WEAR WHITE

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When the government promised that there would be no cuts to front line health services we were skeptical, but we were willing to give them the benefit of the doubt. We were willing to work with them to ensure that all Manitobans have access to timely, safe and quality health care.

But all bets are off.

Their actions, to date, have proven that patient care is not a priority. I question whether they even understand the concept of safe patient care. They have shown a willingness to slash frontline services with little afterthought, and I would argue not much forethought either, about the impacts to patient care.

This is extremely concerning.

In just one week, the government announced the discontinuation of lactation consultation services at Health Sciences Centre, and that the Mature Women’s Health Centre at Victoria Hospital will be closed in October.

And they weren’t done yet.

They followed up by eliminating the Burns CNS and the Trauma CNS positions at HSC. This is ironic because, as you know, the Health Sciences Centre is the trauma and burn centre for the entire province.

They also announced the end of HSC’s vascular access team, which is comprised of 15 nurses.

The expectation is that these crucial services that used to be performed by trauma, burn and IV nurses will now be picked up by frontline nursing staff.

Further to this, the Misericordia Urgent Care will be closing on October 3, 2017, but the expansion of the HSC ER is not expected to be completed until November 2018. This facility is already overcapacity and nurses have reported that on some days it’s not uncommon to see more than 200 patients in the ER.

All of these cuts are adding even more stress to already heavy workloads.

Communication from the government about where to access care has been poor and in some cases, non-existent. I was told about a doctor who sent patients to the HSC ER because he thought that Seven Oaks was already closed. For the record, the Seven Oaks ER will be converted into an urgent care, but isn’t slated to happen for another year. Then there was the story about the patient suffering from a heart attack who drove past the Victoria ER, and went to HSC instead because he thought that the Vic no longer had an ER.

These are only a few of the many failures of this government when it comes to the delivery of safe patient care.

Unfortunately, the government has indicated that there are more cuts to come. The Manitoba Nurses Union will be on the frontlines, standing beside our members, putting patients first and standing up for safe patient care. We will hold the government accountable.

Sandi Mowat, MNU President
Front Lines is published by the Manitoba Nurses Union (MNU). Founded in 1975, MNU continues to be an active member-driven organization dedicated to meeting the needs of its members. Approximately 12,000 nurses province wide belong to MNU. That’s 97% of unionized nurses in Manitoba.

Editor
Samantha Turenne

CONTACT US
MNU Communications Department
301 – 275 Broadway
Winnipeg, Manitoba R3C 4M6
(Tel) 204.942.1320
(Fax) 204.942.0958
(Toll free) 800.665.0043
www.manitobanurses.ca
Email: info@manitobanurses.ca

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RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:
Manitoba Nurses Union
301 – 275 Broadway
Winnipeg, MB R3C 4M6
Email: info@manitobanurses.ca
The Manitoba Nurses Union and other public-sector unions (The Partnership to Defend Public Services) filed a statement of claim, which includes the request for an injunction that would prevent the government from proclaiming Bill 28, the Public Services Sustainability Act.

Bill 28, The Public Services Sustainability Act, which would restrict collective bargaining by imposing a two-year wage freeze on all new public sector collective agreements, was passed in the Manitoba legislature, but cannot come into effect until it has been proclaimed.

She went on to say that nurses must be appropriately compensated to ensure a sustainable health care workforce is in place to meet the complex and ever-changing health care needs of Manitobans.

In addition, the legislation also prevents increases to any other monetary benefits (e.g. premiums, bonuses, allowances etc.) cannot be increased at the bargaining table. However, pay increases as a result of promotion and re-classification will not be affected.

The bill proposes that any new collective agreements will be limited to wage freezes (0% increase) in the first two years, .75% increase in the third year, and 1% in the final year of a four-year agreement.

“The Bill 28 infringes upon our members’ right to free and fair collective bargaining,” said MNU president Sandi Mowat. “It prevents us from ensuring that Manitoba’s nurses maintain competitive wages and benefits.”

