central Lines, GG7 Personal Care Unit/ Dialysis and Bronchoscopy, GH7 High Obs Medicine. The nomadic Vascular Lab which moved from GG3 to GG7 has again relocated.

As diversified as each area is, every Unit, clinic or department has had common concerns;

- ▶ heavy workloads
- ▶ high patient acuity
- ▶ sick calls not replaced
- ▶ charge with patient assignment
- ▶ working short

Unfortunately the amount of Nursing Workload Staffing Reports submitted does not reflect this concern. Yearend NWSR for the General Center: G1 Blue Desk -2; Central Lines-2; SCU-10; Dialysis-4; A1-1; A3-6; A4-1; B3-2; D3-2; D5-2; H3-1. It is vital to complete these forms if improvement to working conditions are to be made.

The past year the General Center has had various areas which have had Union intervention/involvement/support.

They are as follows;

- | | |
|---------------|---|
| GD2 and GA3 | Master rotations development and selection |
| GD5 | A Disrespectful Workplace was filed – no resolution to date |
| GG7 | Personal Care Unit opened to relieve HSC Emergency Room congestion. The temporary solution is a 12 bed unit in the former Adult Recovery Room. The unit is staffed by the relief team. The closest washroom is @20 meters outside the unit. Patients are showered on JK3. |
| GH7 | High Obs Medicine |
| GH4 | Staffed – a 6 bed unit with a 12 bed capacity- a temporary measure for the past few years |
| Central Lines | Moved to GD7 |
| GH1 | opened a 3 rd room in IMRISO |
| GG7 | Bronchoscopy program operating 3days/week |

The Moderate Sedation Policy remains in effect. Patient safety concerns taken to NAC. Awaiting a directive from Chief Nursing Officer to continue with 2 nurse per room model until Policy revue at the WRHA level.

Thank You to Audrey Wiess, GD1, who has volunteered to sit on the Workplace Safety and Health Committee.