



HSC NURSES

M.N.U. LOCAL 10

2018

ANNUAL GENERAL

MEETING

MARCH 14TH, 2019

2018 LOCAL 10 EXECUTIVE

President	Lana Penner
Vice-President	Shelley Trapp-Armstrong
Secretary/Treasurer	Carina Kirk
MNU Board Member	Kim Fraser
MNU Board Member	Cheryl Lange
PCBC Rep	Brenda Thomas

Centre Reps

Women's Rep	Lydia Danilis
Children's Rep	Katie Stark
Anne Thomas Rep	Janet Zorica
Psych Health Rep	Brian Goldstein
General/Rehab Rep	Melody Bouskill

NOMINATIONS UPDATE

As of February 8th, 2019

IN BY ACCLAMATION

Vice-President	<u>Shelley Trapp-Armstrong</u>
Secretary/Treasurer	<u>Carina Kirk</u>
Women's Centre Rep	<u>Lydia Danilis</u>
Anne Thomas Centre Rep	<u>Janet Zorica</u>
MNU Board Rep	<u>Cheryl Lange</u>

Voting Delegates for THIS YEARS Provincial AGM

Alexandor Buchhold, Josie Payne

ALTERNATES

Michele Magnusson

Pam Salazar

Emily Prudhomme

Tasha (Natalie) Szczerba

Laura Moniz

Lorna Wirt

Lisa Aab

Danielle Ferguson

Voting Delegates for NEXT YEARS Provincial AGM

Emily Prudhomme, Alexandor Buchhold, Tasha (Natalie)

Szczerba, Annette McDougall, Laura Moniz, Chi Nguyen,

Josie Payne, Lorna Wirt, Lisa Aab, Danielle Ferguson,

Debra Burda, Pam Salazar, Karen Rodgers, Barb

Coelho, Shelley Trapp-Armstrong, Carina Kirk, Lydia

Danilis, Janet Zorica, President, General Centre Rep,

Childrens Rep, PsychHealth Rep

POSITIONS OPEN FOR ELECTION

15 voting delegates plus 4 alternates

VOTING DELEGATES FOR THIS YEARS PROVINCIAL AGM

1. ARMSTRONG, SHELLEY TRAPP
2. BRIGHT, JILLIAN
3. BOUSKILL, MELODY
4. BUCHHOLD, ALEXANDOR
5. BURDA, DEBRA
6. CAMPBELL, CINDY
7. COELHO, BARB
8. CERQUEIRA, GLENDA
9. DANILIS, LYDIA
10. DAVIES, RUTH
11. DONDO, RUTH
12. FORDHAM, SARA
13. GOLDSTEIN, BRIAN
14. HALL, SHAKERAH JONES
15. HELLYER, ANDREA
16. JONES, ALISON
17. KAMARA, CONNIE
18. KAUS, TAMMY
19. KIRK, CARINA
20. McDOUGALL, ANNETTE
21. NACIONALES, TRACY
22. NGUYEN, CHI
23. O'BRIEN, CHERYL
24. PATTERSON, JO-ANNE
25. PAYNE, JOSIE
26. PENNER, LANA
27. PROVOST, DONNA
28. RADFORD, CHRISTA
29. REGIER, AMIE
30. RODGERS, KAREN
31. SHEARER, JESSICA
32. STARK, KATIE
33. STRACHAN, JUDY
34. THOMAS, BRENDA
35. ZORICA, JANET

