48th Annual General Meeting
will be held on
Wednesday, March 7, 2018
Norwood Hotel
112 Marion Street, Winnipeg
Special General Meeting
to prepare for the 2018 MNU AGM

Open to all Local 5 members
Thursday, April 19, 2018 @ 1900 hrs
Taché Room - Norwood Hotel

Manitoba Nurses’ Union
Annual General Meeting 2018

Open to all MNU members however, only elected voting delegates may vote on motions.

Monday evening, April 30, 2018 - Welcome Reception & Pre-Registration
May 1 & 2, 2018 - Business Meeting Days
May 3, 2018 - Education Day
Victoria Inn, Winnipeg

Proxy Votes: Please read carefully!

Article IX—Elections

9.04 A member who is unable to attend the annual meeting only by reason of being on duty may appoint another member as her/his proxy, provided that no member shall hold more than two (2) Proxies.

The proxy must be completed and the original signed by the member who is working, indicating which member he/she is assigning the proxy to.

PROXY - MARCH 7, 2018

I, ____________________________, a member in good standing of St. Boniface Nurses Local 5, of the Manitoba Nurses’ Union, by reason of being on duty, hereby assign my Proxy vote for the 2018 MNU Local 5 Annual General Meeting to the member listed below, who is a member in good standing of St. Boniface Nurses Local 5.

Name of Member Receiving Proxy (please print) ____________________________
Signature ____________________________
Member Receiving Proxy

Dated: ____________________________
Signature* ____________________________
Member Giving Proxy

*My signature affirms that I am unable to attend the elections because I am at work
St. Boniface Nurses Local 5
Forty-eighth (48th) Annual General Meeting
Wednesday, March 7, 2018
Norwood Hotel - 112 Marion Street, Winnipeg
Registration: 1645 hrs     Supper: 1700 - 1800 hrs     Meeting: 1800 hrs

1. Call to Order
2. Welcoming Remarks
3. Introduction of the Local 5 Executive
4. Approval of the Agenda
5. Approval of Rules of Procedure for the Meeting
6. Approval of Rules of Procedure for Elections
7. Minutes of the last General Meeting held February 1, 2018
8. Business Arising from the February 1, 2018 General Meeting

Special Guest Speaker - Sandi Mowat, President, MNU

9. President’s Report
10. Nominating Committee Report – Elections
11. Finance Report
   10.1 Auditor’s Report for 2017/Approval of Auditor for 2018
   10.2 Approval of 2019 Proposed Budget
12. Standing Committee Reports:
   12.1 Grievance Report
       Includes: Ongoing Issues & Resolutions, Attendance Support and Assistance Program (ASAP), Gradual Return to Work (GRTW), Duty to Accommodate (DTA), Mandatory Overtime & Reassignment, WCB Claims, Abuse in the Workplace
   12.2 MNU Board Representatives' Report
   12.3 Workload/Staffing Reports Committee Report
13. Joint Committee Reports:
   13.1 Joint Education Fund Committee Report
   13.2 Joint Union-Hospital Council Report
   13.3 Nursing Advisory Committee Report
   13.4 Regional Nursing Advisory Committee Report
   13.5 Workplace Safety & Health Committee Report
   13.6 WRHA Continuing Education Fund Committee Report
14. Other Business:
   14.1 Event Committee Report
15. Adjournment
Rules of Procedure for the Meeting

1. Order of business is subject to majority approval.
2. A member may speak only once to any given matter. Debate is limited to three (3) minutes, unless permission to the contrary is given by the assembly.
3. All members are requested to speak at the microphone and identify themselves by name.
4. Speakers must address the chair.
5. Scrutineers will be responsible for counting a “show of hands vote” and presenting totals to the chair if necessary. Voting flags will be used for proxy votes.

Rules of Procedure for Elections

1. Only members in good standing are allowed to vote.
2. Each Local 5 member is entitled to bring two proxies.
3. Proxies must be registered prior to elections. Proxies must abide by our constitution which states “A member who is unable to attend the Annual Meeting ONLY by reason of being on duty, may appoint another member as her/his proxy, provided that no member shall hold more than two (2) proxies The proxy must be completed and the original signed by the member who is working, indicating which member he/she is assigning the proxy to”.
4. There will be a minimum of two (2) scrutineers.
5. NO ONE may leave or enter the room once elections commence.
6. Two Nominating Committee members may replace two scrutineers for the collection of ballots.
7. Scrutineers will be responsible for counting all ballots.
8. Head scrutineer will give results of ballot votes to the chair as soon as possible.
9. All ballots to be marked with an “X” or a “√”.
10. The number of voting delegates to be elected for the 2019 MNU AGM which will take place in Winnipeg, will be announced at the Local 5 AGM prior to the elections. Actual number of voting delegates is not known at time of printing this report.
This annual report outlines the many ways in which Local 5 represented its members this past year. Local 5 and the Manitoba Nurses’ Union (MNU) have worked diligently on your behalf to address issues and concerns which have arisen. We have resolved collective agreement issues and disputes, represented members at a variety of meetings, provided educational information, and promoted issues as directed by members.

A large part of Local 5’s member representation is provided by nurses who volunteer their time and energies on behalf of all of us. We commend the Local key executive and executive committee members for their willingness to support the nurses in our Local.

**Key Executive Committee**

In 2017 the key executive met four times as the key executive committee and once as the finance committee.

The key executive committee’s feedback, advice and support have been invaluable to me in my role as president. Their assistance and input on issues is always reliable and their consistent, unwavering support throughout the year is very much appreciated.

**Executive Committee**

The executive committee consists of the key executive, chairpersons of Local committees, and unit representatives. This committee is vital to the operation of the Local. In addition to their decision-making role, those serving on this committee communicate valuable information to other Local 5 members.

The executive committee met five times in 2017 and dealt with a variety of issues including but not limited to:

* Giving direction on issues being discussed with regards to grievances and the collective agreement;
* Decisions to ensure appropriate representation for members.
* The Local 5 proposed 2019 budget;
* Reviewing resolutions, budgets and constitutional amendments for the MNU annual general meeting (AGM).

**Education Day**

For the past few years we have held an education day for our executive committee members. Also invited to this day are those members who sit on various Local 5 committees. We spend a day at the Norwood Hotel and hear from guest speakers who were invited to present on timely topics that affect our members in the workplace. This Education Day provides a great opportunity for us to get together off-site and also provides an opportunity for me to say thank you to these wonderful volunteers.

Our executive committee members volunteer their time and efforts in order to participate in discussions and activities, and they provide vital communication to their co-workers. Their efforts and commitment are sincerely appreciated.

**General Meetings**

General meetings are open to all Local 5 members.

In 2017 there were three meetings of Local 5 general membership (inclusive of the 2017 annual general meeting) as well as one special general meeting to prepare for the MNU AGM.

General meeting discussions and presentations focused on issues with respect to SAP and HRSS; preparing for the MNU AGM.

(Continued on page 6)
AGM; updates on areas in the hospital experiencing workload issues; Employment Security Notice update; and new government legislation (Bills 28 & 29).

Regionalization

At St. Boniface Hospital there was no change in regional status in 2017. A *“Service Purchase Agreement”* between St. Boniface Hospital and the WRHA is negotiated on an annual basis. This agreement means that St. Boniface Hospital continues to be the employer, whereas most other facilities have “evolved” to WRHA control/authority.

Having said that, St. Boniface Hospital continues to be vulnerable to regionalization.

Psychiatric Emergency Nurses (PENs) Regionalization

On September 22, 2017 we were provided with an Employment Security Notice from the employer regarding the regionalization of the four PENs at SBH. A meeting was convened on September 28, 2017 for all invested parties (inclusive of the affected nurses) to discuss the changes which were scheduled to be implemented no sooner than January 26, 2018.

At that meeting the regional representatives assured our members that everyone will have a position and it will likely be the same position they are currently in. One change that would occur would be a change in title from Psychiatric Emergency Nurse (PEN) to Psychiatric Liaison Nurse (PLN). No details of the Labour Adjustment Strategy (LAS) were provided that that meeting however, we were advised that the details would be forthcoming.

Of concern to the union was the timing of the program being regionalized, as SBH was about to embark on it’s own Employer Security Process for MNU members that had an implementation date of November 17, 2017. The timing of the PENs regionalization could leave the PENs at SBH vulnerable to possible displacement.

On October 31, 2017 a meeting took place for the affected sites regarding the PENs regionalization. Employer, Human Resources, the affected nurses, and MNU provincial were invited to discuss the Labour Adjustment Strategy. Unfortunately, Local 5 was not aware of nor were we invited to this meeting. Perhaps there was some confusion regionally. In spite of that I stated in writing to Paulette McCarthy that any future meetings or discussions regarding these four Local 5 members required my presence.

On November 20, 2017 the WRHA advised the employer that the PENs regionalization would be delayed until Phase II of consolidation.

At time of writing this report, there have been no further updates from the WRHA regarding this issue.

Hemodialysis Investigation

This past year the employer was made aware of concerns regarding the Hemodialysis unit via the The Public Interest Disclosure (Whistleblower Protection) Act.

The employer took the concerns raised seriously and brought in an independent investigator to look into them. The investigator interviewed staff, patients, former staff, management, and the union. This was a difficult and concerning time for our members as many felt they were under a microscope.

As a result of the employer’s investigation, issues and themes were identified. A series of presentations detailing the issues were made by Wendy Rudnick and Paulette McCarthy with the union being in attendance at each presentation.

(Continued on page 7)
These presentations were uncomfortable. It was difficult to hear that things were not working well, and for the employer to admit they were part of the problem.

Moving forward the plan is for the employer to provide support and education to staff on this unit regarding appropriate communication and respectful workplace.

Program Changes at SBH

In February 2017 the WRHA was issued a mandate by the Provincial government to balance the budget and eliminate the $83 Million deficit.

“Healing our Health System” - the plan communicated by the WRHA to consolidate health services across the region was announced in April. The Peachy Report and a review of health system sustainability by KPMG would form the basis for the changes that were to take place.

On July 11, 2017 the WRHA announced the “manage to budget” plan - a series of savings opportunities that would focus on providing high quality patient care using initiatives that optimize its financial and human resources.

Some of these initiatives included changes to staffing ratios and staff mix; changing models of care by grouping patients with specific needs together; increasing fees to patients in day programs; changing access to adult physiotherapy and occupational therapy; food services; and primary care services.

What was unsettling to hear as a consumer of health care, a nurse, and a local union leader, was that the above changes represented just the first stage of savings initiatives to be implemented by the WRHA before the end of 2017. More was yet to come.

The employer called the leadership of all their unions to a 3pm meeting on July 11, 2017 to advise of the WRHA’s announcement. Brenda Badiuk provided a high level overview of the announcement along with what the impacts would be at our facility. The employer advised that the appropriate collective agreement notices would be provided to each union.

At that meeting Ms. Badiuk stated that SBH would commit to being transparent and would be sharing information regarding the changes throughout the process.

After this meeting the SBH executive held Staff Forums on multiple occasions for hospital staff and physicians. Hospital leadership provided an overview on the upcoming changes, after which the floor was opened for a Q&A session.

Unfortunately information regarding the upcoming changes to health care had already been released from the WRHA and had been in the media since June. The information that was out there noted the sites within WRHA that would be affected along with what programs were moving, consolidating, or closing. Having some details but not knowing the whole plan (such as when the union would receive notice or details of what the Labour Adjustment Strategy would like) was very unsettling for our members as they had many questions and we had no ability to provide any answers.

We watched from the sidelines as UFCW members at SBH received their Employment Security Notice on August 3, 2017 and our union sisters and brothers at the Misericordia Health Centre, Grace and Victoria Hospitals received their Employment Security Notices on August 25, 2017.
Employment Security Notice (ESN)

On August 18, 2017 I received a phone call from the employer advising that the 90 day notice regarding the changes at SBH (that would affect Local 5 members) would be forthcoming. We received the Employment Security Notice later that day and communicated it to our members via email/fax. We posted this information on units on August 21, 2017. The implementation date of the ESN would be no sooner than November 17, 2017.

Under the ESN the following units would experience changes to their master rotation:

- ICCS
- ACCU
- A5 Cardiac Medicine/Post Recovery
- CR4 CSIU
- ICMS
- Emergency
- Medicine 5B, 5E & 6E
- Family Medicine 4B
- M2/M3
- Palliative Care 8A
- Hemodialysis
- Hemodialysis Float Pool
- Surgery 4AS, 7AS & 7AW
- NICU
- MCU
- Ante/Gyne 6AW

4E Geriatric/Rehab and Family Medicine 6AS TCU would both be closing.

Other Impacts:

- The nine resource teams would be reconfigured down to 5.
- One Nurse V CNS in Surgery would be deleted
- One Nurse IV CEI in Staff Development would be deleted
- LDRP & L&D would be reorganization into one LDR
- Nursing Service Float Pool - would see a reorganization
- Diagnostic Imaging - would see a program redesign

On September 5, 2017 SBH advised the union in writing that Y2 Pre & Post Recovery was inadvertently missed from the original Employment Security Notice of August 18.

On October 13, 2017 SBH once again advised the union that other units needed to be included in the Employment Security Notice. The units affected would now be Y2 Pre & Post Recovery, Y2 Specialty Procedures, and the Y2 Relief Team. When the union asked the employer how these areas were missed, the explanation provided was that there was regional confusion as to if they were SBH employees or WRHA employees.

The late addition of these units was frustrating for and very disruptive to our members. I asked the employer if there would be anymore forgotten units or confusion as to who the employer is for units and I was advised that this was it.

The changes announced were going to affect a significant portion of Local 5’s membership. We were advised by the employer that many of our members (those who owned a permanent position at SBH) would be receiving a deletion notice.

On October 19, 2017 1,465 Local 5 members held permanent positions. This did not include those members in term positions (who do not own a permanent position), or casual members. Our total Local 5 membership (consisting of nurses in permanent and term positions, and casuals) on that date was 1,622.

For us, not knowing what the changes were truly going to be was excruciating. The employer was unable to provide us with a Labour Adjustment Strategy (LAS) because it was not yet ready.

The uncertainty of the upcoming changes was very distressing for our members. They had to go to work and provide excellent patient care all with the stress of wondering what the changes might look like and how they would impact their lives.

(Continued on page 9)
The following statement was made in September by Brenda Badiuk as to why the specific changes for Local 5 members was not being shared:

"Rotations and Jobs - There have been many rumours about staff rotation changes, and questions from employees about their specific job and how they might be affected by the comings changes. (i.e. Will my position be deleted? When will I get my notice? etc.)

SBH recognizes employees are concerned about their job and their future. The Provincial Health Labour Relations Services and the WRHA are directing this planning and these decisions. We have not yet received specific information about positions and people and when these changes will occur. It is our goal to work closely with our Unions to minimize impact on people. Please be assured there will be a process to notify employees and provide information about next steps.

Plans for the Two Closing Units

6AS TCU

The employer explained that 6AS TCU would be closing but would be reopening as a new non-teaching unit (NTU) with a clinical assessment unit (CAU) component.

This new unit would be housed in two different areas: the NTU would be located on 6AS and the CAU would be located on L2. The CAU would care for patients who had been seen in Emergency and who were in need of a short term stay (up to 48 hours) to be assessed for tests, await results, and need for disposition or discharge.

The union was advised that that this new 6AS NTU/L2 CAU would open for business October 5, 2017.

4E Geriatric-Rehabilitation

The employer advised that 4E was closing and the patients on the unit would be transitioned to home or to Victoria Hospital. 4E would start reducing their patient census in late September with the goal to have all patients discharged or transferred by the end of October/beginning of November.

We asked if the nurses could transfer with the patients and their program to the Victoria Hospital as many of our nurses had spent their entire careers exclusively on this unit. We were advised that this was not possible as this was not a program transfer in that no funds were being transferred from SBH to Victoria Hospital.