The Provincial Collective Bargaining Committee has finalized a package of bargaining proposals and has indicated intent to commence the bargaining process by serving notice to the employer.
“MNU has been bargaining in good faith with our employers for more than 40 years,” Mowat said. “Our current collective bargaining process is a system that works. We are ready to bargain and remain committed to working with the employer when we have the opportunity to do so.”

The 25 labour organizations involved in the case, are confident that there is a strong case and are hopeful that the court will see value in their arguments. However, this will be a complicated process and it is expected to take some time for the courts to consider it.
On Wednesday July 5, 2017, The Manitoba Nurses Union launched its Wear White Wednesday campaign to raise awareness and concerns about the ongoing cuts to front line health care services, which can lead to compromised patient care.

Every Wednesday since, nurses from across the province have been wearing white as a symbol of their commitment to safe patient care.

Thank you for all your wonderful photos. There are too many to include here, but rest assured they have all been shared through our social media networks.

We encourage you to keep sharing your photos with us. You can tag us on Instagram, mention us on Twitter, post on our Facebook page or send an email to sturenne@manitobanurses.ca.
The Manitoba Nurses Union recently completed a stakeholder consultation submission to improve Manitoba’s Personal Health Information Act (PHIA).

The legislation calls for government to conduct a regular public review of the Act to ensure it remains current and appropriately balances the interests of patients and the needs of service providers. The last review of PHIA was in 2004.

The focal points of the 2017 review included examining the scope of the legislation, accessibility to personal health information, privacy of personal health information and ensuring compliance with PHIA.

The highlights of our submission and recommendation include:

1. **Notice of Rights to Access** - MNU recommended that public information pertaining to PHIA should be conveyed in a clear, concise manner. Oftentimes, information patients receive about PHIA is overwhelming or too complex to understand. MNU also proposed to amend PHIA to obligate every health care organization and facility to display information materials in both official languages. MNU also supported the government’s recommendation to display information about PHIA on TV screens in health care facility waiting rooms, where available.

2. **Use of Personal Health Information for Training Purposes** - MNU strongly supported an amendment to PHIA to clarify the circumstances where personal health information can be used for training purposes. This recommendation is especially relevant for student nurses completing their practicum placements. While the purpose of sharing personal health information during a student practicum is covered under current legislation, more clarity is required to articulate that sharing health information without consent is permissible for training staff and students as long as it does not conflict with parameters set forth by the Act regarding disclosure without consent.

3. **Use of Personal Health Information for Employment Services** - MNU strongly believes that PHIA should be amended to provide additional clarity that express consent is required before accessing the personal health information of any employee or prospective employee for any purpose related to employment, unless it was originally collected for employment purposes. All nurses are self-regulating professionals and have a duty to report unsafe practice to their regulatory body, professional incompetence and/or an unfitness to practice. This duty to report also extends to a nurse’s own practice. However, it is important to clearly distinguish between the professional and personal realms of a nurse’s health information and the ways in which the health information is being used. As there are times when nurses become patients and are placed under the care of other nurses, their privacy rights need to be protected.
Once government reviews each stakeholder submission, a final report will be submitted by government outlining their final recommendations to amend the Act. The report is expected to be completed and released in 2018.

Addressing workplace psychological health in Manitoba’s health care sector has been a priority for MNU since the launch of our PTSD report in 2015. In partnership with Dr. Karen Harlos from the University of Winnipeg and her international team of researchers, MNU is excited to announce that we will be embarking on a research study that will examine the prevalence and impact of psychological hazards in Manitoba’s nursing profession.

There will be a strong emphasis on specific behaviours and experiences nurses are exposed to in their practice environments, their influence on psychological health and safety in the workplace, and insights to improve workplaces.

Despite the fact that nurses have an ethical obligation to safeguard information learned in the context of a professional nurse-client relationship, there have been multiple breaches of confidentiality of personal health information due to the lack of clarity surrounding this area in PHIA. Unfortunately, personal health information has been shared with the employer, such as an immediate supervisor, manager or human resources. In these situations, the individual did not provide consent nor did the health information/concerns have any relation to their current employment or a professional practice concern at the time. It would be the right and the responsibility of an individual employee to engage in discussions with their employer about how their employment may be affected by a health concern. In these discussions, the employee does not have to share their personal health information.