Health Sciences Centre MNU Local 10
2018 Annual Meeting
March 14th, 2019

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 IDENTITY 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 10.04 "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 NOT 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	
	<i>Moment of silence for our sisters and brothers who have passed away in the last year.</i>	
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	7.2 MINUTE APPROVING COMMITTEE FOR 2019 MINUTES	
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	AUDITORS REPORT	
	MOTION #1	Pg. 8
	TO ADOPT THE 2018 FINANCIAL STATEMENTS AS AUDITED BY ERIC ROBERT OF RAWLUK & ROBERT CHARTERED PROFESSIONAL ACCOUNTANTS	
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	TO APPOINT ERIC ROBERT OF RAWLUK & ROBERT CHARTERED PROFESSIONAL ACCOUNTANTS AS AUDITOR FOR THE LOCAL 10 2019 FISCAL YEAR.	
	MOVED BY: The Finance Committee	
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	MOVED BY: The Finance Committee	
	MOTION #4	Pg. 8
	TO ADOPT THE 2020 PROPOSED GLOBAL BUDGET AS PROPOSED AND APPROVED BY THE FINANCE COMMITTEE.	
	MOVED BY: The Finance Committee	
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	TO ADOPT THE EDUCATION TRUST FUND 2018, FINANCIAL STATEMENTS AS AUDITED BY ERIC ROBERT OF RAWLUK & ROBERT CHARTERED PROFESSIONAL ACCOUNTANTS.	
	MOVED BY: THE EDUCATION TRUST FUND	
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	MOVED BY: THE EDUCATION TRUST FUND	
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PRESIDENT REPORT

In Solidarity, Lana Penner

Another year has flown by and sadly our Health Care system sinks further into disrepair and chaos.

The workload and acuity is crushing our nursing staff per anecdotal disclosures to our office. There were plenty of challenges this year, least of which included further closures, consolidations and more Employment security processes at

our facilities. Violence continues to be an issue of great concern at HSC Local 10 related to our physical location within the core of Winnipeg but also impacted by drug use and abuse which has increased said violence in an unpredictable and significant fashion. It is apparent that day nor night is safe and anyone can be accosted while in our facilities, our tunnels and our parkades; anywhere, both in, on, and outside of the campus. All members must always be alert to any threat and although we may feel complacent working here on a regular basis, familiarity should not be confused with nor does it equal safety. Please remember there are security escorts available and do not walk around the campus alone or on off hours. Always remain alert and keep your eyes and ears open, use your screamers and stay safe!

Many of the same issues remain but their impact and significance deepens. For example, WH&S meetings rarely achieve quorum. Many issues don't even get to the right people and the right place for discussion related to MNU staff not being able to attend committee work meetings due to workload and the inability of the Employer to relieve the appointed staff for these meetings. It is difficult to keep nurses engaged with the committees when they rarely get to attend. Combine that with fatigue and overwork and interest and commitment wane. The Employer has taken some steps towards fostering a safer workplace but I believe a vigorous WH&S program would mitigate some of the dangers and issues plaguing our facilities. We have many hardworking security guards who do the very best job they can but only 4 are designated peace officer status and carry the privileges that accompany that designation and HSC requires more than that! We all must work harder and together to ensure a safer environment for staff, patients and visitors. The Employer has an

obligation as do we. Bigger and faster steps must be taken to achieve the workplace and setting that we deserve and that our patients require to improve their health and ability to convalesce.

This past year saw 13 units change Master Rotations; on some units nurses were deleted and could either choose a position on their unit (with very different rotations) or exercise their right to "bump". Some nurses had no choice but to bump if their EFT or shift pattern changed so drastically it no longer met their family needs. This is never an easy choice and the whole process was extremely disruptive to all of the units particularly during the bumping phase of the Employment security process. We began position selections in late October and finally finished the bumping portion of the process the Friday prior to implementation date of Jan 11/2019. Needless to say many nurses are reeling from the experience. Although the Employer acknowledged the disruption and stress related to the process, offered EAP to staff it was a difficult and at times contentious process. I am sure the fallout will take many months to settle.

Nurses have also soldiered on without any wage increases or improvements to language as we have had no choice. Bill 28 and 29 continue to wend their way through the legal process and MNU remains engaged with other Unions within the Health care sector to continue our legal fight to reaffirm our right to engage in collective bargaining. It is a fight that will take many months (if not years to resolve). Until then, our current Collective Agreement is in full force and effect. The Agreement is however lacking fulsome language inclusive of some updated provisions that have been instituted by the federal government and employment legislation. This would include the 18 month maternity leave as well as the revamped Compassionate care leave provision. Detailed information can be shared via our office so please contact us should you require time for maternity, Compassionate care leave or been a victim of domestic violence. I believe we can help and support members in these instances based on improvements regarding these provisions.