We had many questions for the employer regarding the closures of 6AS TCU and 4E. Our greatest concern was why were these changes affecting this group of nurses prior to the notice date of November 17, 2017? We also wanted to know what the employer was going to do with these nurses (who would no longer have a home unit), while we waited for the Labour Adjustment Strategy. The employer basically said that those nurse would be absorbed by sending them to other areas within the hospital.

In a letter dated September 21, 2017, Sheila Bowles advised the union that following the closure of 6AS TCU on October 3, 2017 and 4E on October 11, 2017, nurses currently working on those units would be deployed to areas unknown at this time and for needs unknown at this time, until such time as the nurses’ new positions are known and occupied.

It was bad enough that the nurses from 6AS and 4E were seeing the doors to their unit close and the patients they cared for moved elsewhere, but they were now going to become the float pool for the hospital while the employer waited for the Labour Adjustment Strategy. The union needed this employer to be more compassionate regarding the plan for these nurses as this was unacceptable.

Subsequent to discussions between the union and the employer, the following was agreed to for the nurses on 6AS TCU & 4E. In a memo dated September 26, 2017 Sheila Bowles, advised:

(Continued on page 10)
Closures of 6AS CU & 4E Geriatric Rehabilitation

As you may be aware, 4E Geri Rehab and 6AS TCU are both closing in October. 6AS TCU will close and reopen as 6A NTU on October 3, 2017. 4E Geri Rehab will start to decrease numbers of patients and is aiming to close by October 26, 2017. You are all likely wondering what will happen to you when this happens. There are a few options here for you to think about.

First of all, nobody will be without work. If you wish to maintain your EFT, SBH will reassign you to other areas of patient care where there is a need. This will likely include the new 6AS NTU and CAU (L2) which is set to open on October 3, 2017. You will maintain the rotation that you currently work to ensure your lives are not disrupted at present.

The second option is that you can use banked time (OT or stats), vacation, or unpaid time during this timeframe as well. Be sure to work with your manager ahead of time if this is your choice even for part of the transition time for Clinical Consolidation.

Either way, please consider what you would prefer to do and let your manager know your choice.

The employer will keep you up to date as we are told how things progress. Thank you for your ongoing hard work and care for our patients at St. Boniface Hospital.

We would have preferred that the closure of these two units not take place until all those affected by the LAS transitioned to their “new world”. Unfortunately since the LAS was not yet in place, the employer advised this could not happen. In the end, this agreement gave the nurses on 6AS TCU and 4E at least some control over their circumstances.

Other Changes

Other changes occurring at our facility that would affect our members prior to the LAS being known:

ICMS will expand by two beds as critical care closes at Victoria Hospital

The union was advised that that eight nurses were coming from Victoria Hospital as part of a program transfer. Since funds were coming to our site these nurses could transfer with their program.

These two new beds would need 8.4 efts to support them. The positions offered included:

* 4 x 1.0 eft d/n 12
* 4 x 0.75 eft d/n 12
* 1 x 0.6 eft d/n 12
* 1 x 0.8 eft d/e 8

The information provided by the employer was that the eight nurses from Victoria Hospital transferred into these new positions. We were assured by the employer that these nurses were advised that they would not be protected from any displacement that may occur at SBH as a result of a LAS.

Emergency Program - an expansion of the Emergency Minor Treatment Area into the ACF area early October

On October 3, 2017 the Emergency department opened a new area in the former ACF Medicine area. This mandate was part of the WRHA’s clinical consolidation. This new area, called ED - MLA (Emergency Department Mid to Low Acuity) was designed to assess and treat patients who present in Emergency department whose health concerns were triaged to this level of acuity. Current processes, guidelines, and standards used in the emergency departments would be followed in this area as well. Currently the ED-MLA will only be open during the day and evening shifts.
Memorandum of Understanding re: Employment Security and Deletion of All Positions in a Unit/Facility/Program

In May 2017 the MNU Board of Directors passed the following motion:

“That the MNU negotiate a Memorandum of Understanding with Provincial Health Labour Relations Services (on behalf of the employers) to create a new position selection process when all positions in a unit/facility/program have been deleted.”

The parties agreed to this MOU on July 11, 2017. It included an Employment Security Process that would allow for a nurse who selected a position in Phase 1 - Position Selections, to still be displaced via the Employment Security Office.

The rationale was that this would protect employment option for nurses. The impact of the upcoming health care changes had the potential for a huge disruption to nurses. Sheila Holden and I were not made aware of this MOU until the September 2017 MNU Board meeting.

Labour Adjustment Strategy (LAS)

On October 16, 2017 Local 5 was finally provided with the Labour Adjustment Strategy. This LAS would now allow the employer to proceed with the program changes in accordance with article 27 of our collective agreement.

As was the experience at other WRHA sites, the nurses from the units identified in the ESNs would receive a deletion notice which was to be forthcoming, affecting a total of 1,047 nurses.

The LAS also provided a revised date of implementation - the November 17, 2017 date was now changed to January 12, 2018.

At this point everything went into full speed ahead! The employer would be posting the proposed master rotations on all affected units so that nurses could review and provided their feedback. The rotations were also sent to nurses electronically.

The union and the employer held seven informational sessions to explain to our members the process of employment security as it relates to the employer’s LAS. These sessions took place on October 16, 17, 18 19 (2), and 20 (2), 2017.

Seniority for MNU members was frozen on October 19, 2017 for purposes of the Labour Adjustment Strategy.

The employer would be providing two opportunities for nurses to provide their meaningful input regarding the proposed master rotations.

Round 1 - rotations were posted at 4 pm on October 16 and came down at 4 pm on October 22.

Round 2 - rotations were posted at 4 pm on October 27 and came down at 4 pm on November 1. The final master rotations were posted on November 6 and would remain up for 14 days. After the 14 days, the unit specific job selection process would begin.

The Local had never before experienced the volume of phone calls and emails that came pouring into our office during the two rounds of meaningful input.

During rounds 1 and 2 of meaningful input our office received 771 emails and 109 phone calls from members regarding their concerns.

The master rotations proposed were standardized to the site with respect to the patterns for 8’s and 12’s. What no longer appeared in the new master rotations were smaller efts. The smallest eft was an occasional 0.45 d/n 12.
The employer stated that the rotation changes made were to standardize and improve the use of resources consistently across programs and would decrease the employer’s reliance on overtime.

These extreme changes to the master rotations left many nurses contemplating whether they should utilize their notice of deletion to go into the ESO, rather than selecting a position on their unit.

**Non-Conforming Hours of Work**

It was in incredible shock when Sheila Holden and I were advised by our members that the new master rotations were posted with lines that had an EFT but no shift pattern attached. We immediately contacted the employer to find out what these lines were about. The employer advised that they were positions with non-conforming schedules, which means hours of work with no master rotation.

We were very disappointed that we found out about this significant change without being provided notice by the employer or been given the opportunity to discuss with the employer the implementation of these positions. This was a significant change in practice for Local 5 members and as a result, we have filed a grievance (#2017-216) regarding this change. (See grievance report page 33 for further details.)

**LPN Changes**

Our employer has decided to move LPNs out of units and place them exclusively in the following resource teams: Medical/Surgical, Woman & Child, and Renal Health. Many of these LPN positions now have non-conforming schedules.

This change was very disappointing to our LPN members. It was not long ago that SBH starting hiring and welcoming back LPNs, as LPNs at SBH were deleted in the 1990’s.

Despite the employer’s decision to move LPNs to the resource teams, the union continues value the role and skill set of our LPNs within the health care teams.

**CRN Changes**

Another glaring change made by the employer was to the CRN lines. Many CRN lines went from 8 hrs d/e rotations to 12 hr d/n rotations. Although some units were able to have their 12 hr CRN lines changed back to 8 hrs during the meaningful input stage, many remained unchanged.

At the time of writing this report we are following up on the employer assigning patients to CRNs in some programs. We will provide an update on this issue at our AGM.

**Amalgamation of Units**

**Labour & Delivery (L&D) and Labour Delivery Recovery Post Partum (LDRP)**

These two units would be transitioning to a Labour Delivery Recovery (LDR) model, even though the funding to support the required renovations to the third floor have not yet been approved. The physical space will remain the same: seven labour beds on A3 (former L&D) and three labour beds on E3 (former LDRP) with one flex bed on E3 for needs/emergency.

Post Partum (MCU) - there are currently 18 beds on A3 and 12 beds on B3. This unit will see an increase in 12 beds which will be located on E3 (former LDRP). The employer is also looking at adding up to another 12 beds within the existing footprint of 3A & 3B MCU.

(Continued from page 11)
Y2 Pre & Post Procedure, Y2 Specialty Procedures and Specialty Relief Team

These units would be amalgamating into one unit and nurses working on these units will be required to work in all areas. Also impacting these nurses would be changes to their hours of work along with orientation and learning new procedures (for those nurses who have never worked in the pacemaker/defibrillator implant room). It was stressful for the nurses in Y2 Specialty Procedures and Specialty Relief Team as they only found out a few days earlier that they would be impacted by the LAS.

Nursing Service Float Pool

Numerous amalgamations were going to be taking place with respect to our relief teams and float pools. Pre LAS relief teams were specifically dedicated to:

* Medicine
* Surgery
* Woman & Child
* Critical Care
* Cardiac Sciences
* Dialysis
* And one nursing service float pool (you know who you are!)

The reconfigured teams would now be called Resource Teams and would be as follows:

* Medical/Surgical Resource Team - these nurses would be assigned to the surgical units, medical units, 8A PCU and McEwen.
* Specialty Resource Team - these nurses would be assigned to areas with advanced assessment/step down unit: CR4, 5A, 4AS, Emergency and down the road, 6AS NTU (when the monitored cardiology beds are opened).
* Woman & Child Resource Team - these nurses would be assigned to LDR, MCU, NICU, and 6AW Gyne.
* Critical Care Resource Team - these nurses would be assigned to ICMS, ICCS, ACCU and PARR.
* Renal Resource Team - these nurses would be assigned to Hemodialysis and Peritoneal Dialysis.

Phase I Position Selection for New Rotations

The final draft of rotations were posted on November 6, 2017 and remained up for 14 days. 1,027 position selection meetings were to begin taking place on Monday, November 20, 2017 and needed to be completed by day’s end Friday, November 24, 2017.

The employer calculated that in order to get these meetings completed in five days, five teams (each comprised of an HR rep, PTM and a union rep) would be needed to run meetings from 8 am to 5 pm, on average of five units per day. Some teams were able to do two smaller units in one day where some larger units (emergency & NICU) took two days to complete. MNU provided two labour relations officers from the provincial office along with Dan Kushneryk, LRO assigned to Local 5, so that we would have five union reps to complete the teams.

These meetings for the most part, took place on the units that were changing. Nurses would be seen in order of seniority (with most senior being seen first). Each nurse had the option to select a new position or decline, at which point they would then be scheduled for an appointment in the Employment Security Office (ESO). (Prior to being seen in the ESO nurses still had the ability to apply for postings and if they were awarded a posting via that process, they would no longer need their appointment in the ESO.)

During the unit based selection meetings nurses could only select a position from within their classification.

This whole process was unlike anything Sheila Holden and I had ever experienced in our years of nursing or in the time we have been union leaders. We knew members had tough decisions to make that week. At day’s end on November 24, 2017, 144
nurses would be moving to the next step - applying for positions and/or exercising their collective agreement rights to displace in the Employment Security Office.

Breakdown of the 144 nurses:

<table>
<thead>
<tr>
<th>Did not select by choice</th>
<th>Did not select as no line left</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs - 67</td>
<td>RNs - 63</td>
</tr>
<tr>
<td>CRNs - 12</td>
<td>CRNs - 2</td>
</tr>
<tr>
<td>Total 79</td>
<td>Total 65</td>
</tr>
</tbody>
</table>

**Phase II**

**Applying to Postings**

On November 14, 2017 Paulette McCarthy sent a memo to all staff advising that all of the existing permanent positions from the unaffected areas along with the remaining (unselected) positions from the affected units, would be posted by 11:59 pm (midnight) on November 25 on Brainhunter. Over 170 positions (Nurse II, Nurse III and LPN) would be posted for five days. These postings would close at 11:59 pm on November 29, 2017.

On November 30, 2017 the employer began awarding these positions based on qualifications and seniority. The employer would be notifying the successful applicant by phone therefore, nurses needed to be available to take the call at which point they would accept or decline the employer’s offer. The employer would be making these calls on a daily basis (inclusive of weekends) until this process was completed.

For the awarding of CRN positions (Nurse III or IV) MNU agreed to allow the employer to award these positions without an panel interview under the following circumstances:

A) Awarding a CRN position where current CRNs have applied.
   a) The employer would review the clinical background of the current CRN (applicant) to that of the position they have applied for, to ensure the clinical qualification component is satisfied.

b) If it is, that posted CRN position would go to the most senior qualified current CRN applicant.

c) If the current CRN applicant does not possess the clinical qualifications of the posted position, then that position would not be awarded to that current CRN applicant.

B) Awarding a CRN position where no current (or qualified) CRN applies, or only RN (other) apply:
   a) Where there are no qualified CRN applicant, or only RN (other) applicants, the following will occur:
      i) The posted CRN position will not be awarded as part of this process;
      ii) Panel interviews could take place.

The above information was included in the memo Paulette McCarthy sent to all MNU members on November 24, 2017.

**Phase III**

**Employment Security Office (ESO)**

Once the employer completed the awarding of the positions from the rounds of postings that occurred we would move on to the bumping process. The bumping office opened on December 8, 2017 with a starting list of 74 nurses and opening seniority of 82,654.39.

SBH staff in the ESO consisted of Sheila Bowles and Christina Emond, Employee Relations Consultant who served as the employer’s representatives; and Patti Glesby, HR Administrator. Sheila Holden and I represented our members in the ESO.

These meetings could be quite difficult for members. It was especially so for nurses who had little notice that they were bumped out of their position. In some cases, a nurse needed to come into the ESO that same day.

(Continued on page 15)
The ESO was open for 21 days, and we saw anywhere from two to 22 appointments per day. The ESO completed its duties on January 11, 2018.

ESO Stats

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of appointments</td>
<td>217</td>
</tr>
<tr>
<td># of nurses red-circled</td>
<td>9</td>
</tr>
<tr>
<td># of nurses to voluntary layoff</td>
<td>11</td>
</tr>
<tr>
<td># of nurses retired</td>
<td>2</td>
</tr>
<tr>
<td># of nurses resigned</td>
<td>4*</td>
</tr>
<tr>
<td># of nurses taking Operational Plan</td>
<td>23</td>
</tr>
<tr>
<td># of nurses denied their first choice</td>
<td>7</td>
</tr>
</tbody>
</table>

*one resignation ended a bump chain so two nurses went back to their previous positions.

At one point the employer recognized that the bumping process would not be completed in time for the necessary planning to be done for people to assume their new role on January 12, 2018. The planning that was impacted was the loading of employee’s info into SAP and the payroll timelines for HRSS. Despite all of the work that needed to be done, the employer was not going to change the implementation date for a second time and it remained January 12, 2018.

Operational Plan

An Operational Plan was created by the employer to manage the movement of staff post the LAS implementation date of January 12, 2018. As we (the union) had never experienced a process such as this, we sought counsel from the provincial MNU. MNU advised us that what our employer was proposing had been implemented at other sites (Grace General Hospital, HSC, Victoria Hospital).

Phase 1 - Group A

* Would include staff who secured a position by the end of day January 4, 2018.
* They will start in their new positions January 12, 2018.