4 Expanding Disclosure Provisions - MNU believes the current threshold surrounding the ability to disclose health information to prevent or lessen a serious or immediate threat is restrictive. As it currently stands, a risk has to be identified as both serious and immediate in order for trustees to disclose personal health information without consent. MNU is of the opinion that a serious risk can pose severe consequences even if it may not be immediate. There are many scenarios where patients/clients/residents may be assessed as being a serious risk to themselves or others yet it is not an immediate threat at the time. However, there may be a greater likelihood that a threat can occur in the near or imminent future. This is why it is imperative to ensure a patient’s circle of care is notified in situations where there is a risk to the patient’s health and safety or to the health and safety of those around them in order to secure appropriate safeguards. MNU referenced the model that was adopted in Saskatchewan in which personal health information can be disclosed if an individual is a danger to the health of and safety of one’s self or others.

5 Whistleblower Protection - MNU believes that whistleblower protection for all trustee employees should be added to PHIA. Although MNU has bargained a certain degree of protection from private sector employers, the legislation should be expanded to protect all trustee employees, both in the private and public sector. MNU has a longstanding commitment in ensuring Manitoba citizens have access to quality, safe patient care. A failure to extend whistleblower protection to all trustee employees, specifically those employed in private medical clinics, runs the risk of allowing unsafe health care processes and practices to continue out of fear of dismissal or disciplinary action.

RESEARCH STUDY ON PSYCHOLOGICAL HAZARDS

The survey is expected to launch November 2017 and will be accessible for all active members through MNU’s portal. An email will be sent to all active MNU members with instructions on how to access the survey.

Please ensure MNU has your current contact information by contacting Veronica Jones at VJones@manitobanurses.ca or Angela Samayoa at ASamayoa@manitobanurses.ca.

If you have any questions about the research project please contact MNU’s Researcher, Mikaela Brooks at MBrooks@manitobanurses.ca.
For the first time, the Manitoba Nurses Union participated in the Winnipeg Pride Parade. It was such a success, that we are forming a planning committee for Pride 2018. If you are interested in joining the committee, please email sturenne@manitobanurses.ca for more information.
“After having our firstborns, a friend and I booked appointments to get them vaccinated,” she said. “I remember having to reschedule several times because there was no local public health nurse to vaccinate.”

Simpson said that this situation was extremely frustrating because it meant that many of the children living on reserve were falling behind on important immunizations.

“If we had our own nurse, that nurse would be living and working here and this wouldn’t keep happening over and over again,” she said. “One of the main ambitions in my life was to become a nurse – a nurse who would work in this community.”

Simpson graduated from the University of Manitoba Norway House site, as a registered nurse, and began working with Norway House Public Health in 2002. Public Health is one of 15 health programs that have been transferred to Norway House Cree Nation. Of these 15 programs, four departments include nursing positions. Nurses are employed at the clinic, home care, public health and the Pinaow Wachi (personal care home).

Over the years, there have been many community members who have graduated from nursing and have returned home to work. Currently, there are 26 local nurses working in the community.

“It has not been an easy journey to go back home and work. As the saying goes, it is hard to prosper in your own land,” she said. “But I always wanted to provide health services to the people of my community. I can speak the language and I know the community, and have also lived it.”

As part of the panel on Truth and Reconciliation at the 2017 convention of the Canadian Federation of Nurses Unions, Simpson spoke about the importance of First Nation languages and the preservation of culture, much of which was lost when children were forced to attend residential schools.

“My father and older siblings went to a residential school and this has affected my family,” she said. “I remember my dad was always quiet and usually only spoke to my mom. He did not talk much to his children. I did not start talking to my dad until I was 13 years old.”

Simpson said that many people of First Nation descent are now having to learn their ancestral languages, and find ways to reconnect with their traditional ways.