HSC Local 10 has a few other hurdles coming down the pipe; our transition to Provincial Shared Health services; our move to being "the Provinces' hospital". MNU and many of our Employer's leaders have little information to offer in this change so we continue to wait with baited breath to see if "our work continues seamlessly" as we have been advised by Mr. Seagrave our COO. When and if we hear any specific information we will ensure we pass it along to our members who may be wondering what this change means. The new Women's hospital is scheduled to open in 2019 (late) so our members are hopeful for the move and to be able to finally utilize this much needed additional space and physical improvements that will be realized in the new environment. It will also signal the amalgamation of the 3 physically different NICU's- Yellow Deer, Notre dame and Orange Bison. There have been many changes within these areas with the addition of EPR is Women's but not as yet in Children's, private rooms and extremely large physical units, new equipment or not. The increased spread of Accuro within Ambulatory clinics and the addition of Clin Doc in the ER's. Many changes abound within our facilities and can increase stressors for our members who amidst all the changes must keep patient care and comfort at the top of their priorities. The culture within our worksites has continued to evolve and has not been positive in the last year. Our culture of can do has changed to feelings of persecution and the perception of being less valued by our Employer. Our nurses are struggling under the weight of their workloads and the whole idea of doing more with less is developing gigantic holes as there is so little left and no more that can possibly be added. Every program is splitting at the seams and physical space is at a premium in any and all of our facilities. I am unsure how our Local will cope when there are further closures in other facilities. We truly have no room left at the Inn. Again we have witnessed increasing numbers of births at women's, our ICU's are always at capacity, Mental health is violent, unpredictable and overflowing, our ER's are busier and fuller than ever and all have equipment shortages as well as staffing shortages; our renal program sadly is growing leaps and bounds with a further announcement that 22 more stations for hemodialysis are to be added ASAP! I have no idea where the space will come from but I certainly agree that increased capacity is required. I am unclear how the staff will manage more patients and of course we are all saddened that the spots are required- it means that peoples' kidneys are failing at an alarming rate. The flu season hit our worksites early and hard and as I write this report, our worksites are still running at overcapacity in most areas. Added to all the changes initiated by our Employer, MNU also added to changes by introducing a new NWSR to our members. The submission of the new forms stuttered at first and as they no longer have tabs, we are finding it very difficult to track without them. There were not any units that requested education sessions on the new forms so we reiterate the offer from the Province's Deb Winterton who would provide education at worksites that requested any support with utilizing the new forms. They were meant to be electronic and tied with the RL6 but unfortunately it couldn't be done at this juncture. Further investigation in achieving an electronic version ensues.

Our office continues to look to the future and works diligently to represent nurses at meetings no matter what other issues are cropping up and we will continue to work hard for our members in solidarity, with professionalism and the intent to provide support and hold up our Collective Agreement for all. Please help us help all of you by staying in touch, provide our office with all or changed personal contact information. Stand up and become as active as you can in our union, we need all of you just as you all need this Union. Respect one another and be kind to yourself and your colleagues as I am sure we have more challenges ahead. Stay tuned to our website for any updates.

I would also take this opportunity to thank Leona Barrett, Local 10's hardworking LRO. I look to her for support and counsel and thankfully she never disappoints. Thanks Leona! Local 10 appreciates all that you do with and for us. Thanks too to Shelley for her dedication and support of our nurses returning to work following an injury, those who require accommodation and those navigating the ASAP program. Her guidance assures members that they will be supported as individuals. Our office wouldn't run without Sandra our Executive assistant, she keeps us organized and timely, answers member's calls and assists in keeping our ETF running smoothly. I would also thank our executive for their dedication and commitment to this Local throughout the year.

I must also take the time to thank all of Local 10's members for their faith and support, you all inspire me to do my best to mirror the great care that you all provide to your patients. Although I expect the next year won't be easy, we will face more challenges but will do so together! In doing so my greatest hope is that we come through these new challenges stronger and wiser than we began.



VICE-PRESIDENTS REPORT

In Solidarity, Shelley Trapp-Armstrong

I have been recognizing that my report was due soon. Some signs occurring are, a gripping wind-chill on winter at -50C, snow days fast and furiously for my kids, and a couple of rodents that couldn't declare winter or spring!