Phase 2 - Group B

1. Would include staff who will remain in their current role until such time that they secure a permanent position within SBH. Current role was defined as:
   a. Staff not able to secure a position throughout the process - they would remain in their current position as at January 11, 2018.
   b. Staff able to secure a position for January 12, 2018 but were then displaced for January 12 - they would remain in their current position as at January 11.
   c. Staff able to secure a position for January 12 but were displaced by someone with an effective date of January 26 - they will assume their new position on January 12 - that then becomes the position they have until such time that they secure a permanent position.

2. Conditions for remaining indefinitely in your position:
   a. HR will apply your name against all posted positions (for this process HR required an updated résumé no later than January 19).
   b. When a position becomes available that you are both qualified for and have the most seniority, you will be offered that/those position.
   c. You must accept a position at the time of offer.
   d. If you do not accept a position at the time of offer, you would then be electing to take voluntary layoff.

3. Nurses not wishing to participate in this plan in any way are effectively accepting voluntary layoff.

There were many heated, passionate, and frank conversations between SBH, provincial MNU, Local 5 and our members throughout this very grueling process. Sheila Holden and I know that this entire process affected our members profoundly, and these changes will have a long lasting, life altering impact on them.

Sheila Holden and I had the opportunity to meet with and observe our members make very difficult decisions. We both could not help but admire the professionalism, patience and integrity shown by our nurses in these meetings.

It was a true honor for us to meet and assist each one of you.

I extend my special thanks to:

* Sandi Mowat, President, MNU who held a Q&A at SBH on September 25, 2017 to speak with our members about the proposed changes and how they would affect nursing positions.
* Wes Payne, Director of Communication & Government Relations, MNU, and Sam Turenne, Communications Officer, MNU for assisting us with email blast communications to our members.
* Daniel Kushneryk, LRO, MNU for his guidance and expertise during this process.
* Sheila Holden, Vice President, Local 5 for her tremendous assistance and support to our members who were affected by these changes.
* Helga Grose, Administrative Assistant, Local 5 for completely holding down the fort while Sheila and I were out of the office for extended periods of time.

Thank you all!
Federal Changes to Parental Leave Benefit

In November 2017 the Federal government passed legislation that would extend Employment Insurance (EI) parental benefits to 18 months from the current 12 months for new mothers and fathers planning to begin their parental leave on or after December 3, 2017.

The changes to the parental benefits would allow parents to choose to receive EI parental benefits over an extended period of time (up to 18 months) but at a lower benefit rate of 33% of average weekly earnings. Parental benefits would continue to be available at the existing benefit rate of 55% of average weekly earnings over a period of up to 12 months.

These changes quickly caught the attention of those of our members who would soon be going on maternity leave.

MNU is in discussion with the employers, WRHA, and the Provincial Labour Relations Secretariat because:

* These changes are to Federal legislation and Manitoba’s employment standards as it relates to maternity leave, fall under Provincial legislation.
* Our collective agreement language currently provides for a 54 week leave and a top up (Plan B if a nurse qualifies) of 93% of her weekly rate of pay for the first 17 weeks of a 54 week leave.

At this point our employer (SBH) is open to extending maternity leave requests for up to 18 months. The following is an explanation from Paulette McCarthy to my inquiry regarding the federal changes:

* Consider each request on a case by case basis having regard to operational needs.
* In considering the request, we will keep in mind the current limit for a parental LOA in the collective agreement is 54 weeks so agreeing to a longer LOA would require agreement of the union (in the case of a unionized employee).
* Consider any limit in the collective agreement on the length of a term position and ensure the employee clearly understands whether their previously owned position would be available on return (subject to discussion and agreement of the union to post a term which exceeds any CA limit) or the next available position in the same classification (based on the CA language).

The following is the collective agreement language that Ms. McCarthy referred to in her explanation.

2403: The employer shall make every reasonable effort to assure that a nurse granted leave of absence for any reason shall return to the same position.

For leave of absence of sixty (60) weeks or less, the nurse is assured of being placed in the same occupational classification and employment status and at the same step on her/his salary scale on her/his return, but only a Nurse II and IV can be assured of being placed in the same nursing unit, position, and shift.

In the case of longer leave of absence, a nurse may be placed in a position covered by the Agreement and shall be reinstated at her/his previous salary, provided that such salary shall not exceed the maximum for the position in which she/he is placed.

Notwithstanding 3001, a nurse not placed in her/his former position will be given priority over other nurses for the first vacancy made available to her/him in the occupational classification and employment status in which she/he formerly worked.

Another issue of concern to the union relates to the top up provision. Our collective agreement language is based on a 54 week LOA with a 55% EI benefit. Plan B states that the employer will provide a top up to 93% of a nurse’s salary for the first 17 weeks.
The new Federal parental benefit spreads the EI benefit over a longer period of time (up to 18 months) but at a reduced rate of 33%. This means that the employer will need to bridge the benefit difference between 33% & 93% for 17 weeks as opposed to the current 55% & 93%. This is going to be a substantive cost to the employer and currently not in our collective agreement.

At time of writing this report many conversations were taking place regarding these changes and what they will mean for Local 5 members. An update on this issue will be provided at our annual meeting.

Healthcare Employee’s Pension Plan (HEPP)

In October 2017 HEPP Manitoba sent out information to its members regarding changes to the healthcare employee’s pension plan (HEPP).

The HEPP Board of Trustees determined that a review of the plan was needed to ensure the long term sustainability of our defined benefit pension plan.

Reasons to review sustainability included:
* People are living longer in retirement, drawing from their lifetime pensions.
* Global Market investment risks remain high.
* Historically low interest rates have weakened normally reliable forms of investment income such as bonds.
* As plan membership matures, fewer active members are paying into the plan, while more retired members are receiving a lifetime monthly pension.

Guiding principles of the changes:
* Affordable to all stakeholders.
* Financially sound (sustainable) over the lifespan of Plan membership.
* Minimize impact to current members.
* No impact to the pension formula.
* No impact to current retirees.

Please note that the defined benefit calculation is not changing!

HEPP made changes to five plan provisions but the one getting the most attention is the change to retiring before the age of 55.

Current Provision:
* Members can retire at any age when their age plus employment service totals 80 (formerly called Magic 80, now called Rule of 80).

New Provision:
* There is no change for current members who reach Rule of 80 before January 1, 2020, or who turn 55 before they reach Rule of 80.
* Current members who reach Rule of 80 after December 31, 2019 can still retire at any age when they reach Rule of 80 however, if they retire before age 55, they will receive an actuarially reduced pension.
* Future members who begin employment after December 20, 2019 must be age 55 in order to retire.

Please contact HEB Manitoba directly if you have any questions or concerns regarding the changes to the healthcare employees pension plan.
Local 5 Issues Updates
(in no particular order)

Systems Applications and Products (SAP)
Since the conversion to SAP and HRSS in July 2015 our members continue to experience issues and errors related to their pay statements.

Although we have noticed there has been an improvement in the length of time it takes for HRSS to acknowledge an issue and then proceed to try and resolve it, there continues to be workload concerns in our office as a result of issues related to SAP and HRSS.

HRSS issues that we have been dealing with include but are not limited to:
* General pay errors
* Delays in transitioning from LPN to RN pay status
* Delays in implementing academic allowance as well as ICU and BN credentials
* Delays in members receiving their LOA package so that they are able to maintain their benefits coverage.

Portability & Mobility Transfer Forms
We have not been receiving these forms from the employer as per the collective agreement since June of 2015.

In 2016 we filed two grievances - one with respect to portability transfer forms (#2016-086) and the other with respect to mobility transfer forms (#2016-089). At time of writing this report, both of these grievances are being held in abeyance.

MNU Dues Deductions
Concerns regarding dues deductions arose in late 2015. As reported in last year’s annual report in early 2016 we became aware that some Local 5 members on LOAs were having dues deducted when they should not have, and some Local 5 members who returned to work after being on a LOA were not having dues appropriately deducted. We brought this issue to the employer’s and MNU’s attention.

Helga Grose, our administrative assistant took on the challenge of reviewing our monthly MNU dues checkoff lists going back to July 2015. She noted any discrepancies in deductions. This information gleaned from this review was provided to the employer and MNU.

MNU realized what we were bringing to their attention could also be an issue elsewhere and discussions took place between MNU and HRSS regarding this matter.

In November 2017 the WRHA provided MNU with a list of nurses who were in an under or over payment situation with respect to MNU dues deductions. We were advised that a correction of these under/over payments would take place in pay period #23.

At time of writing this report we are looking at contacting those members listed in the November 21, 2017 memo we received from MNU re the under/over payment of union dues.

Overpayments
Although we have seen improvements made with respect to how overpayment issues are managed for our members, we continue to monitor this issue to ensure HRSS abides by article 40.

In 2017 we received 23 notices from HRSS regarding paybacks for overpayments made to our members.

In July 2017 the employer stopped providing meetings for Local 5 members who were in an overpayment situation. This was quite disappointing to us as we and our members found these meetings to be extremely helpful in understating the circumstances of the overpayment, thereby making the sting...
of a repayment plan a little less painful.

Now if a member receives an overpayment package from HRSS, they are instructed in the package to contact HRSS for an explanation of their overpayment. If a nurse finds the explanation to be satisfactory, a meeting is scheduled with the employer, the nurse, and the union, to formulate a repayment plan.

**Article 40 - Outside of Timelines**

As stated in last year’s annual report, grievance #2016-319 was filed on behalf of our members regarding this issue. This grievance is similar to grievances filed by MNU for other locals/worksites re overpayments that are outside of the timelines outlined in article 40. *(Please see page 37 for the status of this grievance.)*

This past year, with very little warning, HRSS started deducting money from the pay of those members who were part of the grievance noted above. This was a very aggressive campaign by HRSS to recoup alleged overpayments. Unilateral deductions of up to 30% of a nurse’s bi-weekly income were made along with the added threat of being referred to a credit agency.

Upon our office being made aware of this change in practice, I contacted MNU provincial and without delay they in turn contacted legal counsel regarding this matter.

On August 10, 2017 provincial MNU filed an unfair labour practice complaint against the WRHA regarding inappropriate deductions made to members’ pay. The complaint to the Labour Board asked for two things:

1. A cease and desist order to end HRSS’s actions against MNU members until the grievances are arbitrated;
2. A request of the Labour Board to hold hearings on the actions to determine if HRSS and the employers breached the Manitoba Labour Relations Act.

On August 30, 2017 the Labour Board issued an order denying the cease and desist request but agreeing to hear the argument for the case of HRSS breaching the Labour Relations Act. An update on this issue will be provided at our annual meeting.

**Recruitment and Posting Process**

Jobs available at SBH are posted on the WRHA’s Careers website and applications can only be submitted via same. SBH configures the MNU job postings and then uploads them to the WRHA’s website.

In December 2017 SBH advised the union that the system known as Brainhunter was being changed to a new system - SuccessFactors. The employer states that SuccessFactors makes it easier for managers to fill positions quickly and will reduce the potential for mistakes or delays. SuccessFactors is said to also offer conveniences that will benefit job applicants.

*If you have any questions concerns regarding the postings process, please contact the Local 5 office for assistance.*

**Staff Scheduling Office and Available Shifts Application Update**

Improvements continue to be implemented in the Staffing Scheduling Office (SSO) and with the Available Shifts Application (ASA). We are fortunate to be able to raise concerns directly with Larissa Nimchonok, manager for the SSO, and she makes every effort to understand the issue and correct it, or correct the process that caused it.

For shifts that are booked 48 hours in advance, the nurse must be reached by phone so she/he can verbally indicate acceptance of the shift. The nurse will then receive a confirmation email.

*(Continued on page 20)*
This past year the union met with the SSO to collaborate on improvements to the process for booking additional available shifts for part-time nurses, and when to offer shifts to casuals. This process also helps to advise when additional shifts can be awarded to different nursing classifications. The articles of the collective agreement were the foundation upon which the process was built.

In anticipation of the forthcoming Labour Adjustment Strategy (LAS) the SSO loaded all new positions along with their master rotations onto a tab in the ASA. This allowed our members to review rotations that would be available on their unit for the unit based job selection portion of the LAS.

Prior to the Employment Security Office (ESO) opening, the SSO created the ability for nurses to log in to the ASA and view the rotation for any position in the hospital that was less senior to them.

At the time of writing this report, Larissa and her team are working on a scheduling tool that will incorporate a timely and transparent way for the non-conforming schedules to be posted, as well as when requests for time off will be considered and confirmed.

Also of Note

CRNM Registration Renewal

For 2018 CRNM changed their registration deadline to 1800 hrs on December 1, 2017. Last year’s deadline was 2359 hrs on December 1, 2016. CRNM also implemented a registration fee increase for 2018:

* Registered Nurse - $375.34
* Nurse Practitioner - $375.34
* Non-practicing member - $102.02

Nurses not registered for 2018 will need to complete a full re-instatement with CRNM which includes obtaining a criminal records check, validating their hours of work with all of their employers, and a fee. The re-instatement process can take weeks and until a nurse is re-instated and has a current license, they cannot be at work.

At time of writing this report, we know there are Local 5 members who were not registered in a timely fashion for January 1, 2018 and we are awaiting final numbers from the employer. Meetings for members who were not registered with the college for 2018 will be held with the employer when time permits.

One to One Campaign

Wes Payne, Director of Communications & Government Relations, MNU attended our executive committee meeting on September 25, 2017 to review MNU’s One to One campaign.

The premise of the campaign “Put Patients First” was based on the concept that face to face contact is one of the most effective ways to communicate. In utilizing this concept we would be able to tell our members about the government cuts. In turn we would hear about our members’ opinions and concerns regarding the upcoming health care changes and how we, as nurses together can stand up for safe patient care. Our executive was quite energized by the information Wes provided.

On October 12, 2017 twenty-two of our executive committee members participated in a One to One training session lead by Debbie Winterton, Professional Practice & Education Officer, MNU. The discussions that took place were engaging, and the room was full of energy. It was quite exciting for Sheila Holden and I to watch our members strategizing over their unit lists, in preparation for reaching out to their co-workers and starting the conversation.

A special thank you to Wes Payne and Debbie Winterton for helping us with our One to One campaign.
Local 5 Office Activity

Gradual return to work (GRTW) meetings, attendance support and assistance program (ASAP) meetings, and duty to accommodate (DTA) otherwise known as accommodation meetings occur on a frequent basis. (See pages 36 & 37 for more information.)

These meetings, along with requests for unit meetings regarding workload and contract interpretation, and numerous inquiries regarding SAP and HRSS concerns, resulted in continued demands on the Local 5 office for member representation.

By then end of 2017 we had opened 328 new issues files, and we once again dealt with more than 500 phone/email inquiries that did not necessitate having an issue file opened, and responded to over 1,000 phone messages. These numbers do not include the numerous emails and phone calls received, related to the Labour Adjustment Strategy.

Sheila Holden and I regularly attend meetings with employee relations (along with our MNU LRO) to address our members’ issues and concerns, with a view to resolving them in a timely fashion. I continue to have regular meetings with Wendy Rudnick.

Winnipeg Hospital Local Presidents (WHLPs) Meetings

The presidents of the eight Winnipeg hospitals, the Pan Am Clinic, and Winnipeg regional nurses, meet five times a year with MNU president Sandi Mowat to discuss common issues related to the provision of health care in the city of Winnipeg, and the representation of our members.

At these meetings we discussed collective agreement issues, workload issues; security issues; and SAP/HRSS concerns. These meetings also provided opportunity to identify any trends that were happening in the city and allowed us to serve as a resource for on another.

Karen Sadler, RN  
President, Local 5

* * * * *

With Appreciation and Gratitude

On behalf of the Local 5 key executive, executive, and general membership, our continued and sincere thanks and appreciation to Helga Grose, Local 5’s Administrative Assistant, for her outstanding assistance, support, dedication, and commitment to Local 5 members over the past 18 years.