She went on to speak about Jordan River Anderson, a child from her community, born with complex medical needs. He spent his short life in the Children’s Hospital in Winnipeg, where he eventually died while the federal and provincial government argued over who would be paying for his health care services.

Jordan’s Principle, a child-first principle, was born out of this tragedy. The Principle is intended to ensure that First Nations children do not experience, delay, denial, or disruption of basic services that are
Flora Simpson is a nurse of Cree Aboriginal descent from Norway House Cree Nation (Kinosao Sipi), located in northern Manitoba. Norway House is considered one the largest reserves in Manitoba, with a population of about 7,000.

normally available to all other children.

It puts the onus on the government of first contact to pay for the services and seek reimbursement later so that services are not delayed.

“I have two grandsons with hemophilia and because of Jordan’s Principle, it has put less burden on my family,” she said. “I am very thankful for Jordan and his family.”

While there are many children like Simpson’s grandsons who are receiving services in their home communities because of Jordan’s Principle, there are others who are still waiting because of the government’s refusal to implement the full meaning and scope of the Principle.

Currently, the Manitoba Nurses Union is applying for intervenor status at an upcoming judicial review where the Government of Canada is challenging two specific aspects of the Canadian Human Rights Tribunal ruling. These sections state that the requests for services must be processed within 12-48 hours, and must be processed without case conferencing. Case conferencing has lead to significant delays in service.

“Children are a blessing and for too long First Nations children have been treated unfairly and discriminated against,” she said. “The government must implement Jordan’s Principle to the fullest extent and stop making excuses and cutting corners. It’s the right thing to do.”

Simpson knows a thing or two about being treated unfairly and having to fight for respect and equality.

A decade ago, nurses in her community were significant underpaid and had no protection from the whims of the employer. She organized the nurses and began working towards attaining MNU representation.

The Labour Board denied the certification application on the grounds that provincial labour relations legislation did not apply to these nurses because they were providing health care services predominantly on reserve, primarily for the benefit of First Nations. They were told that the Canadian Labour Code was the appropriate legislation under which the certification should be made.

MNU disagreed with that ruling and filed an appeal, pointing to the fact that the health care programs in which these nurses worked also receive provincial funding and as such are also under provincial jurisdiction.

“There were times we had to jump through hoops and over hurdles to get to where we are today,” she said. “It was scary and it was tense, but we kept fighting.”

In 2011, after more than four years of Labour Board hearings, the nurses of Norway House Cree Nation received a Labour Board certificate authorizing the Manitoba Nurses Union to collectively bargain on their behalf.

“The union has helped my community understand the dynamics of a collective agreement and now other First Nation communities are following our lead by unionizing,” she said. “We fought for fairness, equity and equality and we won.”
CFNU

CFNU president Linda Silas delivered a passionate address to the 1,200 delegates, attending the biennial convention in Calgary, AB.

Silas unveiled the results of a recent survey in which 2,000 nurses from across the country spoke up about important issues affecting health care, ranging from overtime to the rising incidents of violence.

“Nurses and policy-makers know that excessive overtime is eroding the safe, quality care of our patients,” she said. “Our patients deserve the best nursing care, and to provide that care, nurses cannot be stretched to unhealthy limits.”

Public health care employers paid $989 million in 2016 in illness- or disability-related absenteeism costs. The total cost of unpaid and paid nursing overtime was an additional $968 million.

She added that as the acuity level of hospital patients continues to rise, cuts to nursing positions are driving nurses to rethink their career choice, just as they are needed most.

“Over the last year more than 60 per cent of nurses have had a serious problem with some form of violence at work,” she said. “Enough is enough! We will not accept violence as part of the job and are calling for a zero-tolerance approach to violence in health care workplaces.”

She went on to speak about closing the gaps between non-indigenous and First Nations health care, particularly when dealing with substandard care provided to First Nations children.

“For too long Canada has ignored the plight of its First Nations people and there is no excuse for this. Quite frankly it’s shameful,” she said. “As nurses, we have a responsibility to ensure that all Canadians have access to safe health care. We are committed to working with our Indigenous leaders to better understand why these conditions persist and more importantly what Canada’s nurses can do in helping to address these inequities.”

