Front Lines

The Magazine for Nurses by the Manitoba Nurses Union / **Issue 3 / 2014**

Mowat
addresses delegates at CNA convention

Manitoba nurses Union

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A Snapshot of LTC in Manitoba

PLUS

Getting to know the New Agreement

Message from the **President**

Sandi Mowat, MNU President

IMPACT OF OVERTIME

Recently, I had the opportunity to speak, as part of a panel, at the Canadian Nurses Association's biennial convention about the impact of overtime on both nurses and patient care.

We know that nurses are being asked to work overtime at an alarming rate – 34 per cent of nurses in Manitoba report working overtime. In some rural and northern areas, our members, report working 20 -24 hour shifts.

Excessive hours compromise nurse safety by increasing susceptibility to injury and illness, eventually leading to absenteeism, burnout and turnover.

When nurse safety is compromised, so is patient safety. The risk of committing an error triples when nurses work more than 12½ consecutive hours.

Yet, employers continue to use overtime as the go-to method for dealing with staff shortages, but this cannot continue indefinitely – it's not sustainable.

MNU members have several tools, negotiated as part of our collective agreement, at their disposal to help deal with the demands of working excessive hours. See our article on **Limiting Hours of Work: Rational Voices on a Burning Issue**, for more information on this important issue.

A LOOK AT LONG TERM CARE

Earlier this year, MNU conducted a Long Term Care Survey with the help of Viewpoints Research. We polled members from rural and urban long term care facilities on issues ranging from staffing levels and the use of agency nurses to the availability of resources and the types of non-nursing duties they are expected to perform. The highlights of the study are included on page 10, A Snapshot of LTC in Manitoba.

RATIFICATION PROCESS

Delegates at our recent AGM passed a resolution calling upon the union to investigate possible changes to our ratification process. We will be contacting other unions across Canada, both nursing and non-nursing unions, to learn about their ratification processes. We will also be surveying our membership to get their input into our current process and what would make it better in terms of accessibility. We will look at a number of options including – electronic voting, town halls and webinars to provide members with a number of ways to access information. Our findings will be reported to the next AGM. •

Front Lines

In this Issue

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.

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Manitoba nurses Union
A COMMITMENT TO CARING

Limiting Hours of Work

Rational Voices on a Burning Issue

The Manitoba Nurses Union has a longstanding dedication to promoting a positive nursing culture, safe working conditions and high professional standards of practice, all of which are pillars of quality patient care.

Recently, MNU president Sandi Mowat spoke at the Canadian Nursing Association biennium about the use of excessive overtime in Manitoba, its effect on nurses and patient care and particular efforts that MNU has undertaken to address the issue.

During the open forum, *Limiting Hours of Work: Rational Voices on a Burning Issue*, the five panelists shared a wide range of perspectives and put forward practical, feasible ideas to tackle the issue of overtime.

In addition to Sandi Mowat, the panel also included:

- Jan Currie, chair, Manitoba Institute for Patient Safety
- Brad Fowles – pilot, aviation safety and emergency management professional
- Linda McGillis Hall – interim dean and professor, Lawrence S. Bloomberg faculty of nursing
- Arlene Wilgosh – CEO and president, Winnipeg Regional Health Authority

The Current Situation

It is becoming increasingly common for employers to use overtime as a way to deal with staff shortage; however research shows that the chronic use of overtime can jeopardize the quality and safety of patient care as well as the health and wellbeing of nurses.

In most cases, excessive hours are a direct result of inadequate staffing. As it stands, Canada is short a staggering 11,900 full-time positions and in Manitoba, the story is no different, where the province is short approximately 1,800 nurses. Winnipeg alone has close to 1,000 vacancies.

Looking ahead, the situation is slated to worsen with an estimated 50 per cent (50%) of the Canadian nursing work force set to retire by 2016. This will result in a nationwide shortage of 113,000 nurses.

Shortage fuels excessive overtime

According to a recent study by the Canadian Federation of Nurses Unions (CFNU), 31 per cent (31%) of nurses report working overtime – equivalent to 21.5 million overtime hours or 11,900 full time positions.

The rates are even higher in Manitoba, where 34% of nurses reporting working overtime.