Thank you Helga - we are genuinely grateful for all you do!

Recovering Nurses United (RNU)

Recovering nurses united is a support group for all nurses in recovery from drug or alcohol additions and for those who want help and support with related problems.

Recovering Nurses United is not affiliated with any professional association or organization.

* * * * *

If you feel you may benefit from their assistance, please contact RNU for further information

recoveringnursesunited@gmail.com

Private & Confidential
**Provincial Collective Bargaining Update**

The following bargaining update was provided by the MNU Provincial Collective Bargaining Committee (PCBC).

The MNU collective agreement expired on March 31, 2017. MNU served notice to the Central Table employers in December 2016, advising of our readiness to commence bargaining.

Your PCBC then met and finalized a package of bargaining proposals in late January 2017, and since then we have been waiting for the employer to advise that they are prepared to bargain.

In March 2017 the provincial government introduced two pieces of legislation, which severely impacts our ability to bargain.

Bill 28 the Public Services Sustainability Act sets out wage controls over four years. It specifically bars any type of salary increase, additional remuneration, or benefit enhancement, in the first two years of the legislation, and provides limits of 0.75% and 1.0% in the following two years.

The second, Bill 29 The Health Care Bargaining Unit Review Act seeks to reduce the number of bargaining units within the health care sector and forces run-off votes between the unions currently representing members.

Both of these bills have been passed, but have yet to be enacted.

MNU remains strongly opposed to both bills. We have spoken out publicly, and in May 2017 we presented our concerns to the legislative standing committees for each bill.

In July 2017 we joined other labour organizations in the province in filing a court challenge against Bill 28, and applying for an injunction to stop if from coming into effect. The court challenge will be a lengthy process.

Despite these setbacks, your PCBC remains prepared to bargain.

Karen Sadler, RN
PCBC Rep, Local 5
It’s no secret that healthcare in Manitoba is going through a period of great change and Local 5 members have had a front row seat. As nurses we must stand together for our patients.

Please consider attending the Local 5 AGM with your fellow nurses. Perhaps you will consider becoming more involved with our local as it continues to work for our patients and for us.

In November 2017 units throughout the hospital were sent information regarding the Local 5 nominations process and the various committee functions. If you have not already done so, please take some time to look at the descriptions of the various committees that serve Local 5 members. If one of them interests you, please consider putting your name forward if you see that committee has a vacancy.

Another great way to get involved in the union is to become a unit rep and therefore, be part of the Local 5 executive. Unit reps are elected at the unit level and serve a one year (renewable) term of office. Orientation to this role is provided by the Local 5 office. Perhaps a fellow nurse would be willing to share the position with you.

Please remember that your involvement in the activities of Local 5 is very important and much appreciated. Our patients need you!

See you at our AGM on March 7, 2018!

LOCAL 5 CONSTITUTION
ARTICLE IX – ELECTIONS

9:06

a) Nominations for positions shall be submitted by January 5th of the election year for any position.

b) A résumé outlining union experience, involvement and education shall be provided along with nomination for the position of president, vice president, secretary, treasurer and MNU board representative*.

c) Where a nominee has submitted their name in the time period specified in 9:06 a) and there are no other nominees, that member shall be deemed to be elected by acclamation.

d) Only if there are no nominations for a position submitted in the time period specified in 9:06 a), will nominations be accepted from the floor at the Local 5 Annual General Meeting.

Local 5 Elections 2017

Nominations for positions for election at our 2018 AGM closed January 5, 2018. Below is the status of positions as of January 6, 2018:

Key Executive:

President: Karen Sadler is entering the second year of her two year term which continues to April 30, 2019.

Vice President: Sheila Holden was re-elected for a two year term (May 1, 2018 - April 30, 2020) by acclamation January 6, 2018.

Secretary: Laura Wickstrom was re-elected for a one year term (May 1, 2018 - April 30, 2019) by acclamation January 6, 2018.

Treasurer: One to be elected at our AGM for a two year term (May 1, 2018 - April 30, 2019).

The two MNU Board Representatives elected by our members to serve on the MNU Board of Directors also sit on the Key Executive Committee.*

Nominations for Standing Committees

Local Collective Bargaining Committee (LCBC)

Leanne Smith, Barbara Knight & Liz Cronk were elected in 2016 to serve a term of office that expires upon ratification our next collective agreement.

* MNU Board Representatives Elections

The election of MNU’s Board of Directors is separate and apart from our Local 5 elections.

Liz Cronk was elected as Board Representative in 2017 and serves a term of office that continues to April 30, 2019.

On January 22, 2018 MNU announced that Kathy Hillstrom was elected by acclamation for a two year term (May 1, 2018 - April 30, 2020)

Nominating Committee Report - 2017

(Continued on page 24)
Workload Staffing Reports Committee

Gisele Petit, Shelley Havelange and Barbara Knight are entering the second year of their two year term which continues to April 30, 2019.

Renate Scheffer was elected for a two year term (May 1, 2018 - April 30, 2020) by acclamation January 6, 2018.

Two to be elected at our AGM, each for a two year term.

Nominating Committee

Virginia Mushumanski was elected for a one year term (May 1, 2018 - April 30, 2019) by acclamation January 6, 2018.

Three to be elected at our AGM, each for a one year term.

Nominations for Joint Committees

Joint Education Fund

Leanne Smith & Joceline de Graff are entering the second year of their two year term which continues to April 30, 2019.

Two to be elected at our AGM, each for a two year term.

Workplace Safety & Health

Linda Jackson was elected for a two year term (May 1, 2018 - April 30, 2020) by acclamation January 6, 2018.

Janeth Ty was elected for a one year term (May 1, 2018 - April 30, 2019) by acclamation January 6, 2018.

This now allows for overlapping terms.

Unit Representatives 2018/2019

Unit reps are elected at the unit level. As of January 10, 2018 the following units have reps for 2018/2019:

2B PAC Leanne Smith
OR Gisele Petit
PARR Shelley Havelange
Emergency Keely Ives & Laurie Baxter
6W AP/Gyne Sara Dasylva & Louise Skowron
LDR Sara Frank
Y2 Cardiac Clinics Barb Knight
Pacemaker Clinic/ Barb Knight
ICD Clinic/ Linda Jackson
Y2 Pre & Post

At time of writing this report, units not listed above do not have a rep as of May 1, 2018. If you wish to become a unit rep, please contact Virginia Mushumanski - new reps are always welcome!

Voting Delegates to the 2019 MNU AGM

Barb Knight, Keely Ives, Virginia Mushumanski, Sara Frank, Leanne Smith, Linda Jackson, Gisele Petit, Louise Skowron, Laurie Baxter, Renate Scheffer, Mary Woloszyn, Andrea Woloszyn were elected by acclamation January 6, 2018.

Final number of voting delegates to be elected for the 2019 MNU AGM will be announced at our AGM.

Virginia Mushumanski, RN Chair, Local 5 Nominating Committee
Finance Report - 2017

The following is an update of our investments and our proposed budget for 2019. If you have any questions please feel free to contact myself or the Local 5 office.

Our Local remains financially stable. Our investments continue to grow as you can see. Terry Kitching from RBC once again met with us once on October 25, 2017 to provide insight into our investments and guidance in restructuring our investments.

2017 Budget

The 2017 budget was approved at the 2016 AGM with a projected deficit of $1,925.00. In odd years (such as 2017) there is the added cost of the CFNU Biennial Convention.

The projected balance at the end of 2017 is now a surplus of just over $49,000.

2018 Budget

The 2018 budget approved at our 2017 AGM projected a surplus of $14,125.00.

2019 Proposed Budget

Our 2019 proposed budget contains a projected a deficit of $575.00. This proposed budget was approved at our executive meeting on November 7, 2017 and will be voted on by general membership at our AGM in March.

Budgets are always difficult to make, especially when you have an expired contract. Therefore, the salaries listed in the 2019 proposed budget reflect the hourly rate as at October 1, 2016.

This will be my final report as your local treasurer. Due to concerns from some members regarding individuals having dual roles, I have decided to step down from my position as treasurer.

I have enjoyed being your treasurer and have learnt a lot. It has been a very interesting and educational four years and I wish my successor all the best. You have a great teacher with Helga.

Kathy Hillstrom, RN
Treasurer, Local 5

<table>
<thead>
<tr>
<th>2017 Investments (as of October 20, 2017)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Income Pools</strong></td>
<td></td>
</tr>
<tr>
<td>Russell Canadian</td>
<td>$104,696.00</td>
</tr>
<tr>
<td>Russell Global High Income Bond</td>
<td>$39,871.00</td>
</tr>
<tr>
<td>Russell Global Unconstrained Bond</td>
<td>$72,277.00</td>
</tr>
<tr>
<td>Total Fixed Income Pools</td>
<td>$216,843.00</td>
</tr>
<tr>
<td><strong>Equity Pools</strong></td>
<td></td>
</tr>
<tr>
<td>Russell Emerging Markets</td>
<td>$17,256.00</td>
</tr>
<tr>
<td>Russell Canadian Dividend</td>
<td>$73,023.00</td>
</tr>
<tr>
<td>Russell Canadian</td>
<td>$85,088.00</td>
</tr>
<tr>
<td>Russell Global</td>
<td>$53,372.00</td>
</tr>
<tr>
<td>Russell Overseas</td>
<td>$39,494.00</td>
</tr>
<tr>
<td>Russell Real Assets Portfolio</td>
<td>$71,219.00</td>
</tr>
<tr>
<td>Russell US</td>
<td>$52,301.00</td>
</tr>
<tr>
<td>Total Equity Pools</td>
<td>$391,752.00</td>
</tr>
<tr>
<td><strong>Total Investments (Book Value)</strong></td>
<td>$608,596.00</td>
</tr>
<tr>
<td></td>
<td>*all values are expressed in Canadian Dollars</td>
</tr>
</tbody>
</table>

Annualized Rates of Return

(December 31, 1999 - September 30, 2017)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>6.62%</td>
</tr>
<tr>
<td>3 year</td>
<td>5.52%</td>
</tr>
<tr>
<td>5 year</td>
<td>7.88%</td>
</tr>
<tr>
<td>10 year</td>
<td>2.85%</td>
</tr>
</tbody>
</table>
### 2017 Budget Comparisons

<table>
<thead>
<tr>
<th>RECEIPTS</th>
<th>2017 Budget</th>
<th>2017 Estimated Receipts</th>
<th>Variance</th>
<th>2018 Budget</th>
<th>2019 Proposed Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>$351,000.00</td>
<td>$348,000.00</td>
<td>$3,000.00</td>
<td>$351,000.00</td>
<td>$351,000.00</td>
</tr>
<tr>
<td>Interest from Bank Accounts</td>
<td>$300.00</td>
<td>$544.00</td>
<td>-$244.00</td>
<td>$400.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>President’s Days Reimbursement</td>
<td>$25,300.00</td>
<td>$34,788.00</td>
<td>-$9,488.00</td>
<td>$30,650.00</td>
<td>$34,800.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$376,600.00</td>
<td>$383,332.00</td>
<td>-$6,732.00</td>
<td>$382,050.00</td>
<td>$386,200.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISBURSEMENTS</th>
<th>2017 Budget</th>
<th>2017 Estimated Expenditures</th>
<th>Variance</th>
<th>2018 Budget</th>
<th>2019 Proposed Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit/Bookkeeper</td>
<td>$3,950.00</td>
<td>$3,727.00</td>
<td>$223.00</td>
<td>$4,000.00</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Bank Charge</td>
<td>$200.00</td>
<td>$85.00</td>
<td>$115.00</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Communications</td>
<td>$9,700.00</td>
<td>$4,222.00</td>
<td>$5,478.00</td>
<td>$6,700.00</td>
<td>$6,700.00</td>
</tr>
<tr>
<td>Education</td>
<td>$22,000.00</td>
<td>$10,276.00</td>
<td>$11,724.00</td>
<td>$17,050.00</td>
<td>$17,050.00</td>
</tr>
<tr>
<td>Honoraria</td>
<td>$2,625.00</td>
<td>$2,438.00</td>
<td>$187.00</td>
<td>$2,625.00</td>
<td>$2,625.00</td>
</tr>
<tr>
<td>Local 5 AGM</td>
<td>$4,850.00</td>
<td>$5,636.00</td>
<td>-$786.00</td>
<td>$9,850.00</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Management Fees</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Meeting Expenses</td>
<td>$3,100.00</td>
<td>$2,923.00</td>
<td>$177.00</td>
<td>$3,350.00</td>
<td>$3,350.00</td>
</tr>
<tr>
<td>Charitable Donations</td>
<td>$1,450.00</td>
<td>$1,300.00</td>
<td>$150.00</td>
<td>$1,500.00</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>MNU AGM</td>
<td>$4,150.00</td>
<td>$2,301.00</td>
<td>$1,849.00</td>
<td>$4,350.00</td>
<td>$4,350.00</td>
</tr>
<tr>
<td>CFNU (Biennial Convention)</td>
<td>$8,600.00</td>
<td>$5,981.00</td>
<td>$2,619.00</td>
<td>--</td>
<td>$16,300.00</td>
</tr>
<tr>
<td>Office Support</td>
<td>$32,450.00</td>
<td>$30,638.00</td>
<td>$1,812.00</td>
<td>$33,100.00</td>
<td>$33,900.00</td>
</tr>
<tr>
<td>Postage</td>
<td>$1,200.00</td>
<td>$629.00</td>
<td>$571.00</td>
<td>$1,200.00</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>President’s Salary</td>
<td>$104,000.00</td>
<td>$101,462.00</td>
<td>$2,538.00</td>
<td>$104,000.00</td>
<td>$104,000.00</td>
</tr>
<tr>
<td>President’s Liability</td>
<td>$9,250.00</td>
<td>$940.00</td>
<td>$8,310.00</td>
<td>$9,250.00</td>
<td>$9,250.00</td>
</tr>
<tr>
<td>Vice President’s Salary</td>
<td>$74,400.00</td>
<td>$79,581.00</td>
<td>-$5,181.00</td>
<td>$74,400.00</td>
<td>$74,400.00</td>
</tr>
<tr>
<td>Vice President’s Liability</td>
<td>$6,600.00</td>
<td>$421.00</td>
<td>6,179.00</td>
<td>$6,600.00</td>
<td>$6,600.00</td>
</tr>
<tr>
<td>Salary Replacement</td>
<td>$4,650.00</td>
<td>$4,765.00</td>
<td>-$115.00</td>
<td>$4,650.00</td>
<td>$4,650.00</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>$33,500.00</td>
<td>$27,853.00</td>
<td>$5,647.00</td>
<td>$34,700.00</td>
<td>$34,700.00</td>
</tr>
<tr>
<td>Burdens</td>
<td>$51,580.00</td>
<td>$48,903.00</td>
<td>$2,677.00</td>
<td>$50,500.00</td>
<td>$52,000.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$375,255.00</td>
<td>$334,081.00</td>
<td>$367,925.00</td>
<td>$386,775.00</td>
<td>$386,775.00</td>
</tr>
<tr>
<td>RECEIPTS MINUS DISBURSEMENTS</td>
<td>$1,345.00</td>
<td>$49,251.00</td>
<td>$14,125.00</td>
<td>-$575.00</td>
<td></td>
</tr>
</tbody>
</table>
2019 Proposed Budget

**RECEIPTS**

<table>
<thead>
<tr>
<th>(4001) Member Dues</th>
<th>$351,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on: 1,250 F/T &amp; P/T @ $10.00/member x 26 pay periods</td>
<td>$325,000.00</td>
</tr>
<tr>
<td>100 Casuals @ $10.00/member x 26 pay periods</td>
<td>$26,000.00</td>
</tr>
<tr>
<td><strong>TOTAL RECEIPTS</strong></td>
<td><strong>$351,000.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4002) Interest from Bank Accounts</th>
<th>$400.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(4003) President’s Days Reimbursement</th>
<th>$34,788.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on MNU’s 2017 allocation - received in two installments</td>
<td>$34,800.00</td>
</tr>
</tbody>
</table>