There were 121 MNU delegates at the national convention.
Social Media Safety

Over the past years, services like Facebook and Twitter have become powerful platforms for speaking out about important issues and in many cases, have played a crucial role in effecting societal and political change.

It’s easy to understand why. These tools allow users to transcend borders and with the mere click of a button, opinions, messages and calls to action can we viewed and shared with a worldwide audience. For nurses, with this great technological power comes an even greater responsibility to ensure that professional obligations are upheld. Here are a few ways to make sure you’re meeting them.

Respect Patients’ Privacy... and Everyone Else’s

Just as you would never disclose private information about a patient in a conversation with a friend, you should never do that on a social network either.

And that goes beyond names or descriptions. It can also mean an unusual diagnosis or symptom.

Respect your colleagues’ privacy, too. Make sure you have someone’s permission before you upload a photo of them to Facebook, tweet about a conversation you just had, or even post about their birthday being today.

Show Nursing’s Best Face

Whether intended to be public or private, comments posted on social media can have far reaching consequences that can affect your employment.

Currently, the provincial government is slashing front line health care services and as nurses, we are feeling the brunt of these cuts first hand. From diminishing supplies and resources, to working short staffed in situations where patient safety can be compromised, these cuts are extremely damaging to our health care system.

We are frustrated. We feel helpless. We want the cuts to stop, but we feel that no is listening, so we take to social media to voice our concerns.

On social media, we find like-minded individuals so we speak up; we speak out. We vent. We have finally found a voice. We feel better.

But who’s listening?

Sure, there are other nurses, concerned citizens, a couple of politicians, maybe even a priest. Who else? The answer is — any and every one. While this includes the aforementioned list, it also includes the employer, government officials, the Colleges, other health care colleagues who might not necessarily share your views, journalists and more.

And, while it can be liberating to use this avenue to be openly critical of the health care cuts, your facility, management decisions or even specific individuals in the health care system it is never a good idea to have these discussions in the public light.

The repercussions can result in disciplinary action. In extreme cases, it can lead to termination by the employer or the revoking of your license by the college.

That being said, nurses are the most trusted voice on health care in this province. Manitobans count on us to advocate on their behalf when it comes to health care, and we will continue to do that in a way that is strategic, professional and effective.

We encourage you to share your frustrations, your solutions and your insight with us. Whether it’s a personal conflict with a colleague, workplace issues with management, dealing with difficult patients or their families or speaking out about the cuts to health care, there are many different tools in place to deal with these issues.

For example, if you have a personal conflict with a colleague, it’s best to try to resolve it privately. You can consult your union rep and use the grievance process to deal with workplace issues. Dealing with a difficult patient? Talk to a colleague or supervisor about difficult patients or their families. Is patient care being compromised due to the health care cuts? Tell us. We can work with you on devising the best way to voice your concerns to the most appropriate audience. Are you concerned about a rumour going around about layoffs? Call us. We are here to help and can help verify or refute the rumour. The bottom line is that social media should never be your first course of action. In fact, as a rule, when in doubt your first course of action should always be a call to the MNU provincial office.
EMPLOYMENT SECURITY

Options for dealing with deleted positions

Government cuts to frontline health care services have resulted in the deletion of some nursing positions and has led to many questions around job security and the rights of the nurse under the collective agreement.

Please note that labour relations officers will be on site at all affected facilities to ensure that the collective agreement is followed and that nurses are aware of all their options.

I have received a deletion notice. What does this mean?

When a reduction or restructuring of the work force becomes necessary, nurses may be laid off in reverse order of seniority within their occupational classification i.e. the nurse with the lowest seniority is the first to be laid off.

Once the 90-day notice is served, new master rotations are developed by the employer in consultation with the union and the affected nurses. A cut-off date for the calculation of seniority and the date of implementation is then established.

Those nurses whose current position do not exist in the new master rotation are identified and served notice that their position will deleted with the date the deletion is to take effect (implementation date).