Overtime is a particular issue in the rural/northern regions of Manitoba where we see the highest rates of nurses who work overtime. Nearly 40 per cent (40%) of nurses work overtime either all of the time or most of the time.

More than any other age group, nurses aged 45-50 are most likely to work overtime. Also most likely to work longer than a scheduled shift are nurses aged 18-34.

Effect on Patient Care

Patients' lives depend on nurses but sometimes the conditions, under which nurses work, can endanger both nurses and patients.

A study published in the Journal of the American Medical Association revealed that increasing a nurse's workload by just one patient is associated with a 7 per cent (7%) increase in the likelihood of patient death within 30 days. Conversely, increasing a nurse's workload by one patient is

associated with a 23 per cent (23%) increase in the odds that a nurse will suffer burnout and a 15 per cent (15%) increase in the odds of job dissatisfaction.

Furthermore, numerous studies show that longer work hours decrease vigilance and increase the likelihood of errors. The likelihood of committing an error increases when a nurse who may already be fatigued works beyond her/his scheduled shift. While most nurses are able to determine whether they are too overworked to perform their job safely and efficiently – the issue of mandatory overtime becomes problematic.

In fact, the risk of committing an error triples when nurses work more than 12½ consecutive hours.

Effect on Nurses

Long shifts compromise nurse safety by increasing susceptibility to injury and illness, eventually leading to absenteeism, burnout and turnover.

Absenteeism

Overtime perpetuates absenteeism.

In relation to other occupations, nurses are twice more likely to be absent from work due to their own illness or disability.

Working a shift longer than eight hours, with reduced time for recuperation, increases the chances of injury and illness that leads to absenteeism for longer than two days.

In particular, the risk of needle stick injuries increases by as much as 61 per cent (61%) after the 20th hour of work.

Manitoba and New Brunswick lead the country with the highest absenteeism rate due to illness – with 10 per cent (10%).

Burnout

Consistent fatigue eventually morphs into burnout, which nurses are experiencing at unprecedented levels.

It is important to note that this is not specific to nurses with long careers in nursing; studies show that many new nurses experience burnout as well, with 43 per cent (43%) of new nurses reporting a high level of psychological distress, while 13 per cent (13%) intend to leave the profession.

Turnover

Job dissatisfaction, as a result of fatigue and burnout pose major challenges, not only in retaining nurses, but also in recruiting new nurses.

Replacing nurses is incredibly costly and time consuming, but the hidden costs of replacing nurses feeds into this cycle of excessive hours.

Replacement costs during vacancy include overtime, bed closures or diversion to other institutions, which increases the workload of nurses in those institutions. These conditions constitute poor work environments and may cause additional turnover.

It also affects patient care in terms of increased risk of patient errors as new hires adjust.

DID YOU KNOW?

- Being awake for 17 consecutive hours can lead to cognitive psychomotor performances equivalent to having a blood-alcohol level of 0.05%–higher than the legal limit to drive in Manitoba. After 24 hours of wakefulness, the blood-alcohol level equivalent jumps to 0.1%.
- Overtime incurs astronomical costs to the health care system. Latest figures show that overtime costs the health care system $ 952.5 million annually, with costs increasing each year.
- Nurses aged 45-50 are more likely to work overtime than any other age group.

See the next issue of Frontlines for our newly negotiated Memorandum of Understanding on Group Scheduling

Too much Overtime?

MNU advocates for solutions

Particular efforts that MNU has undertaken to address overtime is improving scheduling practices in order to reduce overtime and agency nurse use, ensuring there is a balance of full and part time positions available, and improving weekend staffing resources.

During this round of bargaining we were unsuccessful in limiting shifts at 16 hours, however, we negotiated the establishment of a formal tripartite committee consisting of government, employer and worker representatives to address workload and work-life balance issues.

Furthermore, we signed a new memorandum of understanding giving nurses the ability to participate in group self-scheduling.

What you can do

Nurses have a number of tools available at their disposal to let the employer know what they think about the situation. Keep in mind that the licensing bodies that govern nursing in this province generally hold that nurses have a professional responsibility to inform their employer of risks to patients and clients.

A Workload/Staffing Report primarily serves as a degree of protection for you in unsafe working conditions, but it's also a good way to have input and be heard about how reoccurring problems can be dealt with. While there's no guarantee your suggestion will be implemented, the opportunity to speak up is there and should not be discounted.