**TOTAL RECEIPTS** | **$386,200.00**

**DISBURSEMENTS**

*All nursing salaries listed under disbursements reflect the hourly rate as at October 1, 2016 and are set at the 20 year rate.*

| Nurse II | $42.897 |
| Nurse III | $45.539 |
| Nurse IV | $51.008 |

<table>
<thead>
<tr>
<th>(5601) Audit/Bookkeeper</th>
<th>$4,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>$2,400.00</td>
</tr>
<tr>
<td>Bookkeeper ($22.00 x 6 hrs x 12 months)</td>
<td>$1,584.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,984.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5602) Bank Service Charge</th>
<th>$100.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(5603) Communications</th>
<th>$6,700.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Report - postcard mailer</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Nurses’ Week</td>
<td>$500.00</td>
</tr>
<tr>
<td>Member Communication/Website Maintenance ($100 x 12)</td>
<td>$1,200.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$6,700.00</strong></td>
</tr>
</tbody>
</table>
## 2019 Proposed Budget continued

### DISBURSEMENTS

<table>
<thead>
<tr>
<th>(5604) Education</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Education Day</strong></td>
<td></td>
</tr>
<tr>
<td>AV &amp; Service</td>
<td>$425.00</td>
</tr>
<tr>
<td>Lunch &amp; Lifestyle Breaks (30 x $50)</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Salary Replacement (30 x ($42.897 + $0.596 AA) x 9.68)</td>
<td>$12,630.37</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$14,555.37</td>
</tr>
</tbody>
</table>

| **Education Day @ MNU AGM (in Winnipeg)** | |
| Salary Replacement - Alternates (2 x ($42.897 + $0.596 AA) x 9.68) | $842.02 |
| Breakfast/Lunch/Dinner per diem - Alternates (2 x $75) | $150.00 |
| **Total** | $992.02 |

| **Lunch & Learn (2 @ $250)** | |
| **Total** | $1,000.00 |

| **Local Leadership Education** | |
| **Total** | $17,047.39 |

<table>
<thead>
<tr>
<th>(5605) Honoraria</th>
<th>$2,625.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary</td>
<td>$750.00</td>
</tr>
<tr>
<td>Treasurer</td>
<td>$750.00</td>
</tr>
<tr>
<td>MNU Board Representatives (2 @ $375)</td>
<td>$750.00</td>
</tr>
<tr>
<td>Workload Staffing Reports Chair</td>
<td>$375.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,625.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5606) Local 5 Annual General Meeting (AGM)</th>
<th>$10,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing of Tickets &amp; Posters</td>
<td>$300.00</td>
</tr>
<tr>
<td>Door Prizes</td>
<td>$250.00</td>
</tr>
<tr>
<td>Salary Rep. Nominations Committee (if needed) ( ($42.897 + $0.596 AA) x 9.68)</td>
<td>$421.01</td>
</tr>
<tr>
<td>Food (full ballroom)</td>
<td>$9,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$9,971.01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5607) Management Fees</th>
<th>Unknown</th>
</tr>
</thead>
</table>
## 2019 Proposed Budget continued

### DISBURSEMENTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5608) Meeting Expenses</strong></td>
<td>$3,350.00</td>
</tr>
<tr>
<td>3 General Meetings (@ $475)</td>
<td>$1,425.00</td>
</tr>
<tr>
<td>Pre MNU AGM Meeting (@ $475)</td>
<td>$475.00</td>
</tr>
<tr>
<td>Finance Day (Lunch 7 @ $25)</td>
<td>$175.00</td>
</tr>
<tr>
<td>Key Executive Dinner Meeting</td>
<td>$400.00</td>
</tr>
<tr>
<td>Lunch/Dinner Meetings (12 @ $50)</td>
<td>$600.00</td>
</tr>
<tr>
<td>Parking</td>
<td>$250.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,325.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5609) Charitable Donations</strong></td>
<td>$1,600.00</td>
</tr>
<tr>
<td>Executive Education Day</td>
<td>$100.00</td>
</tr>
<tr>
<td>Local 5 AGM</td>
<td>$250.00</td>
</tr>
<tr>
<td>MNU AGM</td>
<td>$1,250.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,600.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5610) MNU AGM (in Winnipeg)</strong></td>
<td>$4,350.00</td>
</tr>
<tr>
<td>Lunch Room Rental (250 x 2 days)</td>
<td>$500.00</td>
</tr>
<tr>
<td>Lunch (25 x $40 x 2 days)</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Recovery on Lunch (23 x $15 x 2 days)</td>
<td>($690.00)</td>
</tr>
<tr>
<td>Banquet Donation</td>
<td>$250.00</td>
</tr>
<tr>
<td>Hotel Room - banquet evening</td>
<td>$200.00</td>
</tr>
<tr>
<td>Salary Replacement - Alternates (2 x 2 x [$42.897 + $0.596 AA] x 9.68)</td>
<td>$1,684.05</td>
</tr>
<tr>
<td>Breakfast/Lunch/Dinner per diem - Alternates (2 x 2 x $75)</td>
<td>$300.00</td>
</tr>
<tr>
<td>Mileage - Alternates (2 x 20 km round trip x $0.43)</td>
<td>$17.20</td>
</tr>
<tr>
<td>Travel Time - Alternates (2 x 1 hr x [$42.897 + $0.596 AA])</td>
<td>$86.99</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$4,348.24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5611) CFNU Biennium</strong></td>
<td>$16,300.00</td>
</tr>
<tr>
<td>Registration (3 x $800)</td>
<td>$2,400.00</td>
</tr>
<tr>
<td>Salary (2 x 6 x [$42.897 + $0.596 AA] x 9.68)</td>
<td>$5,057.37</td>
</tr>
<tr>
<td>Airfare (3 x $1,200)</td>
<td>$3,600.00</td>
</tr>
<tr>
<td>Hotel (2 x 6 x $300)</td>
<td>$3,600.00</td>
</tr>
<tr>
<td>Per Diem (3 x 6 x $80)</td>
<td>$1,440.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$16,297.37</td>
</tr>
</tbody>
</table>
## 2019 Proposed Budget continued

### DISBURSEMENTS

<table>
<thead>
<tr>
<th>(5612) Office Support</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent ($1,215.00 plus 5% GST ($60.75) = $1,275.75 x 12)*</td>
<td>$15,309.00</td>
</tr>
<tr>
<td>Phone &amp; Fax ($210 x 12)</td>
<td>$2,520.00</td>
</tr>
<tr>
<td>Cell Phones ($180 x 12)</td>
<td>$2,160.00</td>
</tr>
<tr>
<td>Copier Lease ($126 x 12)</td>
<td>$1,512.00</td>
</tr>
<tr>
<td>Copier Service Agreement (toner, parts &amp; labour)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Internet ($80 x 12)</td>
<td>960.00</td>
</tr>
<tr>
<td>Office Insurance</td>
<td>$575.00</td>
</tr>
<tr>
<td>Office Supplies &amp; Furniture</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Offsite Document Storage ($100 x 12)</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Shredding ($80 x 6)</td>
<td>$480.00</td>
</tr>
<tr>
<td>Alarm System Monitoring</td>
<td>$250.00</td>
</tr>
<tr>
<td>SBH Parking Passes ($110 x 12 x 2)</td>
<td>$2,640.00</td>
</tr>
<tr>
<td>labour on line.ca subscription</td>
<td>$550.00</td>
</tr>
<tr>
<td>IT Support ($125 x 12)</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Microsoft Exchange Online ($17 x 12)</td>
<td>$204.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$500.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$33,860.00</strong></td>
</tr>
</tbody>
</table>

*current lease expires on December 31, 2018 - increase unknown at this time

| (5613) Postage | $1,200.00 |

<table>
<thead>
<tr>
<th>(5614) President’s Salary</th>
<th>$104,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary ($51.008 x 2,015 hrs) Top of Nurse IV</td>
<td>$102,781.12</td>
</tr>
<tr>
<td>Academic Allowance ($0.596 x 2,015 hrs)</td>
<td>$1,200.94</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$103,982.06</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5615) President’s Liability</th>
<th>$9,250.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Protection (15 days x 7.75 hrs x $51.008)</td>
<td>$5,929.68</td>
</tr>
<tr>
<td>Pre-Retirement Leave (4 days x 7.75 hrs x $51.008)</td>
<td>$1,581.25</td>
</tr>
<tr>
<td></td>
<td>$7,510.93</td>
</tr>
<tr>
<td>Burdens @ 23%</td>
<td>$1,727.51</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$9,238.44</strong></td>
</tr>
</tbody>
</table>
### 2019 Proposed Budget continued

**DISBURSEMENTS**

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5616) Vice President’s Salary</strong></td>
<td>$74,400.00</td>
</tr>
<tr>
<td>Salary ($45.539 x 1,612 hours) (0.8 eft, top of Nurse III)</td>
<td>$73,408.87</td>
</tr>
<tr>
<td>Academic Allowance ($0.596 x 1,612 hrs)</td>
<td>$960.75</td>
</tr>
<tr>
<td>Total</td>
<td>$74,369.62</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5617) Vice President’s Liability</strong></td>
<td>$6,600.00</td>
</tr>
<tr>
<td>Income Protection (15 days x 0.8) x 7.75 hrs x $45.539</td>
<td>$4,235.13</td>
</tr>
<tr>
<td>Pre-Retirement Leave (4 days x 0.8) x 7.75 hrs x $45.539</td>
<td>$1,129.37</td>
</tr>
<tr>
<td>Burdens @ 23%</td>
<td>$1,233.83</td>
</tr>
<tr>
<td>Total</td>
<td>$6,598.32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5618) Salary Replacement</strong></td>
<td>$4,650.00</td>
</tr>
<tr>
<td>Treasurer (Finance Day Prep) (1 x 9.68 x [$42.897 + $0.596 AA])</td>
<td>$421.01</td>
</tr>
<tr>
<td>Finance Day (4 x 9.68 x [$42.897 + $0.596 AA])</td>
<td>$1,684.05</td>
</tr>
<tr>
<td>WSR Committee (6 x 9.68 x [$42.897 + $0.596 AA])</td>
<td>$2,526.07</td>
</tr>
<tr>
<td>Total</td>
<td>$4,631.13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5619) Administrative Support</strong></td>
<td>$34,700.00</td>
</tr>
<tr>
<td>Salary ($29.00 x 23 hours/week x 46 weeks)</td>
<td>$30,682.00</td>
</tr>
<tr>
<td>Vacation ($29.00 x 23 hours/week x 6 weeks)</td>
<td>$4,002.00</td>
</tr>
<tr>
<td>Total</td>
<td>$34,684.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(5620) Burdens on:</strong></td>
<td>$52,000.00</td>
</tr>
<tr>
<td>Salary Replacement - Executive Education Day @ 23%</td>
<td>$2,904.98</td>
</tr>
<tr>
<td>Salary Replacement - Alternates - Education Day @ MNU AGM @ 23%</td>
<td>$193.67</td>
</tr>
<tr>
<td>Honoraria @ 9%</td>
<td>$603.75</td>
</tr>
<tr>
<td>Salary Replacement - Local 5 AGM (Nominations Committee) @ 23%</td>
<td>$96.83</td>
</tr>
<tr>
<td>Salary Replacement - MNU AGM Alternates @ 23%</td>
<td>$387.33</td>
</tr>
<tr>
<td>Salary Replacement - CFNU Biennium @ 23%</td>
<td>$1,163.19</td>
</tr>
<tr>
<td>President’s Salary @ 23% plus $550 for HSA</td>
<td>$24,465.87</td>
</tr>
<tr>
<td>Vice President’s Salary @ 23% plus $550 HSA</td>
<td>$17,655.01</td>
</tr>
<tr>
<td>Salary Replacement - Treasurer - Finance Day Prep @ 23%</td>
<td>$96.83</td>
</tr>
<tr>
<td>Salary Replacement - Finance Day @ 23%</td>
<td>$387.33</td>
</tr>
<tr>
<td>Salary Replacement - WSR Committee @ 23%</td>
<td>$581.00</td>
</tr>
<tr>
<td>Administrative Support Salary @ 9%</td>
<td>$3,121.56</td>
</tr>
<tr>
<td>Total</td>
<td>$51,657.37</td>
</tr>
</tbody>
</table>

**TOTAL RECEIPTS**  $386,200.00  
**TOTAL DISBURSEMENTS**  $386,775.00  
**TOTAL (deficit)**  ($575.00)
Requests for Time Off/Time Back/Stats  
(Article 1501)

Article 1501 of our collective agreement provides an option for nurses to make requests two (2) weeks in advance of the four (4) weeks of hours [six (6) weeks in advance of the date] for specific time off.

This article requires efforts by the employer to schedule staffing and allows for the granting of requests.

Nurses who are summarily refused or told to submit requests closer to the date may have a legitimate grievance.

Social Media Awareness

Nurses are reminded not to participate in blogs, Facebook, or any other venue with information that may identify patients or place of employment (your email address may identify your name and therefore employer/patient).

Never post work related comments on your social media page. Keep your photos, videos, and postings professional. An inappropriate work related post on social media may be viewed as a violation of a nurse's code of ethics and could be reported to the appropriate college.

Electronic Pay Statements

Many issues arise around the payment of shifts, overtime, standby, vacation, stats, etc. We can only argue an error if we can prove that it occurred. In order for this to happen we often need to review a nurses' pay statement.

Don’t be caught without this important proof. Retain your pay statements

Overpayments  
(Article 40)

4001: The employer may not make deductions from wages unless authorized by statute, by Court Order, by Arbitration Award, by this Agreement, by the Union or to correct an overpayment error made in good faith. Where an error has been made in good faith, the Employer shall be entitled to recover any overpayment made, for a period of time that does not extend further back than twelve (12) months from date of discovery, provided:

4002: 
(a) Once the error is discovered, notice and a detailed breakdown of the error is given by the Employer to the affected nurse and the Union as soon as practicable;
(b) The proposed recovery is made in as fair and reasonable a manner as possible; and,
(c) The proposed recovery is made over a period of time which is no less than the period during which the overpayment was made unless otherwise agreed between the Employer and the nurse.

In the event the nurse retires from, or leaves the employ of the employer before the employer is able to fully recover an overpayment as contemplated in this article, the employer shall be entitled to make a full recovery at the time of retirement or termination of employment of that nurse and reduce accordingly any payments that might be owing to that nurse to recover the overpayment.

Self Scheduling  
(MOU#32)

Our collective agreement provides an opportunity for our members to group self schedule. (Please see MOU#32 - page 133 of our collective agreement)

If nurses in your area are interested in learning about group self scheduling, please contact the Local 5 office.

Representation of Night Shift  
(Article 1503)

Despite the representation of the night shift on rotations and posted hours, the night shift is still considered to be the first shift of the calendar day as per article 1503.

* * * *

If you have any questions or concerns regarding your pay statement, please contact your timekeeper (payroll person) or your PTM. They will be able to confirm if an adjustment to your pay is required.

Any inquiries regarding benefits, LOAs, and ROEs must be directed to HRSS. The union recommends contacting HRSS via email. This will create an incident number which helps to track your concern and move it along.

HRSharedServices@wrha.mb.ca

* * * If you have any questions or concerns regarding anything listed on this page, please contact the Local 5 Office * * *

St. Boniface Nurses Local 5
Grievance Report - 2017

Issues and grievances related to the application of the collective agreement are discussed and resolved or arbitrated with the active support, consultation, and assistance of our MNU labour relations officer (LRO) Dan Kushneryk.