So here I sit contemplating the news of this last year for my report.

Return to Work Programs:

My graduated return to work portfolio has been my busiest reason for working with my colleagues. There has not been a decline overall, unfortunately. However on a sign of a positive note is the number of workplace related injuries has declined slightly. There is a growing number of cases that involve non-physical injuries. Please continue to reach out to our office, at 204-783-4338, when you are on a leave of absence to ensure you have followed all the necessary steps to prevent any interruption to your benefit policies.

Attendance Support Assistance Program:

The Employer has transitioned this past year to a quarterly format for monitoring ones attendance. The Employer continues to use the six percent (6%) Comparator Group Statistic. Please reflect on the table to see what 6% looks like for you and your equivalent full-time (EFT).

<u>Attendance Support Assistance Program</u>			
6% Comparator Group for Registered Nurses			
EFT	# of Hours Per Year To Reach 6 %	# of 12 Hour Shifts	# of 8 Hour Shifts
1.0	120.9	10.39	15.49
0.9	108.8	9.35	14.03
0.8	96.72	8.31	12.48
0.7	84.63	7.27	10.92
0.6	72.54	6.23	9.63
0.5	60.45	5.19	7.8
0.4	48.36	4.15	6.24
0.3	36.27	3.11	4.68
0.2	24.18	2.07	3.12
0.1	12.09	1.03	1.56

Workers Safety and Health (WS&H) Program:

There has been a tremendous amount of effort to support all twelve (12) committees around the facility. The difficulty that continues to arise is the Employer releasing nurses from their shifts to allow for greater attendance and attaining a quorum at meetings. There has been on-going dialogue with the leadership team to confirm if they would commit to all-day quarterly meetings allowing members to be pre-booked to fulfill their commitment to the WS&H Act. To date the Employer has not endorsed this concept and therefore the committees continue to struggle to meet their commitments.

In closing, the changes will be fast and furious as Shared Health and consolidation phases proceed. Please continue to support your Local 10 Executive in the work they do to represent you to the best of their abilities. Our leadership under our President, Lana Penner, has shown her not to back down on any of these challenges. She receives the best guidance we could ask for when receiving direction from our Labour Relations Officer, Leona Barrett. Our office runs so smoothly because of the support given to all of us by our Executive Assistant, Sandra Bond-Lehtinen.

Your elected executive supports our front-line nurses who work 24/7, 365 days a year. This team of leaders is what has made me succeed in providing the highest quality of representation to each and every one of you. Thank-you for the opportunity of allowing me to be a part of this team.



SECRETARY/TREASURER REPORT

Submitted by, Carina Kirk

The Local 10 Manitoba Nurses Union has been very involved with all nurses this past year. We have been committed to bringing a voice in supporting nurses at HSC during the redeployment process. My second term as Secretary/Treasurer has educated me in contract language and interpretation. I thank our executive for all their assistance to me and all members with questions throughout the year. Nursing has changed so much over the past 60 years, but some things remain the same. Our unwavering commitment to patient care has made us the professionals we continue to be. Without the Union, we would not have the voice to support us in our commitments. We encourage all members to maintain a professional voice by thinking carefully about social media postings, speaking up for unsafe work practices and advocating for patients with heavy workloads. With that in mind, our executive continues to work hard to report our financials again this year. They are as follows.

GLOBAL BUDGET

REVENUE	2019 APPROVED	2019 AMENDED	2020 PROPOSED
Local Portion of Dues	331,890.00	344,200.00	344,200.00
President Salary Replacement	54,000.00	54,000.00	54,000.00
Interest on Deposits	1,500.00	1,500.00	1,500.00
Legacy Fund	51,060.00	29,535.00	108,318.47
TOTAL	438,450.00	429,235.00	508,018.47
EXPENSES			
Office Costs	58,550.00	61,925.00	61,925.00
Demo/Membership	41,450.00	77,950.00	47,950.00
Admin/Support	306,995.00	307,603.00	308,338.00
Funds (cfnu/severance/platinum)	23,050.00	29,250.00	23,250.00
TOTAL	430,045.00	476,728.00	441,513.00
Net Surplus/-Deficit	8,405.00	(47,493.00)	66,504.47

Motion 1#

To adopt the 2018 Financial Statements as Audited by Eric Robert of Rawluk & Robert Chartered Professional Accountants.