Similarly Workplace Safety and Health Committees and Nursing Advisory Committees are another way to draw important issues to the attention of those in a position to make change. If patterns are beginning to emerge in the application of overtime, don't be afraid to speak up and ask questions about what's being done to alleviate the situation. Remember, your patient's health as well as your own could be at stake.

Your MNU Collective Agreement also provides an option to respond to excessive overtime. Article 401 states that the employer has "the right to determine job content and the number of nurses in a nursing unit". If the employer is not fulfilling their responsibility, MNU could challenge them under this Article. If you believe the employer is being neglectful in their responsibility to ensure your unit is properly staffed, discuss the issue with your local president or call the LRO assigned to your Local/Worksite. •

Highest attendance for Prairie Labour School

Members from the United Nurses of Alberta, the Saskatchewan Union of Nurses and the Manitoba Nurses Union gathered in Winnipeg for the 3rd biennial Prairie Labour School.

With a total of 170 participants – 57 participants from Alberta, 46 from Saskatchewan and 67 from Manitoba, this is the highest attendance for Prairie Labour School.

Over the course of two days the participants discussed issues affecting unions, nurses and the nursing profession. •

AGM RECAP

President's Address

Nurses are leaders

MNU President Sandi Mowat told the 500 delegates, at the organization's 39th annual gathering, that nurses are leaders who will effect lasting change.

"I believe that as nurses we are all leaders," she said. "When we advocate for those in our care, when we work to improve nursing practice, to improve patient care, or to preserve a health care system that provides for all- we are demonstrating leadership."

Nurses are courageous

Mowat said that 2013 was an especially challenging year for nurses in Manitoba, but that they had risen to the challenge as nurses always do.

"Courage is not a word that is often associated with nursing. That is for soldiers, fire fighters and police. And yet nursing is the very embodiment of courage.

It takes courage to hold a patient down while they have a painful procedure; it takes courage to listen to the screams of a child as you inflict pain upon them to make them better.

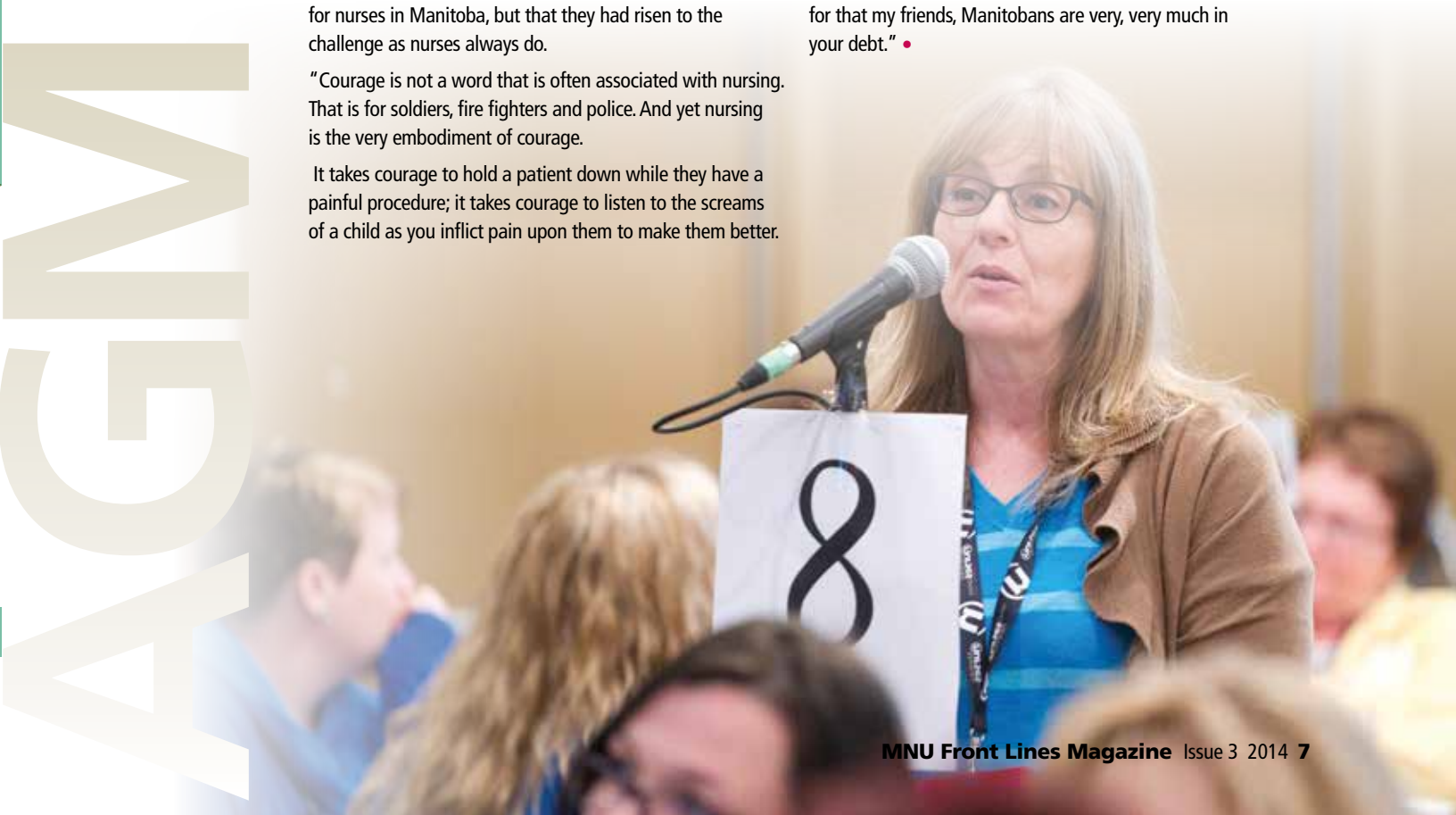
It takes courage every time you help someone die or to begin life.