On behalf of our members we extend our heartfelt thanks to Dan for his advice and efforts. We very much appreciate and are grateful for his ongoing support.

Grievance Statistics:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of grievances carried over from previous years</td>
<td>7</td>
</tr>
<tr>
<td>Number of grievances filed in 2017</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Number of grievances resolved in 2017</td>
<td>2</td>
</tr>
<tr>
<td>Number of grievances withdrawn in 2017</td>
<td>1</td>
</tr>
<tr>
<td>Number of grievances carried over into 2018</td>
<td>12</td>
</tr>
</tbody>
</table>

Grievances Resolved in 2017

#2017-050 - The union is grieving on behalf of a member because the employer placed a derogatory entry in member’s employee file. Resolved when letter of discipline dated December 6, 2016 was removed from member’s personnel file. Employee Relations will retain the letter until December 6, 2017 at which time the letter will be destroyed if no issues give rise to similar concerns prior to December 6, 2017.

#2017-051 - The union is grieving on behalf of a member because the employer placed a derogatory entry in member’s employee file. Resolved when letter of direction dated November 22, 2016 was removed from member’s personnel file along with all references to same.

Grievances Carried Over into 2018

#2009-091 – The union grieved because the employer regularly and routinely left the filling of unassigned, anticipated nursing shifts to the Charge Nurse or CRN. The union agreed to adjourn this grievance sine die. The employer continues to commit to resolve this issue with the development of a standardized staff scheduling system.

We raised with the employer many times, the length of time it was taking for this issue to be resolved. In certain units, Local 5 members continue to expend onerous amounts of their time and energy dealing with staffing issues.

Despite the positive changes that the scheduling system has provided, our members are still experiencing workload issues as they are being directed by supervisors (in off hours) to deal with staffing concerns. The implementation of the Workforce Management System remains the goal. (Please see my Joint Union-Hospital Council report on page 43 for further information.)

(Continued on page 34)
#2016-086 - The union grieved because the employer ceased providing the union with a copy of the original Portability Transfer form in its entirety when a nurse transfers to St. Boniface Hospital. *Placed in abeyance.*

#2016-087 - The union grieved because the employer ceased allowing nurses access to article 2303 (b) (l) and (i) when requested. *Arbitration hearing scheduled for April 2018.*

#2016-089 - The union grieved because the employer ceased providing the union with written notification regarding a nurse’s mobility seniority at the time of transfer to St. Boniface Hospital. *Placed in abeyance.*

#2019-195 - The union grieved because the employer failed/refused to properly compensate nurses who worked the night shift on the date of any negotiated increase in salary and also for the increase to the night shift premium which should become effective at 0001 hours. *Arbitration hearing scheduled for April 2018.*

#2016-319 - The union grieved because the employer has sent some nurses (including AC) letters advising that as a result of an employer payroll error, they received an overpayment. These notifications were more than the time limits defined in Article 40* outside of the timelines

#2017-171 - The union is grieving on behalf of a member because at a meeting with the employer, the employer demoted member from a CRN (Nurse III) position to a General Duty Nurse (Nurse II) on a different unit.

#2017-172 - The union is grieving on behalf of a member who suffered abuse by his manager and director.

#2017-216 - The union is grieving because the employer is offering nurses positions containing non-conforming shift patterns versus a master rotation.

#2017-218 - The union is grieving on behalf of a member because the employer failed to provide member the provisions of article 2904.

#2017-219 - The union is grieving on behalf of a member who received a two day suspension and was also restricted from being a charge nurse for a three month period.

#2017-220 - The union is grieving on behalf of a member who received disciplinary action via a letter being placed on his personnel file.
Ongoing Issues & Resolutions  
(Complaint Stage of Grievance)

Issues Statistics

- Number of issues carried over from previous years: 112
- Number of issues initiated in 2017: 328
- Numbering errors: 2
- Total # of issues investigated, discussed or addressed in 2017: 438

- Number of issues resolved in 2017: 232
- Number of issues referred to NAC in 2017: 10
- Number of issues referred to RNAC in 2017: 1
- Number of issues referred to WS&H in 2017: 1
- Number of issues referred to both NAC & WS&H in 2017: 1
- Number of issues transferred to WCB files in 2017*: 7
- Number of issues that became part of grievances in 2017: 4
- Number of issues referred to MNU for representation in 2017: 3
- Number of issues no longer under discussion**: 72
- Number of issues carried over into 2018: 107

In addition to the above, our office dealt with more than 500 phone/email inquiries that did not necessitate having an issues file opened, and responded to over 1,000 phone messages. Not included were the numerous phone calls and emails related to the Labour Adjustment Strategy.

* Issues transferred to WCB files are referred to MNU's LRO who specializes in WCB appeals.

** Issues reported as no longer under discussion are issues that were investigated and did not continue to discussion stage or did not proceed beyond the discussion stage.

***

Attendance Support & Assistance Program (ASA)
Duty to Accommodate (DTA)
Gradual Return to Work (GRTW)

<table>
<thead>
<tr>
<th>Statistics</th>
<th>ASAP</th>
<th>DTA</th>
<th>GRTW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of files carried over from previous years</td>
<td>22</td>
<td>14</td>
<td>22</td>
</tr>
<tr>
<td>Number of files opened in 2017</td>
<td>33</td>
<td>44</td>
<td>67</td>
</tr>
<tr>
<td>Total # of files addressed in 2017</td>
<td>55</td>
<td>58</td>
<td>89</td>
</tr>
<tr>
<td>Number of files resolved in 2017</td>
<td>44</td>
<td>41</td>
<td>52</td>
</tr>
<tr>
<td>Number of files carried over into 2018</td>
<td>11</td>
<td>17</td>
<td>37</td>
</tr>
</tbody>
</table>

(Continued on page 36)
Attendance Support and Assistance Program (ASAP)

In 2017 we opened 33 new files representing members at ASAP meetings with the employer, and continued on with files from the previous year that were still ongoing.

The union continues to reserve the right to grieve regarding any issue related to the Attendance Support and Assistance Program.

The employer has the authority to review your attendance at work with you. This must be done in a fair manner, consistent with other units/managers in the facility and is generally triggered by exceeding absence “averages” in the facility. This review should never occur during a notification (sick) call.

A review is typically done “informally with the nurse and his/her manager”. Attendance issues should not be discussed with you in relation to the “Performance Conversation”. Scheduling clerks, administrative assistants, CRNs and co-workers should not be present during these discussions and should not be told about the discussion by the PTM. The discussion should not be in the tone of a reprimand. If you feel it is, then request the Local president or vice president be present for any further discussions.

The employer will provide you with the number and dates of your sick calls. Do not assume their information is accurate as often it is not. Ask for a copy of the dates and later verify them with your own diary or pay statements.

The PTM may indicate that the discussion is non-disciplinary and there is no reason to think that this is not true. However, these discussions are formal and on the record, and if there are any future issues with your attendance, what you said during these discussions may become part of the formal process. A PTM’s conversation with you regarding your attendance is considered a Step 1 ASAP meeting.

The formal ASAP process takes place in human resources and involves the member, the member’s PTM, an employee relations representative and the union. These meetings are non-disciplinary. A meeting in employee relations regarding your attendance is considered a Step II ASAP meeting.

Karen Sadler and I continue to hold the employer accountable to the ASAP process being a supportive one, as is clearly stated in the employer’s policy.

Duty to Accommodate (DTA)

In 2017 we opened 44 new files representing members at accommodation meetings and continued on with files from the previous year that were still active.

Duty to accommodate (DTA) meetings involve the member, employee relations, the disability manager from SBH occupational health, and the union.

Gradual Return to Work (GRTW)

In 2017 we opened 67 new files representing members in the gradual return to work (GRTW) process. Of those 67 files, 24 were related to nurses returning to work from a WCB claim. We continued on with files from previous year that were still active.

The GRTW process is an asset to nurses who are returning to the workplace after an injury, WCB claim, MPI claim, HEB claim, or sick leave.

Medical Notes

Nurses are reminded that medical notes should be submitted to Occupational Health and not to your manager.

We recommend you send an email to your manager (as a matter of courtesy) to let them know you have provided your medical to Occupational Health.

We remind CRNs, coordinators, and nurses who perform charge responsibility that information received via a sick call is confidential and must be treated as such.

Mandatory Overtime & Reassignment

(Continued on page 37)
Incidents of mandatory overtime and reassignment are voluntarily reported to the Local by nurses who fax us a copy of the "Notification to the Union of Mandatory Overtime or Reassignment" reporting form.

Issues that arise as a result of information received via this form are communicated to the employer in an attempt to decrease the incidents of mandatory overtime and reassignment, and to ensure that reassignments are being utilized as per article 2804.

Due to the workload in the Local 5 office it is not possible for us to contact every nurse who notifies the Local that she/he was mandated or reassigned.

Karen Sadler and I continue to discuss mandatory overtime and reassignment with the employer. The employer continues to maintain that mandatory overtime is only used as a last resort/ if patient care is in jeopardy.

Mandatory Overtime Statistics
328 instances of nurses being mandated to work overtime were reported to the Local in 2017 vs the 376 instances reported to us in 2016.

Reassignment Statistics
248 instances of nurses being reassigned to another unit were reported to the Local in 2017 vs the 180 instances reported to us in 2016.

* four members had their WCB claim denied by WCB;
* two members had their approved WCB claim appealed by the employer;
* one member saw their WCB benefits ended.

We are fortunate to have the assistance of a labour relations officer provided by the provincial MNU to assist nurses with their WCB claims.

If you had a WCB claim denied or if your approved WCB claim was subsequently appealed by the employer, please contact the Local 5 office as soon as possible for assistance.

### Abuse in the Workplace

In 2017 fifty-seven (57) incidents of abuse of nurses were reported to the Local by the employer. This is a significant increase over the eight incidences that were reported to us in 2016.

Upon receiving the report from the employer, we follow up by mailing a letter to the affected nurse so that she/he knows we were notified of the incident and to see if they require additional support from us.

Incidents of abuse reported to the Local by the employer over the past five years.

<table>
<thead>
<tr>
<th>Year</th>
<th># of Incidences Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>57</td>
</tr>
<tr>
<td>2016</td>
<td>8</td>
</tr>
<tr>
<td>2015</td>
<td>36</td>
</tr>
<tr>
<td>2014</td>
<td>53</td>
</tr>
<tr>
<td>2015</td>
<td>51</td>
</tr>
</tbody>
</table>

Karen Sadler, RN
President, Local 5

---

Article 7A04
Health & Safety

The Employer and the Union agree that no form of abuse of nurses will be condoned in the workplace. Both parties will work together in recognizing, facilitating the reporting of alleged abuse and resolving such problems as they arise.

Any nurse who believes a situation may become or has become abuse shall report this to the immediately supervisor. The Employer shall notify the Union ninety-six (96) hours after the receipt of the report. Every reasonable effort will be made to rectify the abusive situation to the mutual satisfaction of the parties.

---

Sheila Holden, RN
Vice President, Local 5

---

WCB Claims

In 2017:
MNU Board Report - 2017

The MNU board of directors (chaired by Sandi Mowat, president) consists of:

* Donna McKenzie, vice president
* Darlene Jackson, secretary/treasurer
* Representatives from the following:
  - Prairie Mountain Health Region
  - Southern Region
  - Northern Region
  - Interlake - Eastern Region
  - Winnipeg Community and Health Care Region
  - Winnipeg Long Term Care Region
  - Winnipeg Hospital Region
  - Health Sciences Centre
  - St. Boniface Hospital
  - Seven Oaks General Hospital/Concordia Hospital
  - Grace General Hospital/Victoria Hospital
  - Riverview Health Centre/Misericordia.

It has been an exciting year and an interesting time to be a member of the MNU Board of Directors. With the election of a new government in spring 2017, things became anything but *business as usual*.

In 2017 Local 5 submitted written reports to each board meeting highlighting Local 5 office activity, hospital activity, duty to accommodate (DTA) files, gradual return to work (GRTW) files, attendance support & assistance plan (ASAP), WSR statistics, abuse of nurses, mandatory overtime, reassignment, and position vacancy statistics. Other issues submitted in 2017 were the closure of 4E Geri Rehab and 6AS TCU, workload issues, HRSS, and staff rotations.

One of the most salient issues dealt with in 2017 was the changes to health care announced by the Provincial minister of health. This announcement included rotation changes in nearly all facilities within the WRHA, as well as program closures and program transfers. It also included closing the emergency rooms at Victoria, Seven Oaks, and Concordia Hospitals. The Victoria Hospital ER closed in December but the closure of the emergency rooms at Seven Oaks and Concordia Hospitals has been delayed. Urgent Care at the Misericordia was closed as well.

Bill 3

*The Mental Health Amendment Act*

This bill removes the requirement for a peace officer to stay with an involuntary patient until the examination or assessment has been completed.

No meeting has taken place as yet regarding the proposed change to replace the peace office with a “designed person”.

**Bills 28 & 29**

In 2017 the Manitoba government introduced two bills, which if passed, would impact nurses along with as the entire health care system.

Bill 28, the *Public Services Sustainability Act*, would restrict collective bargaining by imposing a two year freeze on all new public sector collective agreements. This bill was passed but it will not come into effect until it has been proclaimed.

Bill 29, the *Health Sector Bargaining Unit Review Act* establishes a fixed number of bargaining units for each health care region and for each province-wide employer such as CancerCare Manitoba and Diagnostic Services of Manitoba Inc.

The MNU joined forces with other public sector unions to form the *Partnership to Defend Public Services*, to oppose Bills 28 & 29. A statement of claim was filed with respect to Bill 28 which includes the request for an injunction that would prevent the government from proclaiming this bill.

CFNU Biennial Convention

Was held in Calgary in June. Truth and Reconciliation, and keeping nurses safe both physically and mentally, were key topics. This conference was very informative and

(Continued on page 39)
was a great way to learn what is happening with our fellow nurses across the country.

**Lobby Day**

For the first time ever on November 29, 2017 board members from MNU participated in Lobby Day at the Legislature where board members met with their local MLA. We were in our white scrubs for Wear White Wednesdays and we spoke about the various issues affecting our health care system and our ability to provide optimal patient care.

Liz Cronk presented on the challenges of our Psych units taking on two new beds on a permanent basis as there is limited space for these additional beds.

Kathy Hillstrom spoke about the disruption the restructuring of St Boniface Hospital and the impact it was having on staff. She also spoke to the state of our Woman & Child Program, asking for increased baseline staffing and more physical space.

Board members felt they had good conversations with their MLA. Many MLAs asked for board members’ email addresses and phone numbers so they could continue their conversations at a later date.

**Wear White Wednesdays**

Although this was slow to catch on MNU continues to encourage nurses to wear white on Wednesdays. There are prizes for the best photo submissions of nurses in white. Let’s get some pictures in!

**MNU Elections**

Sandi Mowat announced she will be retiring in June 2018 therefore the position of president will be up for election this year. As per the MNU Constitution, the president is to be elected from general membership for two-year term by voting delegates. This will take place at the 2018 MNU AGM.

On January 22, 2018 MNU announced that Donna McKenzie, Darlene Jackson, Marguerite Smith and Kellee Stewart-Schuff are running for this position.

**LEAP Fund**

MNU provides legal assistance for members who require assistance for professional reasons. A nurse can access the fund for up to $3,000 per incident, a maximum of twice per year. The Canadian Nurses Protective Society can supplement professional liability protection.

**Other Issues Discussed**

- A revised paper form of the Workload Staffing Report (WSR) will be launched sometime in 2018. There continues to be work done on the online WSR form.
- A proposal was submitted to the provincial legislature to review the Workplace Safety & Health Act regarding including PTSD for nurses.
- An interim board has been established for the Manitoba Health Coalition. They are looking for an executive director.
- Job security and deletions were discussed. It was agreed that the process used in this most recent reorganization was a one-time only agreement.
- HEPP Integrity Project
- Hiring of in-house counsel
- Workplace Psychological Health survey

For further details on the activities of the MNU board of directors, please visit MNU’s website. Access the member portal, then click on the forms centre under union resources.