Moved by: The Finance Committee

Motion #2

To appoint Eric Robert of Rawluk & Robert Chartered Professional Accountants as Auditor for the Local 10 2019 Fiscal year.

Moved by: The Finance Committee

Motion #3

To adopt the 2019 Amended Global Budget as Proposed and Approved by the Finance Committee.

Moved by: The Finance Committee

Motion #4

To adopt the 2020 Proposed Global Budget as Proposed and Approved by the Finance Committee.

Moved by: The Finance Committee



MNU BOARD REPORT

Submitted by:

Kim Fraser

and

Cheryl Lange



The MNU Board of Directors held 5 meeting in 2018. The past year has been extremely busy with the usual grievances, GIPs & arbitration's. As well, the government's plan of closing & changing services within the health care system and the introduction of Bills 28 and 29, have

directly impacted nurses and their ability to provide quality care and greatly increased the challenges faced by nurses every day.

AGM

The 43rd AGM was held in Winnipeg on May 1-3, 2018. Over 550 delegates participated in the discussion and decision making over the two day meeting. President Sandi Mowat reminded delegates that she would be retiring on June 30 and thanked the members for their support and trust over the course of her career. Four candidates delivered speeches at the end of the first day and Darlene Jackson was elected president of the MNU on the second day.

The Keynote speaker was Dr. Leeno Karumanchury who spoke about the importance of developing connections with union members and other groups during times of change.

Over 1000 nurses, community members and representatives from other organizations joined together for a massive rally in front of the Mb Legislative building. This rally was in support of safe patient care and against ongoing cuts and changes to frontline services.

The AGM was followed by an Education day. This year featured a panel discussion on psychological health and safety, breakout sessions on a variety of topics and concluded with a keynote address by comedian Susan Stewart.

Activity

Both the outgoing and incoming presidents were busy with the usual business of representing nurses across Manitoba but also touring the province meeting with nurses and discussing issues relevant to each area.

With the enactment of Bill 28, the Public Services Sustainability Bill, MNU joined a coalition of public sector unions who have challenged the constitutionality of the Bill in the courts. The process will be long and may not provide timely relief from the imposed wage controls.

Bill 29, the Health Care Bargaining Unit review Act, sets out to decrease the number of bargaining units within the Health Care sector. This bill will force run off votes between the unions currently representing members, including MNU. There has been no definitive date set for these votes as yet but will likely happen in May/June 2019. Information will be circulated as it becomes available. Please watch for the information regarding the votes as we need everyone to vote in support of MNU!

The annual Education Conference was held Oct 16 - 18, 2018 at the Radisson Hotel in Winnipeg. Once again there were many first time and internationally educated participants. As always the conference was informative and fun.

New Workload Situation Report forms (WSR) were launched in October. Work is being done to have these forms online in order to offer options to complete them.

Finally, we would like to thank all Local 10 members for their support over the past year. A special thanks to President Lana Penner, Vice President Shelly Trapp-Armstrong and the local executive. Without their continued support, advice and expertise we wouldn't have been able to accurately represent the nurses of HSC.



ANNE THOMAS CENTRE REPORT

Submitted by: Janet Zorica

Another phase has been put upon us with phase 2 being executed. The Adult Emergency, Children's Emergency and Children's PICU were given new rotation changes in phase 2 restructuring. No deletion notices were issued in these areas.

At the end of January the Adult OR, Adult PACU, Children's OR and Children's PACU were informed in a last minute meeting that these areas would fall under "HSC Surgery Program" and not be designated as Adults or Children's departments as of Feb 2019. No other information was shared with the staff so

all implications to the staff are unknown at this point as well as to the patients we care for.

- ▶ ICU is expanding to 8 beds from 6 in H7. This is to happen in the fall.

- ▶ SICU is expanding from 12 to 14 beds.

- ▶ All units in Anne Thomas reporting not having baseline staff every shift, not replacing first sick call and higher acuity of patients than in the past. The union is aware of these issues we continue to push forward for the interest of our nurses and patients we care for.