It takes courage to be the only nurse on an entire floor in the middle of the night in an isolated facility.

Our courage enables us to address ethical issues and do the right thing, to advocate for our patients. Courage enables us to help patients face their vulnerability and suffering as we face ours," she said.

She closed by saying that being a nurse is an extraordinary role.

"Your knowledge and compassion affect the outcome of people's lives. You bring hope in the midst of tragedy. And for that my friends, Manitobans are very, very much in your debt." •



AGM RECAP

MOTIONS

MOTION #1 – *CARRIED*
THAT MNU investigate possible changes to the ratification process by looking at our sister and brother unions' collective agreement ratification process, and further, bring recommendations back to the membership at next year's Annual General Meeting.

MOTION #2
THAT MNU review the Regional Representatives on PCBC with a view to reflect the newly amalgamated regions.

Referred Motion #3
THAT the motion be referred to the existing PCBC to review and make recommendations to the members at the 2015 Annual General Meeting.

MOTION #3 – *CARRIED*

MOTION #4 – *CARRIED*
THAT the MNU Executive Committee, in consultation with Worksite, Local and Regional Presidents conduct a review of the current structure of the MNU Board of Directors with recommendations to be brought to the 2015 Annual General Meeting.

We're pleased to announce that $15,571.71 was raised at this year's Annual General Meeting, in support of A Port in the Storm. Thank you for your generosity!

aportinthestorm.ca

ACROSS CANADA

ONA Members Receive Hospital-Sector Arbitration Award

Approximately 58,000 members of the Ontario Nurses' Association (ONA), have received an arbitration decision, resolving a dispute with Ontario hospitals over the nurses' collective agreement.

The two-year award provides a 1.4-per-cent wage increase in each year – barely, if at all – keeping up with the rate of inflation.

"Our registered nurses have already sacrificed wages with a two-year wage freeze in the last contract," said ONA President Linda Haslam-Stroud, RN. "Registered nurses had every expectation of moving back to more appropriate compensation that reflects the value of RNs to health care and would have been more in line with increases given to other professional essential service workers and our Canadian nursing counterparts."

Haslam-Stroud says that ONA is extremely disappointed that the award fails to provide any benefit or premium improvements, which have always been important feature of any round of negotiations. She notes that this contract is balancing the provincial budget on the backs of registered nurses.