It has been both an interesting and challenging year and it has been our pleasure to represent you all. As always members should feel free to contact us with any questions or concerns.

*Kathy Hillstrom, RN & Liz Cronk, RN*

*MNU Board Representatives*
Workload Staffing Reports Committee Report - 2017/2018

<table>
<thead>
<tr>
<th>AREAS OF RESPONSIBILITY</th>
<th>COMMITTEE REP &amp; CONTACT INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman &amp; Child Program: L &amp; D, LDRP, FAU, NICU, 3MCU, 6AW AP/Gyne, ACF Woman’s Health, ACF Pediatrics, Woman &amp; Child Relief Team, Lactation Support</td>
<td>Renate Scheffer, Chair (Operating Room) WJ 204.237.2585</td>
</tr>
<tr>
<td>Emergency Program</td>
<td>Vacant</td>
</tr>
<tr>
<td>Medicine Program: B5 Medicine, E5 Medicine, E6 Medicine, Medicine Relief Team, ACF Medicine</td>
<td></td>
</tr>
<tr>
<td>Renal Health Program: Dialysis, Hemodialysis, Peritoneal Dialysis</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging: Angiography, Bone Density, CT Scan, MRI, Mammography, Nuclear Medicine, Ultrasound, X-Ray</td>
<td>Barb Knight (Cardiac PAC) WJ 204.235.3682</td>
</tr>
<tr>
<td>Cardiac Sciences Program: Y2 Pre &amp; Post, Y2 Cardiac Clinics, 5A Cardiac Medicine &amp; Post Recovery, ACCU, CR4 CSIU, CRS ICCS, Cardiac Clinics CR1</td>
<td></td>
</tr>
<tr>
<td>Critical Care Program: Med/Surg ICU [ICMS]</td>
<td>Shelley Havelange (PARR) WJ 204.237.2584</td>
</tr>
<tr>
<td>Family Medicine Program: B4 Family Medicine, , Family Medical Centre, L2 CAU/A6S Medicine NTU</td>
<td></td>
</tr>
<tr>
<td>Mental &amp; Allied Health Program: M2/M3 Adult Inpatient, M4/M5 Adult &amp; Geriatric Outpatient, Psychiatric Emergency Nurses (PENs), Respiratory Medicine</td>
<td></td>
</tr>
<tr>
<td>Palliative/Geriatric/Rehab Program: A8 Palliative Care, Geriatric Day Hospital</td>
<td></td>
</tr>
</tbody>
</table>

WSR Committee

2017 once again saw some changes to the make up of this committee. We bid a fond farewell to Janelle Mulaire, Jackie Roberts, and Rizal (Reese) Nues (new to the committee in 2017) and thank them for their time and commitment to this committee and the nurses at SBH.

Gisele Petit, Barb Knight and Shelley Havelange are completing the first year of their two year terms. Renate Scheffer is completing the second year of her two year term, and has been re-elected by acclamation for a further two year term (to April 30, 2020)

This past year I agreed to take on the role of committee chair, which has been vacant since November 2016.

Optimally there are six members on this committee so at time of writing this report we are short two committee members.

Our committee extends our thanks to Sheila Holden, who serves as liaison between the Local and the committee, for the vast knowledge and experience she brings to the table.

If you are interested in volunteering for this committee, please contact the Local 5 office.

(Continued on page 41)
WSR Statistics

As of January 12, 2018, 186 workload staffing reports (WSRs) have been received for 2017 compared to the 399 reports received FOR 2016. There are still 111 WSRs outstanding for 2017 (voucher received but actual report not yet received).

For comparison purposes:
2015 - 383 WSRs were received in our office
2014 - 367 WSRs were received in our office
2013 - 413 WSRs were received in our office

A copy of each WSR filed by SBH nurses is forwarded to MNU to become part of provincial statistics.

(For more information please see the NAC report on page 44.)

If you have any questions regarding WSRs, please contact your unit’s representative on the WSR committee.

Renate Scheffer, RN BN
Chair, Workload Staffing Report Committee

<table>
<thead>
<tr>
<th>Program</th>
<th># of WSRs rec'd in Local 5</th>
<th># of WSR Vouchers rec'd in Local 5</th>
<th>Rate of Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman &amp; Child</td>
<td>61</td>
<td>105</td>
<td>59%</td>
</tr>
<tr>
<td>Cardiac Sciences</td>
<td>16</td>
<td>16</td>
<td>100%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>13</td>
<td>15</td>
<td>987%</td>
</tr>
<tr>
<td>Surgery</td>
<td>27</td>
<td>40</td>
<td>68%</td>
</tr>
<tr>
<td>Medicine/Family Medicine</td>
<td>32</td>
<td>65</td>
<td>49%</td>
</tr>
<tr>
<td>Renal Health</td>
<td>0</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>Emergency</td>
<td>25</td>
<td>41</td>
<td>61%</td>
</tr>
<tr>
<td>Palliative Care/Geri/Rehab</td>
<td>11</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>186</strong></td>
<td><strong>297</strong></td>
<td><strong>63%</strong></td>
</tr>
</tbody>
</table>

WSRs & NAC

The WSR is a joint union/employer tool. It is important that nurses fill out WSRs in order to resolve workload issues at SBH.

Information gleaned from WSRs provide us with statistics which are presented at each Nursing Advisory Committee. This information has gone a long way to improving communications at NAC by bringing forth an awareness of the issues related to workload and nursing standards at SBH. Issues unresolved at the WSR committee level are raised NAC by either Karen Sadler or Sheila Holden.

(Continued from page 40)
Joint Education Fund Committee Report - 2017

This committee consists of both union and employer representatives.

Employer representatives this year were Lorena Thiessen, PTM 2B PAC/B2/NFA/L2 and Lea Wessner, PTM Emergency.

Union representatives were Sheila Holden; Leanne Smith, 2B Surgery; Laura Wickstrom, ICCS; Therese Santos, DI; and Joceline de Graaf, CSIU.

The Joint Education Fund committee meets monthly (except July and August) to review and approve the short-term and long-term financial requests submitted by Local 5 members. A review of the committee’s financial statements also takes place at each meeting.

The employer provides the administrative support for this committee. We wish to express our thanks and appreciation to Angelica Timmerman for her support to this committee in 2017.

Funding

Details of funding provided for 2016/2017 were not available at time of writing this report but will be provided to members at our annual meeting.

We pay out funds as the supporting documents (proof of attendance and receipts) are received. Most delays in paying out funds are related to the supporting documents not being received or the cost centre not being indicated on the application form.

Please review the Joint Education Fund criteria found on the back of the application form.

Applications must be received within 30 days of attendance/completion of conference/course.

CNA Certification Exam

From January 1 - December 31, 2018 the Joint Education Fund Committee will be trialing supporting the CNA certification exam under the allotted $750 maximum funding. This has been added to the funding criteria.

The funding of this exam will be evaluated in January 2019.

* * * * *

Many thanks to Jennifer Maitre, Vivian Fang and Carli Townsend for their support to our committee. Our thanks as well to employer representatives Lorena Thiessen and Lea Wessner.

Sheila Holden, RN
Vice President, Local 5

Employer Sponsored Educational Development Fund (ESEDF)

This fund is a collective agreement benefit.

Article 2407 (c) states:

A nurse shall be granted, upon written request, funding up to a maximum of $200 per fiscal year, to attend approved workshops, courses, and other programs that are relevant to nursing practice. Such requests must be submitted to the senior nursing manager or designate, prior to attendance at such a program. The $200 allowance referenced herein shall be for reimbursement of tuition or registration and recommended/required books, and shall occur upon satisfactory completion of the workshop, course, or education program.

Although language is found in the collective agreement regarding this funding, it is managed and approved by the employer and is separate and apart from the Joint Education Fund Committee’s responsibilities.
Joint Union-Hospital Council Report - 2017

The Joint Union-Hospital Council (JUHC) is a committee of executive level employer representatives as well as representatives from all unions at SBH. The committee meets to review and discuss events, information and issues relevant to the facility. Sheila Holden and I are the Local 5 representatives on this committee.

A total of six Joint Union-Hospital Council meetings were held in 2017 as some meetings were cancelled to address clinical consolidation.

* * * * *

In addition to the topics highlighted below, joint council meetings included updates on the hospital president’s overview, monthly reports on the hospital’s financial/operating status, clinical program movement/changes, and city emergency departments daily status reports. Articles of association were also reviewed.

Focus issues presented at joint council this past year centered around Medical Assistance in Dying (MAID); WCB Research and Workplace Innovation Program - Engaging an Organization in the Prevention of Work Related Injuries; Clinical Services Plan presented by the Chief Nursing Officer; and clinical consolidation.

**Medical Assistance in Dying (MAID)**

Dr. Roe provided two updates on this topic. He stated that it is clearly understood that the services of MAID will not be delivered at SBH. Having said that, there is an established process within the WRHA for SBH to contact the MAID team with any requests from patients within the facility. SBH’s CEO, CNO and CMO will not be an obstacle to patients wanting this service, and will support staff regarding this service.

There was some media coverage in June 2017 regarding the SBH Board and their discussions regarding MAID. That prompted Dr. Roe to send a memo to all staff and physicians at SBH. The following is an excerpt from that memo:

*We at St. Boniface Hospital are committed to providing excellent health care, palliative care and care of the dying. As we have stated previously, St. Boniface Hospital recognizes the right of the individual to seek MAID, however, as a faith-based facility, we cannot participate in an act that intentionally causes death, and we will not engage in the delivery of MAID.*

*While we initially transferred patients for assessment, our position has evolved, and with the support of the Catholic Health Corporation and our Board, St. Boniface Hospital’s policy now does allow the WRHA/Provincial MAID team to meet with patients at SBH for assessments. The policy is also clear that St. Boniface Hospital will not offer the final step of MAID as it is seen as an act that intentionally hastens death and this this in conflict with the values articulated in the Catholic Health Ethics Guide. The Province of Manitoba and the Winnipeg Regional Health Authority have indicated that they will respect our position and that of other faith-based facilities that will not provide MAID.*
Clinical Consolidation
The WRHA changes impacting SBH were discussed frequently at JUHC. This allowed for union leaders to ask frank and pointed questions of the employer regarding the decisions made which helped all union leaders to understand the processes that UFCW and MAHCP were about to undergo.

Manage to Budget Plans
The provincial government directed all Regional Health Authorities to cut 15% of management positions to manager budget deficit. The WRHA was directed to do the same. SBH cut 15% of their management positions on June 6, 2017.

Leadership Changes at SBH

* Dr. C. Scott Brudney was appointed Chief Medical Officer and Executive Director, Clinical Programs effective May 1, 2017. Dr. Brudney filled the vacancy that was created when Dr. Hussam Azzam departed SBH after short time in the position.

* We were advised on July 20, 2017 that Dr. Bruce Roe would be stepping down from his position as President & CEO, which he had held since August 2016. He assumed the position of Chief Medical Officer for the WRHA on September 5, 2017.

* Brenda Badiuk was appointed as Interim President & CEO effective September 2, 2017. She has been with SBH since 2011 and prior to this appointment served as Executive Director, Support Services.

* Kurt Shaw was hired as Director of Transformation effective November 2, 2017.

Cell Phone Policy
At our March 7, 2017 meeting, I raised concerns with the employer regarding the fact there was no adequate policy covering cell phone use in the workplace (most specifically regarding Local 5 members).

The current policy dated April 2010 does not speak to the use of a cell phone in the workplace. I stated it is unfair for the employer to manage the inappropriate use of a cell phone in the workplace in the absence of a clearly defined policy, as this has lead to an inconsistent approach and treatment of our members. I noted it is frustrating for us when our members are scheduled by the employer for a workplace concerns meeting re the use of their cell phone, when managers text CRNs on a regular basis with respect to workplace and staffing updates. Dr. Roe stated he would look into our concerns.

At time of writing this report this issue remains on the agenda. I will provide an update on this issue at our AGM.

HRSS/SAP Update
Most of the issues and concerns we dealt with in 2016 seem to have much improved in 2017. The most notable change was going to be the transition of using Brainhunter to SuccessFactors for job postings and application process which went into effect January 2018.

Staff Scheduling System Update
Last year I reported that the employer was going to be shortlisting vendors for the request for proposal (RFP) for the new electronic staff scheduling system. This new system - referred to as the Workforce Management System - is a complex system that would manage all shift working employees at SBH.

(Continued on page 45)
RFPs went out in March 2017. At our June meeting we were advised that the RFP was on track, with reference checks underway.

At time of writing this report there has been no further news on the Workforce Management System. I will provide an update on this issue at our AGM.

**SBH Finance Update**

With the WRHA directing a 15% reduction in management costs along with the governments directive for health care to save $83 Million in one year, the Finance team at SBH was tasked with some difficult work.

At our November 2017 meeting, Finance reported that the initiatives implemented to reduce the deficit would have an impact. These initiatives included a reduction in overtime, the reduced use of constant care, and contract savings.

SBH was forecasting a $1 Million deficit for year’s end. The would be an improvement over the $8 Million deficit for the previous year.

---

**Staff Engagement Survey**

At our May meeting Paulette McCarthy, CHRO presented a high level overview of the survey results. Participation was up but engagement was at 50%, down 2% from 2015. The employer advised that they were not surprised by the results which overall, remained very similar to the previous year.

In September, Dave Leschasin, Vice President and Chief Human Resources Officer for the WRHA communicated in issue #30 of “This Week” that the AON Hewitt Employee Engagement Survey was being postponed due to the sweeping changes in health care.

Karen Sadler, RN
President, Local 5
As stated in article 1103 of our collective agreement, the Nursing Advisory Committee (NAC) is a joint committee comprised of union and management representatives mandated to:

i) Review and make recommendations relative to those unresolved issues relating to workload and staffing;

ii) Provide a forum for discussion and make recommendations on issues relative to nursing professional practice such as nursing standards, nursing functions, physical planning and layout of facilities.

Local 5 vice president Sheila Holden; Jacquie Roberts, L&D; Renate Scheffer, OR; and I served as the Local’s NAC representatives in 2017.

Employer representatives in 2017 were Nina Williams, Program Director, Emergency; Melody Damm, PTM 5E Medicine; Diane Genyk, Program Director, Renal Program to June when she was replaced by Sarah Gilchrist PTM, Vascular Access, Enterostomal Therapy & Would Care; and Heather Nowak, Program Director, Woman & Child. Heather Nowak and I co-chair this committee.

Sheila Holden and I extend our thanks to Corri Fehr, Heather Nowak’s administrative assistant, for her administrative support to this committee.

NAC met seven (7) times in 2017. Along with the items highlighted in this report, issues discussed at NAC included workload staffing reports (WSRs) and concerns re PTMs’ and supervisors’ lack of response; intimidation by supervisors and PTMs to members to not fill out WSRs; as well as the length of time it was taking for completed WSRs to reach the Local 5 office.

Other Issues Discussed
- Hospital Supervisor absence procedure
- EFM on 6AW
- Meal tickets

If your unit would like to have a WSR in-service, please contact the Local 5 office.

Workload Staffing Reports (WSRs)

WSR statistics and education are reviewed and discussed at each NAC meeting. Difficulties/issues related to the WSR process and/or individual forms are reviewed. Requests for educational presentations re filling out WSRs are tabled at NAC.

MNU continues to work towards a simplified WSR form that should be available sometime this year.

NAC Referral Updates

In 2017 we kept our eye on those units who had made a referral to NAC in 2015.

