

Dear Members,

Following our last update, we have now received official 90-day notice from the employer (required under Memorandum of Understanding #9 in your Collective Agreement) outlining Phase II implementation at HSC. Information provided to MNU from HSC administration specifies the following:

“We have outlined the impacted areas below, accompanied by a brief description of the impact. We anticipate the changes will be implemented no sooner than January 11, 2019.

- Mental Health PX2 – Rotation Change
- Mental Health PY2 – Rotation Change
- Mental Health PY3N – Rotation Change
- Mental Health PY3S – Rotation Change
- Med/Surgery RR6 – CRN Reduction
- AAC Day Surgery & Medicine (MS3) – Rotation Change
- Adult OR – Rotation Change
- Adult ED – Rotation Change
- Child Health ED – Rotation Change
- Child Health CK5 – Rotation Change
- Child Health PICU – Rotation Change
- Women’s Health Antepartum Gynecology (WRS5) – Rotation Change
- Centralized Staffing Support – Rotation Change
- Adult Dialysis Units – Rotation Changes”

Though the original implementation date specified in the employer’s original presentation has been maintained, key dates for the employment security process have been extended. Nurses in affected units should anticipate meaningful consultation on rotation changes to begin next week, with individual deletion notices expected in mid-October and selection meetings to be scheduled in early November.

A memo issued by HSC yesterday also indicates that changes in Adult Emergency, Adult OR, and Women’s Inpatient Unit (WRS5) may be more limited to a master rotation change (averting the need for the full employment security process) pending the outcome of the meaningful consultation process.

MNU has repeatedly voiced our opposition to these system-wide changes. To date, the region has failed to demonstrate how these changes will improve the quality of patient care. If it were up to us, Phase II would stop and nurses would have real input into any further changes in the region. Phase I was rushed, chaotic, and in several areas resulted in serious disruption of both access to and quality of care that our patients receive. Many nurses at HSC and other facilities continue to face overcrowding and unmanageable workloads, along with a heavy reliance on overtime to fill the staffing gaps created by the restructuring. MNU will continue to lobby the government to reconsider these cuts and changes, at the very least to slow the process and consult meaningfully with frontline nurses.

MNU will continue to share information with affected nurses as soon as we have it. We will also work diligently to ensure that your rights are protected and the provisions of your collective agreement are fully enforced.

We also encourage nurses to speak out in an appropriate, professional manner. We recently launched a new petition to government. Visit putpatientsfirst.ca to add your name, and share with your friends and family.

If you wish to further your advocacy efforts, there are more ways to get involved. Visit manitobanurses.ca/get-involved for a list of ways you can take immediate, simple actions that can make a real difference collectively.

If you have questions or concerns, I strongly encourage you to connect with your ward representative or a member of your MNU Local 10 executive.

Thank you for your commitment to delivering the best possible care to your patients, even in these uncertain times.

Sincerely,

Darlene Jackson

President
Manitoba Nurses Union
Lana Penner
Local 10 President
Manitoba Nurses Union