The arbitration decision did hold one piece of good news for newly graduated registered nurses. "We are pleased to see that the arbitrator rejected all of the Ontario Hospital Association's proposals, including a three-per-cent cut to the start rate for new RN graduates," she said. "This would have resulted in our new RNs considering their options to practice in other jurisdictions, rather than be the lowest-paid RNs in all of English-speaking Canada." •

(l-r) MNU president Sandi Mowat, Dawn Thompson, Mike Yablonski, Juanita Smith and Kathy Nicholson.

Yellow Ribbon Recipients

Each year, MNU awards the Yellow Ribbon to individuals who are strong grassroots activists, willing to stand up for patient care and have clearly demonstrated special initiative in standing up for patients and nurses.

The 2014 Yellow Ribbon Recipients are:

Mike Yablonski

Swan River Nurses, Worksite 26

Yablonski has gained a reputation for standing up for nurses and patients. His tenacity has been paramount in leading the charge to make his workplace safer. Thanks to his advocacy, the employer was issued a mandatory work improvement order, resulting in the installation of security doors and many more changes to improve staff safety.

Juanita Smith

Victoria General Hospital Nurses, Local 3

Smith has been an active union member for close to 40 years and throughout this time she has held many positions at the local and board level. Always a fierce advocate for patients, in many occasions, she has gone above and beyond to ensure the comfort and safety of those in her care.

Dawn Thompson

Homecare Winnipeg Program, Worksite 97

Throughout her 22 year career, Thompson is usually the first called upon to use her valuable experience, skills and knowledge for a second opinion or to solve a problem. She is passionate about issues that impact grassroots nurses, at both the local and provincial level.

Kathy Nicholson

Stonewall Nurses, Worksite 106

Nicholson is "downright persistent" in keeping quality of life and optimum care as priorities for her clients. She has acted as a mentor for many new nurses and spearheaded the development of a scholarship both at the Local and Regional level to assist high school graduates in pursuing a nursing career. •

Admin of a Local Winnipeg

A full house for Admin of a Local Winnipeg, where new leaders learn about leadership and their roles and responsibilities when it comes to representing their local/worksite.

By Ivana Saula, Researcher

A SNAPSHOT OF LTC IN MANITOBA

In the spring of 2014, MNU conducted a Long Term Care Survey with the help of Viewpoints Research. Equal numbers of rural and urban facilities were surveyed across the province. The majority of respondents were female, 90 per cent (90%), although there was a significant portion of male respondents, 10 ten per cent (10%). Most facilities that we were able to survey were public 60 per cent (60%), with 30 per cent (30%) being private, and the remainder was mixed.

The results were presented at 2014 AGM during which we received feedback from members and a clear signal to continue researching issues in LTC. Below is a summary of key findings.

LTC Key Findings

Quality of Care

- 24.7% of respondents rated quality of care in their facility as excellent, and 61.6% rated it as good. Overall, most nurses think that quality of care is good or above average in their facility, which is a higher percentage than in 2006.

Changes in Quality of Care

- A third of nurses believe that quality of care in their facility has improved (33%), which is higher than what was indicated in 2006 (17%).
- Numbers show that perceptions about quality of care are positive, however, perceptions about quality can be broken down based on years of experience and gender.
- Generally, for all quality of care questions, nurses with 20 or more years of experience in LTC who are women, and especially those in smaller rural facilities have a negative perception about quality of care.
- Those who are new to LTC, have 10 years or less experience, and are male tend to be more optimistic.

Supplies and Equipment

- This is one area that has seen overall improvements, with 9 in 10 nurses saying they have the supplies and equipment they need all or most of the time. This is an improvement from 2006.

Security

- 81% of nurses work in facilities without security.
- Only 8% of rural facilities with less than 50 residents have security

Facility Recommendation

- 76% of nurses would recommend their facility to a family member, whereas in 2006, 79% indicated they would. However, taking into account the margin of error, the percentage has stayed the same.
- There used to be a gap in responses based on type of facility, ie. private versus public, however, the gap has closed, and there seems to be no difference.

Acuity

- 62% of nurses think acuity has gone up in the past 3 years, including 39% who feel it's gone up a lot, which is a higher percentage than in 2006. (27%)
- Those with 20 years of more experience in LTC are more likely to report rising acuity than those with less than 10 years of service.