There is no doubt these are trying times for both staff and patients. We always have and always will put our patients first and deliver the care we would want for ourselves. Understandably things are getting tougher to deliver that care but through our leadership and advocating for our patients we will be heard. Please continue to send in those workloads in. We understand that the demands on the nurses are increasing and we don't have time to fill these workloads in or nurses are just too tired to complete them after a busy shift. I can assure you once they are filled in your voices are heard and discussions are being executed with managers and union representatives at the NAC meetings on a monthly basis.

Thank you to all the nurses for your dedication. If you wish to contact me please feel free. Janet Zorica (ext 77635 Children's PACU)

CHILDREN'S CENTRE REPORT

Submitted by: Katie Stark



This past year was another difficult year for nurses working in the Children's Hospital. Many changes with master rotations, bumping, and changes to working every other weekend caused stress and tested our member's resiliency. During the time of deletions and bumping nurses did not feel that they had been given meaningful consultations on the new rotations as the time lines for feedback were short and did not allow much time for nurses to create alternative rotations. CK5 were successful in having their rotation submission approved and implemented. Although this was a time of stress our members pulled together to support one and one another and handled the changes with grace and dignity and cared for our patients as we always we do.

The parts of the new Diagnostic and Imaging building opened this past year, with the Ultra sound department, MRI, and x-ray open with new machines. This is an enhancement for our patients.

Patient to nurse ratios continue to be a concern for our members in the children's hospital with acuity increasing but no increases to nurses. Nurses continue to be mandated or sick calls are not being replaced. Our members continue to fill out the Work Load Staffing reports and feel there are times when they could have filled them out more but with workload being high it is often difficult to fill them out.

More changes were brought about to the Children's Emergency Department this year with the implementation of Clindoc. The nurse educators worked hard for many months on rolling out this major change and our members in the Emergency Department shined with tackling yet another change in what has been a difficult year. An issue that has this change has caused is the availability for extra help in times of surge. This has made the Emergency Department an island as not all nurses are trained in the new electronic charting.

We do not know what 2019 will bring for changes to the Children's Hospital but one thing remains clear and consistent of our members; we will continue to persevere and advocate by doing what is right for our patients and support one another. Thank you to every nurse in the Children's Hospital



PSYCHEALTH CENTRE REPORT

Submitted by: Brian Goldstein

After visiting the majority of the wards I have been able to put together a number of concerns that exist:

1. This year has been a stressful one with all of the Phase 1 changes of last year and Phase 2 changes of this year affecting some of the employees directly and many indirectly. Bumping took its toll on a number of workers and morale was affected in general even for individuals who were not bumped.
2. A large concern that stands out and was expressed by a number of nurses on different wards is the concerns with safety. Meth addiction issues are throughout different wards, and some nurses feel that they are not properly equipped to deal with this specific issue. One employee stated he is still nervous about violence and related a story about how he was punched in the past (not this year) and ended up suing the individual. Safety is a common ongoing issue. I have encouraged individuals to document well if violence (physical or verbal) is experienced. I have also explained that violence in the workplace is taken very seriously by The Union and the subject is a regular discussion at meetings.
3. Working understaffed has been an issue:
 - ❖ There is concern that some wards ought to have another nurse working with them. On nights there are up to 10+ patients per nurse and this is perceived as dangerous by some.
 - ❖ One employee explained that if acuity is not high, and there is a sick call they do not replace. Or if acuity is higher and there is a sick call, they have replaced a nurse with a UA. The staff has concerns because if there is an admission, or a patient becomes out-of-control (psychosis) then this increases danger potential.
 - ❖ There have been many OT shifts given out...that is sick calls are usually being replaced. In general, it appears this is not as big a problem as has been in the past.
 - ❖ One individual told me there is a lot of mandating on his ward, and he expected to be mandated that morning. I asked if they are filling out mandating forms. He said no, he wasn't really aware of them. I sent a stack of forms to his ward for him to pin up on the union board. On a later visit, I saw two nurses on the same ward who had been mandated and did not fill out a mandate sheet. They did not know about the forms...work on my part is necessary to inform people and have employees inform other employees that these forms exist, and their value.
4. As I visit each ward I ask if they are filling out WSR's. I remind them of the importance of doing so. I also started reminding staff to fill out Mandating Forms. I am also keeping in regular touch with Billie Lavallee who is a good contact and with whom I keep supplied with WSR forms.
5. A key for the cabinet that is being used by MNU in the common hallway is being tracked down.
6. I am pre-advertising for our local AGM March 14/19. I find that the majority of staff have no idea what this is. I try to generate interest by explaining what an AGM for MNU is all about. I will print out little invites for the wards, much as I did for another ward last year.
7. Whenever I visit I always bring Collective Agreements with me to drop off.
8. I periodically talk to individuals (those who seem more keen) on becoming ward reps.