6AW AP/Gyne - referral made May 20, 2015
Pacemaker Clinic - referral made November 18, 2015
Mental Health - referral made June 17, 2015.

(Continued on page 47)
This unit finally received a formal response from Program Director Jennifer Taylor in April 2017. She cited enhanced staff for McEwen since the date of the referral. The following are highlights from her response:

* Since July 2015 we have requested an increase of a 0.4 nurse on alternate weekends which brings our staffing consistent 7 days a week. We have requested this change to become permanent twice, and have not been granted the go ahead. We are working on a third response currently.

* We have hired 4 casuals which have helped with filling sick calls and to provide vacation relief.

* We continue to work with staffing to ensure our known open shifts are filled in a timely manner.

* We have filled two float positions which are combination positions between M2/M3 and E4 and allows for some flexibility and the ability to replace sick calls and provide vacation relief.

**Referrals made to NAC in 2016**

6AS TCU and 4AS Surgery were the two units that made referrals to NAC in 2016.

6AS TCU closed in October 2017 as part of the WRHA’s changes to health care.

4AS, like many units at our facility, had just completed a labour adjustment in response to changes to the Model of Care, also related to the WRHA’s changes to health care.

Nurses on all units who have experienced care model changes and even those units that have remained the same, need to be attentive to their workload concerns.

**Increase in EFT**

The *Increase of EFT* memo was renewed at the last round of bargaining and included the following amendments which were designed to ensure transparency and ease of implementation.

* The process will be monitored by the Nursing Advisory Committee
* The employer must identify the available EFT and shift patterns in advance.
* It allows for more flexible time lines and is not limited to once a year.
* It allows for an individual unit to use the process independent of the rest of the facility.
* The memorandum is limited to the life of the agreement in order for the parties to assess if it meets the needs of nurses.

In 2017 the offer of an increase in EFT occurred in CT, FAU and Enterostomal Therapy.

**NAC Report to the Board of Directors**

Article 1103(2)(f) of our collective agreement states a regular report outlining the activities and deliberations of the NAC including the number, type, and disposition of issues dealt with by the NAC shall be forwarded to the facility’s Board of Directors (Board).

Health Nowak and I as co-chairs of this committee collaborated on a six page NAC report to the Board of SBH. Our report was tabled at the May 29, 2017 Board meeting.

This was the first NAC report to the SBH board in many years. For some reason, this obligation fell to the wayside prior to Heather and I assuming our co-chair roles. We are committed to getting back on track and will be providing a report to the SBH Board an annual basis.

Karen Sadler, RN  
President, Local 5

---

Many thanks to Renate Scheffer, Gisele Petit, Barb Knight, Shelley Havelange, Rizal (Reese) Nues, Jacque Roberts, Janelle Mulaire, and Maggie Boyko for your service on the WSR committee in 2017. Your work, efforts and commitment to and on behalf of nurses, is very much appreciated.

A special thank you to Sheila Holden who attends all WSR meetings as a resource/advisor.
Regional Nursing Advisory Committee Report - 2017

Contractually the mandate of this committee is to resolve the regional issues related to staffing and scheduling; prolonged periods of work (consecutive hours and consecutive shifts); standby assignments; and the use of part-time additional shifts and casuals shifts as it relates to the creation of permanent positions. The process of the RNAC is outlined in article 1105 of our collective agreement.

Committee Members

Each local/worksite/region is represented by their local/worksite/regional president along with two MNU members-at-large: Sandi Mowat and Kim Fraser (MNU board rep from HSC), who are appointed by the local/worksite/regional representatives.

Sandi Mowat, President MNU and Jodi Walker-Tweed, Nursing Leadership Council (NLC) representative, sit as co-chairs on this committee. (Jodi is also the Program Director, WRHA Critical Care Program.)

This committee met five times in 2017. The following is a summary of issues discussed.

Zero Tolerance - Safe Work Environment

Issues and concerns regarding this agenda item have been carried over from previous years.

Work on the standardized care plans (draft) used to identify violent patients or persons of interest, continues. Attempts for a fall 2017 roll out of same did not occur as the care plans required further review.

Violence Prevention programs learning models: #3 which is specifically for managers, has not yet been completed and #4 for all employees, is still being developed.

Discussions occurred regarding nurses who were assaulted or attacked in the workplace by patients. In some cases the nurses who were assaulted/attacked wished to press charges against these patients but were dismissed by the Winnipeg Police Service as the WPS advised them that nothing ever results, so why bother.

Wendy Ducharme, Regional Nursing Director for Emergency, stated that she wants to be advised of these situations as she meets regularly with the WPS to discuss safety issues in emergency rooms.

WRHA/MNU Emergency Department Working Group

Sandi Mowat provides updates on the progress of this committee which has been meeting as a regional group since 2014. Issues discussed included:

- Staffing level comparisons between sites
- Research on nurse/patient ratios
- Redirection and over capacity protocols

Meetings for this committee were less frequent in 2017 due to the consolidation plans announced by the WRHA.

At the November 2017 RNAC meeting concerns were expressed regarding the collapsing of the six emergency rooms down to three. Also of concern was the increase in patients presenting in ERs with violent behaviors due to street drug usage.

Regional Operational Plans

In early 2017 information regarding the regional operational plans were provided by Wendy Ducharme. The premise of these plans was to have standardized work processes in all programs within all sites within the WRHA. This would be implemented with a view to decreasing the duplication of work, and to coordinate efforts throughout all sites. An online access site would be developed for standardizing work sharing between all sites.

(Continued on page 49)
Once the WRHA announced their clinical consolidation plans these regional operational plans were put on hold.

Influenza Planning
This continued on the agenda from 2016. The idea around influenza planning was that we know it will be an issue, so let's plan rather than react.

This issue became of greater concern when the WRHA's clinical consolidation plans included closing the ICU's at Victoria, Concordia and Seven Oaks Hospitals. At our November RNAC meeting the concern of whether or not there will be capacity at the remaining three ICUs to deal with influenza was raised.

At time of writing this report, the next meeting of the RNAC was scheduled for Friday, January 19, 2018. An update on this issue will be provided at our annual meeting.

Employee Assistance Plan (EAP)
Concerns regarding access to EAP services were discussed this past year. The president of the Seven Oaks local stated that his members were advised that there is a six to eight month wait list to access services.

Prior to the clinical consolidation announcements, there was (on average) a two month wait list for services. In reality there continues to be a need for staff to access EAP as changes to the region continue. As such, we feel EAP may need to increase the number of counsellors they have as the counsellors’ workload will be impacted.

The WRHA raised this concern with HEB and HEB’s response was as follows:

Wait times for rural counsellors seem to vary. Typically, counsellors can offer appointments within two weeks, unless a client is requesting specific times and/or days, or a specific gender for their counsellor. Wait times can also be significantly reduced if a client is amenable to other forms of service delivery such as telehealth, telephone, and/or Skype.

Two employees from the same department cannot be scheduled at the same time and location as this would show up as a conflict in our appointment book. We do this to protect people’s privacy. Employees from the same department can certainly come to the same location, but they would be scheduled at different times to avoid running into each other. (Empress location only in Winnipeg.)

We will consider running further analysis of wait time for the rural health authorities.

Presentations at RNAC
Two informational presentations were made to the committee in 2017.
* In January Shaun Hass, Regional Director, OESH presented on injury near miss, and RL6 processes.
* In May Dr. Allan Garland and Trish Ostryzniuk, Manager Database, presented on TISS which is a patient acuity measurement tool.

Local 5/SBH Concerns Discussed at RNAC
* ICU contingency plans
* Consolidation plans and lack of communication regarding same.

Karen Sadler, RN
President, Local 5
Local 5 has two representatives on the central committee for SBH’s Workplace Safety & Health Committee - Janeth Ty (formerly Restar) and myself, Linda Jackson.

Our committee is provincially mandated and is comprised of ten members, equal number of managers and union representatives. Currently all positions are filled although there have been some recent changes due to management position changes. As a group we all work well together.

The goal of this committee is to represent the employees at SBH with respect to their health and safety needs at work should issues arise. The promotion of safety, recognition of workplace safety and health rights, and staff education are recognized.

It is important for us as health care providers to be able to identify risks to our own health and safety in order to prevent injuries and keep ourselves safe. As workloads remain steady and workplace environments are restructured, we must remember that our health and well being are important to us surviving these changes.

The Workplace Safety & Health committee meets on a monthly basis. Committee members also attend 16 hours of education per year to prepare for assigned safety inspections (currently we each perform two inspections per year in specific areas of the hospital). Familiarity with the incident tracker, in charge person’s safety responsibilities, and job hazard analysis are also required.

Each month a committee member submits an article to SBH’s “This Week”. Topics covered have included:
* How to report a workplace injury.
* Slips and falls.

Issues Addressed at WS&H in 2017
* Security needs as demographics of emergency patients changes
* Heightened security needs at the Emergency entrance and at the south entrance by Robin’s has arisen. There is a sub-committee for Property Management. A security guard worker representative will join this committee in the near future. Further updates to follow.
* Violence Prevention rollout - Care Alert Plan is scheduled for implementation March 2018. This will include screening patients for aggressive tendencies.
* Differentiation of code white and security 25 use in Emergency. The policies, job descriptions, and procedures are being reviewed in security and by committee co-chairs.
* Code blue policy - currently only patient care areas can use code blue. Further clarification for non-patient care areas is being addressed. Further information pending.
* Occupational Health & Safety (OH&S) is working on bed bug policy.
* ACF surgery practice of having dressing trays open prior to patient’s arrival. This is being addressed by Infection Control.

These are current issues that we are working towards resolutions on.

Our thanks to Tom Henderson, Workplace Safety & Health officer, MNU as well as Karen Sadler and Sheila Holden for their ongoing support!

Linda Jackson, RN & Janeth Ty, RN
Local 5 Reps, WS&H

Keep yourself informed of workplace safety and health. There is a tab on the SBH intranet site and it has wonderful information on it.

It is important that if you see a safety issue, you bring it up with your manager. If it cannot be resolved at that level please contact your reps on the WS&H Committee.
Funding for the WRHA Continuing Education Fund Committee (ConEd) is discretionary from Manitoba Health on an annual basis and is not negotiated at bargaining nor is it included in the collective agreement.

Monies flow from Manitoba Health to the provincial Nurses Recruitment & Retention Fund (NRFF) committee. The NRFF committee (which includes Sandi Mowat, president, MNU) makes decisions on an annual basis regarding the disposition of these funds (example: to the WRHA continuing education fund committee).

The WRHA continuing education fund committee represents nurses throughout the WRHA. In April 2016 access to ConEd funds were extended to nurses employed outside of the RHAs (e.g. government nursing departments and Canadian Blood Services).

The WRHA continuing education fund committee is a joint committee of management and union representatives. MNU representatives from the eight Winnipeg hospitals as well as members representing long-term care and the Winnipeg Community Health Care Region, participate on this committee which meets quarterly. Management (Marg Synyshyn, MATC) and union (Dana Orr, Riverview) co-chair the committee.

Money from this fund can be obtained for costs related to the following:

- Registration/tuition/travel and accommodation costs to attend workshops, university courses, conferences or seminars ($500.00 annually per nurse);

- Education subsidies (for short term education programs) - maximum of two days per year (for nurses who are required to take an unpaid leave of absence in order to attend an educational program).

**Education Subsidy Rate**

(no change from 2016)

<table>
<thead>
<tr>
<th>Class</th>
<th>Shift Length</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN/RPN</td>
<td>8 hour</td>
<td>$275</td>
</tr>
<tr>
<td></td>
<td>12 hour</td>
<td>$400</td>
</tr>
<tr>
<td>LPN</td>
<td>8 hour</td>
<td>$185</td>
</tr>
<tr>
<td></td>
<td>12 hour</td>
<td>$275</td>
</tr>
</tbody>
</table>

**Funding Issues**

For a few years now this committee has been concerned about the funding received from the NRRF Committee. Funding is decreasing while our expenses are increasing, which puts this fund at risk of being in a deficit. The ConEd fund provides nurses with great opportunities and has grown into a successful educational support for nurses.

To date the ConEd committee has not been advised of our funding allotment for 2017 and a financial report was not provided at our December 2017 meeting.

*An update on the financial status of this committee will be provided at our annual meeting.*

**Terms of Reference**

The terms of reference for this committee were reviewed and adjusted to properly reflect the committee’s work.

**Bilingual/French Nursing Grant**

Bilingual/Francophone nurses who are newly hired into a position where bilingualism/French language is a requirement and have not been employed in any such position in the six months prior to the grant application, are eligible for this $2,000.00 grant.

Nurses meeting the eligibility criteria are encouraged to apply.

For further information, please contact the Nurses Recruitment and Retention Fund toll free 1.877.681.4983.

(Continued on page 52)
(Continued from page 51)

Nursing Recruitment & Retention Fund (NRFF) Survey

In November 2017 I received a survey from the Government of Manitoba Health Workforce Secretariat by virtue of being a member of this committee.

Completion of the survey was voluntary and the results would be presented to the NRFF to help inform potential changes. I completed the survey stating that these monies provide nurses the opportunity to access education in a ever changing workplace.

Many thanks to Audrey German, administrative assistant for her efforts on behalf of the committee. Thank you also to Marg Synyshyn and Dana Orr for their willingness to share the co-chair responsibilities for this committee.

Karen Sadler, RN
President, Local 5

Applying to the WRHA Continuing Education Fund

Mail (do not fax) completed application forms to:

WRHA Continuing Education Fund
120 Tecumseh Street
Winnipeg, Manitoba R3E 2A9

Inquiries?
Phone 204.334.3433
Email coned@matc.ca

Funding available comes from the WHRA Continuing Education Fund to you, a nurse in the WRHA. It is your money to utilize in accordance with the guidelines. Applications are reviewed carefully to ensure that employers are not offloading collective agreement article 2407 responsibilities to the WRHA Continuing Education Fund.

Employers do not have access to the WRHA Continuing Education Fund Committee funds. They should not expect nurses to apply to the fund and then require nurses to pay that money back to the “unit/program/specialty Education Trust Fund”.

Please be aware that if your employer is telling you to attend a conference/seminar, then they should be paying you in accordance with article 2407.

Unit specific Education (Trust) Funds are completely separate from the WRHA Continuing Education Fund. Guidelines for those funds cannot include repayment by nurses for monies received from the WRHA Continuing Education Fund. Should this occur please contact the Local 5 office immediately for assistance.
Funding Opportunities

Graduates of the Registered Nurse's program from the St. Boniface School of Nursing are eligible for funding up to a maximum amount of $500.00. Funding will be awarded for practice-based nursing research, workshops, and conferences. Proposed research must be clinically relevant and ultimately benefit patients.

To be considered, graduates must:

- be or become paid members of the Alumni;
- provide proof of enrolment for workshops or conferences;
- provide a one-page summary of proposal for research studies;
- submit a letter of application by February 28, 2018;
- be in attendance at the Annual Dinner on May 16, 2018

Please note that the Alumni Association reserves the right to request the return of funding should the candidate not complete the research or not attend the workshop or conference other than for reasons of personal illness.

Those interested should apply in writing to:

St. Boniface Registered Nurses' Alumni Association
Attention: Treasurer
Room NG018
409 Taché Avenue
Winnipeg, Manitoba
R2H 2A6

Gisele Hansen,
President
St. Boniface Registered Nurses' Alumni Association
You’re invited to attend our

48th Annual General Meeting

on

Wednesday, March 7, 2018

Norwood Hotel

112 Marion Street, Winnipeg

Registration begins at 1645 hrs

Supper served between 1700 - 1800 hrs

Meeting 1800 hrs

* * * * *

No charge to members however ticket required

Tickets are available from Unit Reps or from the Local 5 Office

Door Prizes (must be present to win)