Use of Medication/Restraints

- In 2014, fewer nurses believe there has been an increased use of restraints since 2006.
- Nurses in rural areas and those with less than 20 years' experience reported there has been an increase.

Sick Shifts

- 50% of respondents said sick shifts are replaced at their facility
- Sick shifts are commonly replaced in public as opposed to private facilities
- Sick shifts are more frequently replaced on night shifts

Agency Nurses

- 20% of nurses said agency nurses are used every day, another 23% said they are used weekly or more.
- Public personal care homes in Winnipeg with 200 or more residents are most likely to use agency nurses
- Agency nurses are most often staffed on weekday evening shifts

Non-Nursing Duties

- The definition that was developed for the survey did not change as a result of the survey
- Non-nursing duties that are completed every shift or occasionally are: filing and photo copying, stocking carts, procedure kits and supplies, searching for equipment and supplies and reporting discrepancies and shortage of supplies.
- Nurses who have more than 10 years of experience and those who work full time are most likely to assume the above named duties.
- Performing security tasks: Happens most often in rural facilities on night shifts by nurses with 20 or more years of experience.
- Acting as Fire Marshall: Nurses in private facilities were more likely to perform this duty, than those in public facilities.
- Most unusual non-nursing duties: fixing toilets, shoveling snow, changing light bulbs, and doing general repairs.

Frequency of non-nursing duties/ Impact on Resident Care

- 32% of nurses complete non-nursing duties every shift, 41% do them occasionally
- Those with more than 10 years of experience report that non-nursing duties take time away from resident care every shift compared to nurses with less than 10 years of service.
- Women aged 50-64 were also more likely to note an increase in the amount of non-nursing duties completed today than in the past. •

NOTE: Answers were split along gender and generational lines, giving us divergent perspectives. Size and location of facility also played a factor in diversity of responses.

WINN Conference
attendees share experience

Earlier this year, the MNU board of directors held a contest giving two new nursing members the opportunity to attend the Workplace Integration of New Nurses- Nursing the Future (WINN-NFT) Conference – an annual conference which brings together a diverse group of individuals ranging from managers and mentors to government and unions to share knowledge, experiences and strategies that promote successful integration of new nurses into practical settings.

The winners of the MNU contest were Neely Birch from the Carberry Health Centre and Lyndie Instance from the Neepawa Health Centre. They traveled to Banff, AB to attend the conference which was held from April 29 to May 1, 2014. Here is their account of the experience and the important things they learnt along the way.

Transitioning from student to nurse

By Neely Birch

The Workplace Integration of New Nurses – Nursing the Future (WINN-NTF) conference was a great conference. I learned so much about various nursing teams and how integration into practice is different between provinces/territories in Canada. Shockingly, even respect of the different titles of nurses is different between the provinces and territories. This was an eye opening part of the WINN-NTF conference.

Transitioning from student to nurse is an overwhelming experience of joy and fear. Graduating from nursing school is an honour and a great accomplishment… but then what? Transitioning to a nurse can be a stressful experience. It is scary enough being a new independent nurse working in the health care field, never mind proving your abilities as a nurse to patients and staff. Each and every staff member has a unique personality, and finding your place as a new nurse on the ward can be challenging. It is hard work earning the respect of senior nurses along with all other collaborating team members.

A common theme discussed at the WINN-NTF conference was bullying of new nurses. This seemed to be an issue for new nurses not only nationwide but worldwide. Bullying in the workplace is becoming more well-known nationwide with the ongoing awareness of the impact of bullying. Bullying a new nurse can be degrading and decrease a new nurse's confidence in the workplace. Bullying also increases work-related stress; therefore it creates an unpleasant work environment and potentially leads to an unhappy ending to a career that was once inspiring and positive. Negative work environments are not healthy environments and they do not promote optimal patient care.

As nurses, we need to remember that integrating a new nurse into the workplace does not end with orientation. Orientation is just as it is defined; it is learning where things are in the work environment. As nurses, we need to be supportive and proactive in integrating new nurses into the workplace because the complexity of our career and of our patients' lives is overwhelming and it is always changing. Nurses are the heart of healthcare let us work together to promote the success of our new nurses, and kick-start their careers positively knowing they made the right decision to be a nurse. Each and every one of us were once new to our workplace, let us work as a team to promote optimal patient care and positive work environments.