Impression:

I found that because I am new with Psych Health that there is a lot to learn about the system. I have made a number of visits just to get my name/face known, and this has been the goal thus far. I find that even though people don't know me, they are happy to see that there is a representative visiting regularly and listening to their issues. In general, people don't seem to want to be activists or even active, or unsure about how to even start, but with repeated visits, there seems to be a hint more interest. My goal this year will be to continue repeated visits in the hopes of establishing relationships, and generate more interest, as well as becoming more and more familiar with the center itself.



WOMEN'S CENTRE REPORT

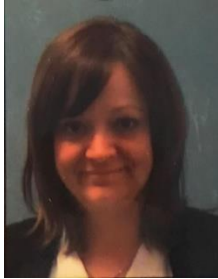
Submitted by Lydia Danilis

A challenging year comes to an end and a new one begins. Women's Hospital is continually undergoing change. New rotations on L&D were implemented last fall. EPR went live November 2018. Trials and implementation of new supplies and furnishings are ongoing. These are just some of the changes occurring at Women's Hospital. These changes, along with the ever-increasing birth rates, patient health acuity and comorbidities and nursing shortages has tested nursing resilience. Stress in the work place is present. Burnout, fatigue, exhaustion is being experienced on a daily basis. Nurses have and will continue to strive to meet the challenges to ensure they deliver safe and competent care that HSC is known for however the above issues need to be addressed. Through work overload forms L&D and WRS5 both saw an increase in their baseline. L&D will also be introducing a Standby Nursing role starting March 11, 2019. The goal of this role is to improve staffing levels during times of increased patient volumes. Unfortunately, sick calls are still concerning and leave units short. I encourage staff to continue to complete proper documentation about staffing shortages, safe working environment, etc. Completing work overload forms keeps the union and management apprised of the day-to-day challenges and concerns nurses face.

Safety continues to be a concern at Women's and throughout HSC. To date the back entrance at Women's, former ambulance entrance will be locked 24/7. Access through this entrance for staff will be via ID badges and for patients/visitors a buzzer for admission. An HSC security officer has been assigned to Women's Hospital since December 2018. Future security enhancement includes a sign-in book for visitors.

Manitoba government has entered a partnership with Southern First Nations Network of Care to introduce the first social impact bond that will help to support at risk mothers and reduce the number of infants apprehended into the child care system. The program is a 2 year pilot project aimed at pairing doulas with Indigenous at-risk mothers during their pregnancy, birth and the first months postpartum. Visit www.gov.mb.ca/sib/index.html for more information.

The New Women's Hospital will begin caring for women, babies and their families in the new facility on December 1, 2019.



GENERAL CENTRE REPORT

Submitted By: Melody Bouskill

There continues to be safety and violence concerns against staff, in particular a nurse was approached by a group of inebriated individuals in the tunnels. Fortunately that nurse using intuition was able to make it to safety.

Following this and many other concerns regarding safety for staff, HSC now offers screamers. A personal alarm device. Hopefully, this device will prove its effectiveness. As of now I have not heard of a situation that one was required to use it, but regardless one can hope that if one nurse in the future has benefited from this device it will have proven itself priceless. Limited visiting hours and locked entrances should contribute to staff safety.

I have also let it be known to management, that the Sherbrook Dialysis unit is especially vulnerable and at extreme risk, considering it is remotely located on the corner of Notre Dame and Sherbrook. It was proposed at a staff meeting in January that perhaps a staff member could park in front of SCDU for free, call security and inform them of the license plate and in turn be in charge of taking every nurse to their vehicle. I have not heard back from management regarding this.