A deletion notice is not a lay-off notice. It advises a nurse that his/her current position (EFT, rotation, unit, etc.) will not exist in the future. It signals the start of the Employment Security process that provides a nurse with many options to apply/choose a new position.

I am on a leave of absence. Will I have a job to come back to?

The incumbent (owner) of the deleted position is notified and has the rights afforded by Article 27, even if she/he is on a leave of absence or temporarily in a term position. This also applies to nurses on maternity or education leave.

E.g. A nurse on education leave owns a .5 position, which is being deleted. This nurse will receive a deletion notice, since she/he is the owner of the position.

I have a term position.

A nurse occupying a deleted position, as a term, will continue in that position until 2400 hours of the last day of the notice period. This marks the expiration of the term position. The nurse occupying the term will revert to her/his previous position/status in accordance with Article 3006.

On the other hand, if a nurse is working a term position on a different unit and her/his job has been deleted, the nurse will receive notice and will be afforded all the options of a nurse whose position has been deleted.
My position has been deleted. What are my options?

**Option 1: Apply for a new position**

Any newly created positions are posted and filled in accordance with Article 30 Vacancies, Term Positions and New Positions. All nurses in the facility are welcome to apply for the new vacancies whether their position has been deleted or not. Any nurse who has received a deletion notice is encouraged to apply for all positions created by the new master rotation. The nurses on affected units will have unit preference when new positions are posted as a result of an employment security notice in accordance with Article 3003.

Keep in mind that if a nurse applies for and is awarded and accepts a position, she/he does not get the opportunity to change her/his mind later and bump.

**Option 2: Bump into a position where the current incumbent has lesser seniority**

Once the posting and selection process is completed, the nurses impacted by the restructuring/closure who have been unable to secure a new position via the vacancy selection process will have the ability to exercise their seniority rights to displace (bump) a nurse with lower seniority in a position of equal or lower classification.

Please note RNs cannot bump LPNs, but Nurse IIs or IVs can bump Nurse IIs.

When bumping starts, the occupied positions available to the nurses, who are exercising their right to bump, are all of the positions in the facility whether they are long-standing or new.

**Option 3: Accept lay-off (Article 27 Layoff and Recall)**

The final option available to nurses whose positions have been deleted and have been unable to secure a position by either the posting or bumping process is to accept lay-off.

A lay-off notice must be issued four weeks prior to the date it takes effect or payment made in lieu of the notice period.

All nurses on lay-off will be subject to recall in the future. Furthermore, nurses who are on lay-off from a site have to be recalled before any applications from nurses who work in other sites can be considered.

When a nurse is laid-off she/he is entitled to pick up additional available shifts up to her/his former EFT. A laid-off nurse may apply for a redeployment number to be able to apply for and receive preferential consideration for new and vacant in-scope positions at another participating employer, in accordance with the redeployment principles outlined in MOU #14

**How is my vacation affected?**

The employer is required to make every possible effort to honour vacation that has already been booked.

**More information:**

Please review the following articles and MOU in the collective agreement for further information or clarification:

- Article 27 Layoff and Recall
- Article 30 Vacancies, Term Positions and New Positions
- Memorandum of Understanding #9
  Re: Job Security
- Memorandum of Understanding #14
  Re: Participation in PHCLA/Redeployment

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E.g. Nurses from Misericordia Urgent Care who opt to be placed on the bump list will each be given an appointment with the employer to determine the most suitable job based on their qualifications, seniority and areas of interest. Once these are determined, the responses are entered into a computer system which generates a list of all possible positions at the facility available to the nurse. The nurse will then be given 24 hours to make a decision.

It is important to note that the bumping system is not infinite i.e. If a nurse applied for and is awarded and accepts a position, she/he is not entitled to later change her/his mind and displace another nurse.
As we prepare for the next round of Central Table negotiations, it is especially important that we have your correct contact information, including an active email address. We will be using email and other methods of communications to keep you updated on the bargaining process.

If your contact information has changed, please contact our office to make sure you don’t miss out on any important news or updates.

To update your contact info call: 204-942-1320

Update online via the Member Portal: www.manitobanurses.ca