We are all Nurses

By Lyndie Instance

For the most part the Workplace Integration of New Nurses-Nursing the Future conference was excellent! I learned so much about the transition from student to nurse, how to successfully make the transition and how to help others transition as well.

The most eye opening portion of the conference was a panel discussion about "Collaboration and Scope of Practice" between LPNs and RNs. With this conference being held in Banff, all of the panelists were from Alberta. The discussion that took place about how poorly LPNs were treated and how they were not utilized to their full scope was appalling. One "experienced" RN made the comment that, "It just makes me sick when I hear a LPN tell someone they are a nurse. Nurse means Registered Nurse." My jaw dropped to the floor (along with many other Manitoba conference goers). As far as I knew LPN stands for Licensed Practical Nurse just as RN stands for Registered Nurse!

From my viewpoint, a new RN with one year working experience in rural hospitals in Manitoba is much more advanced in the equal treatment of all nurses, possibly due to Manitoba Nurses Union representing all nurses. I feel this united representation makes us more cohesive and supportive of each other, regardless of designation. As I learned, many other provinces have separate unions for each classification of nurse (RN, LPN, RPN), which may be the cause of some of the segregation. This definitely makes me thankful that I work in Manitoba!

There are differences in the education between a certificate LPN, diploma LPN, diploma RN and degree RN but we all work as part of a team, all play our parts and certainly all deserve equal respect and the prestigious right to call ourselves nurses! •

by Kirsten Andersson, Director of Labour Relations

Getting to know the new agreement

With the signing of a new collective agreement there are always new provisions that require MNU to provide education to members and employers regarding implementation. This most recent collective agreement is no exception. To address this, MNU invests significant resources to organize and present contract interpretation sessions. In October 2014, Labour Relations Officers will be conducting two day workshops that will outline all of the new provisions and review existing provisions of the collective agreement. Labour Relations Officers will be consulting with Local/Worksite and Regional leaders to prepare highly engaging and interactive workshops that address not only those provisions that are new for everyone but also customize the course content to provide clarification and review of articles in the that are consistently misinterpreted, disputed or have been identified as a provincial or regional priority. •

Because not everyone can attend contract interpretation sessions, I will be writing a regular article detailing new provisions of the collective agreement. For this issue, I have selected the new memo on Grievance Investigation Process.

Grievance Investigation Process

For some time we have been concerned about the length of time it takes to have a grievance heard by an arbitration board or a sole arbitrator. A typical grievance that has wended its way through the grievance stages and referral to an arbitration board could take as long as 12-18 months to be heard. The time to receive the written decision from the arbitration board can stretch into weeks and months. Even the term "expedited" arbitration has become a misnomer, as the abbreviated timelines required by the Labour Relations Act are often extended to accommodate the overloaded calendars of the small group of people qualified and available to hear these cases. Quite apart from the time it takes to resolve the dispute is the time spent by labour relations staff and legal counsel in preparation. Add to this the significant expense in legal fees, nominee fees and arbitration chair fees and it was clear that a new approach was required.

Fortunately we did not have to re-invent the wheel. Our colleagues with the Manitoba Association of Health Care Professionals (MAHCP) have had a grievance investigation process in place for a number of years. We consulted with our counterparts at MAHCP and heard that they have had a largely positive experience with this model of dispute resolution. We not only borrowed their language for this model, we contracted with the same individual they have used for the last several years: John Van Massenhoven.

Many MNU members will recall that Mr. Van Massenhoven is a lawyer and formerly in a senior human resource position with the WRHA. He was and is a well-respected member of the labour and health care communities, with a reputation for fairness and common sense solutions.

Please refer to *Memo 31* in the current collective agreement for information regarding what to expect if your grievance is proceeding to the grievance investigation process.