Throughout 2018 we were notified by the current government and ultimately by the Employer that our master rotations would be changed and/or deleted. Stress....., unbelievable stress, heavy workloads, staff exhaustion/burnout regarding staff shortages were widespread throughout the General. Many nurses reporting being mandated to stay and all in all an overwhelming feeling that the change to the master rotations had a negative effect. Staff feel that the changes made have made the staffing situation even worse.

Please remember, our voice to effect changes is our workload staffing reports. In the fall of 2018 the new WSR form was distributed to worksites/locals. If any Unit would like an education session on completing these new forms, please contact the Local office, as well as visit the Local website. Please be sure to call the Local office with the WSR form number, or fax a copy. Several forms from 2017 were found in an office.

Recently it was announced that a new 22 bed dialysis unit would be funded by the government, to be located by the Diagnostic Centre on William. Due to staffing shortages currently in Dialysis, staff are concerned of a higher patient nurse ratio. Management has alluded that they are currently training more staff for now and in the future when the new unit is opened. No word on what date this is to open. GB6/GG7 dialysis has been expanded as well due to capacity issues.

There have been many changes in our Employer leadership including, Director of the Renal Unit is now Carol Legare who is replacing Karen Sampson, and (Manager) Hugh Chan will be leaving in March.

Currently the following Units remain without Unit reps, GD157, GB3, GD1-Surg/Ortho Clinics, GD2, GD4, GG-332 Vascular Lab, GE1, GH5, GH6, Diabetic Clinic (GA248), Surg/Med OPD (GD122), Pre Admin Clinic (GA129), Infectious Disease (GD122), Lipid Clinic (1st floor 835 Sherbrook), Enterostomal Therapy (GA207), Diabetes Research Group (JBRC806), Liver Research (JBRC806), TPN Co-Ord (GE432), Rental Transplant Prog (GE412). If you are interested in being a Unit Rep, please let me know at mnu10@mnu10.ca or 204-783-4338.

EDUCATION TRUST FUND REPORT

Submitted by: Linda Newton, Administrator

Education Trust Fund Annual Report 2019

The Education Trust Fund was established in 1979 with monies accumulated from an Employment Insurance (EI) rebate, which is applied for yearly by the Health Sciences Centre. The overall goal of supporting nurses at Local 10 in pursuit of a wide range of continuing education opportunities continues to guide the Board in their decision making.

In addition to the annual review and revision of our Policies (available online) the Board requested that Sandra Bond-Lehtinen develop a document outlining the processes required for managing all applications in preparation for consideration at Board meetings.

Richard Clark Financial Services Inc. provides financial guidance to the Board. The past year revealed a drop of - 2.67% with a +5.95% rate of return over the past 10 years. The Board approved a recommended change in the make-up of our current holdings by moving funds from the Harbour Growth group to Portfolio Series Balanced Funds. The member approved ratio of 60% in fixed income and 40% equity is being maintained. In order to preserve our status as "a private client entitled to preferred management fees" the Board will be developing a policy to guide disbursements to maintain this status.

The Board is chaired by Lana Penner and has as its members Shelley Trapp-Armstrong, Ed Brunner, Bernadette Truong and Bonita Fanzega.

MOTION #5

Pg. 14

TO ADOPT THE EDUCATION TRUST FUND 2018, FINANCIAL STATEMENTS AS AUDITED BY ERIC ROBERT OF RAWLUK & ROBERT CHARTERED PROFESSIONAL ACCOUNTANTS.

MOVED BY: THE EDUCATION TRUST FUND

MOTION #6

Pg. 14

TO APPOINT ERIC ROBERT OF RAWLUK & ROBERT CHARTERED PROFESSIONAL ACCOUNTANTS AS AUDITOR FOR THE EDUCATION TRUST FUND 2019 FISCAL YEAR.

MOVED BY: THE EDUCATION TRUST FUND

LOCAL 10

CONTACT INFORMATION

PHONE: (204)783-4338

FAX: (204)772-7294

EMAIL: mnu10@mnu10.ca

WEBSITE: www.mnu10.ca