Some highlights include:

- The Grievance Investigation Process (GIP) continues concurrent with the collective agreement and must be renewed with each new collective agreement.
- The parties to the GIP are MNU and the Labour Relations Secretariat. Either party may request that any grievance be submitted to the GIP, however both parties must agree on each case submitted. When the parties cannot agree, the provisions of Article 12 and 13 shall apply.
- The opinion of the Investigator is advisory in nature and non-binding on the parties. If either party does not accept the opinion of the investigator, the provisions of Article 13 shall apply. The parties further agree that any opinion on any issue shall not be submitted to any future grievance investigation or to any arbitrator.
- Once the parties agree to proceed to GIP the Investigator shall, within seven days schedule a hearing to take place within 30 days following the submission of the grievance.
- The Investigator is expected to give a verbal opinion at the end of the hearing and to submit a written opinion within seven days following the end of a hearing.
- Nothing precludes the parties from resolving any grievance before, during or after its referral to GIP.
- The parties agree not to be represented at Grievance Investigation hearings by legal counsel. Labour Relations staff will continue to consult with legal counsel as necessary and will present the grievor's case at the hearing.
- It is expressly understood that the GIP is intended to provide a cost effective, informal and timely alternative to conventional arbitration.

There are several other provisions of interest within the memo including the number of attendees and where hearings shall take place so please take a few moments to review it in its entirety.

As always, should you have any questions, please contact your labour relations officer. •

Bob Romphf,
Labour Relations
Officer – Benefits

Pension & Benefits Corner

PENSION

Pensions and retirement have hit the national stage with recent announcements by the federal government of their intent to change federal pension benefits in the federal civil service. It appears their focus is on shared risk, the overall retirement benefits and reducing early retirement benefits. This is consistent with recent changes to increased penalties in CPP for early retirement plus delaying payment of Old age Security until age 67 years, for groups who were under 54 at the time of the announcement. This is in response to changing demographics and increased liabilities.

Our provincial HEPP pension faces some of these challenges due to having a predominately female workforce (85%) who live, on average, longer than other public sector plans with a 50/50 male/female split. This, along with persistently low interest rates continues to put pressure on our plan. We are also one of the last plans to allow retirement before age 55, similar to the Civil Services and Teachers' Plans. HEPP will conduct an annual actuarial valuation on the status of our pension plan in late June 2014. Feedback is usually given to stake holders in the fall.

DISABILITY AND REHAB PLAN

Our Disability Plan still is receiving record numbers of applications. This is a direct result of an aging workforce and the increased pressures of working in the health care sector. The D&R Plan has been able to achieve a very successful Rehab and Return to Work Program, assisting members to find a way to successfully return to the workforce along with support from their union and the employer. This has been well above industry standards in the insurance industry for disability plans.

Note: Members who are contemplating going off on a Leave of Absence (LOA) should prepay their applicable benefits prior to the start of the LOA. Failure to do so can lead to serious negative consequences should they become disabled.

GROUP HEALTH PLANS

Our union has been lobbying strongly to see some critical improvements to our Group Health Plan, specifically to improved Vision Care, Paramedical Benefits and possibly improved drug coverage. This is needed to keep competitive with the other public sector plans and other health care plans across Canada.

RETIREE GROUP HEALTH

This plan has remained status quo for a number of years but we are getting some feedback from members, asking for improved drug and travel coverage. Over the coming months our union will be lobbying HEBP to survey and determine if these types of improvements are possible, as the retiree bares the full cost of this benefit.

EMPLOYEE ASSISTANCE PLAN

The old provincial Employee Assistance Plan (EAP) moved from the Regional Health Authorities to HEB on April 1, 2014. All health care workers, including casuals, and their dependents, with very few exceptions, are covered by the provincial HEB –EAP, administered by Blue Cross. If you did not receive an EAP card for you and your dependents please contact your Human Resource Department. •

Nicole Mazur, Concordia Hospital Local 27

WEAR WHITE

On May 12, MNU members participated in the Global Nurses United Day of Action by joining nurses across Canada by wearing white, in support of safe staffing and patient safety.

MNU president Sandi Mowat presented at the ONA Advanced Leadership Conference on the importance of all categories of nurses working together and the increased benefits this brings to the health care system.

(l-r) NSNU president Janet Hazelton, BCNU president Debra McPherson and MNU president Sandi Mowat.

Help us keep you updated

If your contact information has changed please contact Veronica Jones at **204-942-1320** or email **vjones@manitobanurses.ca**.

You can also visit our website at **www.manitobanurses.ca** and change your contact information by logging into the Members Portal and updating your account information.

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Manitoba nurses Union

A COMMITMENT TO CARING

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