

# Front Lines

The Magazine for Nurses by the Manitoba Nurses Union / Issue 2 / 2014



Manitoba  
**nurses**  
Union

A COMMITMENT TO CARING

## The Importance of Mentorship

Academic Allowance

Dog Bite Incident

**PLUS**

Introducing the New Regional Executives

# Message from the **President**

**Sandi Mowat, MNU President**



**O**n March 28, 2014, WCB released a report entitled Claim Suppression in the Manitoba Workers Compensation System. This report identified that claim suppression exists in Manitoba and may be skewing the overall representation of how safe workplaces really are. Under-claiming, misreporting and soft claim suppression were identified in over 30 per cent of the cases that were reviewed. The report also suggested that employers do not even believe that the problem exists, thanks in part to the many policies and best practices they employ. They stated that claim suppression is really only a problem with smaller employers.

We know that this is not accurate and the problem does exist within health care settings. The use of third party employer consultants to aggressively challenge accepted or potential claims contributes to the intimidation, discouraging nurses from filing WCB claims. Incentives within the workplace to advertise the number of days without time-loss injuries, aggressive return to work plans, and complicated or lack of clear reporting processes within workplaces all represent forms of soft claim suppression. Nurses often times would rather access alternate benefit plans than have to defend themselves because they were injured at work.

Although we commend Workers Compensation for looking at these concerns, we do not believe that the initiatives set out by WCB go far enough to address the problem of claim suppression. There has not been one conviction or administrative penalty imposed on any employer despite evidence of this occurring. Even if administrative penalties are increased, many employers will only see this as the "cost of doing business." This will not incent employers to provide safer work places. Public awareness and outreach to vulnerable workers will not impact those employers who remain focused on

cost containment. These employers will continue to be concerned with the number, length and cost of claims as that is what determines their premiums. Claim suppression will continue to be a problem.

What has happened is that we have fallen away from the true purpose and intent of a Workers Compensation model. The system was set up to provide fair compensation to workers for injuries sustained in the workplace in exchange for employers avoiding lengthy and costly litigation suits. The intent of the premiums that were set by WCB was to ensure a fully funded plan and not an opportunity for employers to manipulate their costs. WCB needs to make significant changes to the assessment rate setting model and increase accountability of employers so that employers will not be enticed to focus on cost containment but rather focus on prevention and appropriate rehabilitation and return to work. •

A handwritten signature in black ink that reads "Sandi Mowat". The signature is fluid and cursive, with a long horizontal line extending from the end.

# Front Lines

## In this Issue



5

### Importance of Mentorship

Improved Job Satisfaction and Patient Outcomes



9

### Dog Bite Incident

Outdated Regulation Requires Revision



11

### Introducing the New Regional Executives

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

#### Contributors

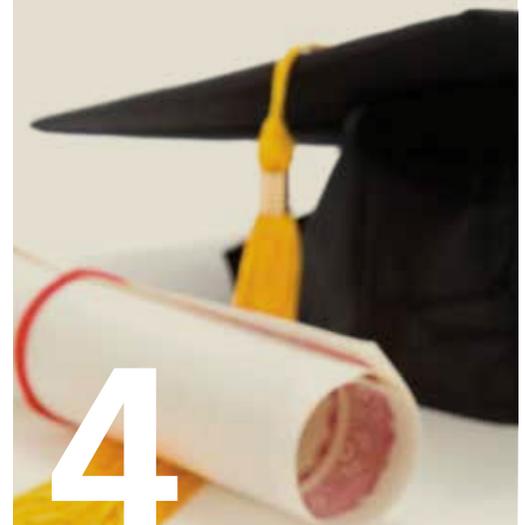
Bob Romphf and Shauna Briscoe

#### 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  
Website: [www.manitobanurses.ca](http://www.manitobanurses.ca)  
Email: [info@manitobanurses.ca](mailto:info@manitobanurses.ca)

MNU is affiliated with the Canadian Federation of Nurses' Unions and the Canadian Labour Congress. MNU is a member of the Canadian Association of Labour Media. MNU adheres to all Privacy Legislation requirements.



## FEATURE

### Academic Allowance

Important Information for New Grads

#### DEPARTMENTS

Labour Relations	10
Pension & Benefits Corner	14
Board of Directors	16

Publication Agreement #40021526

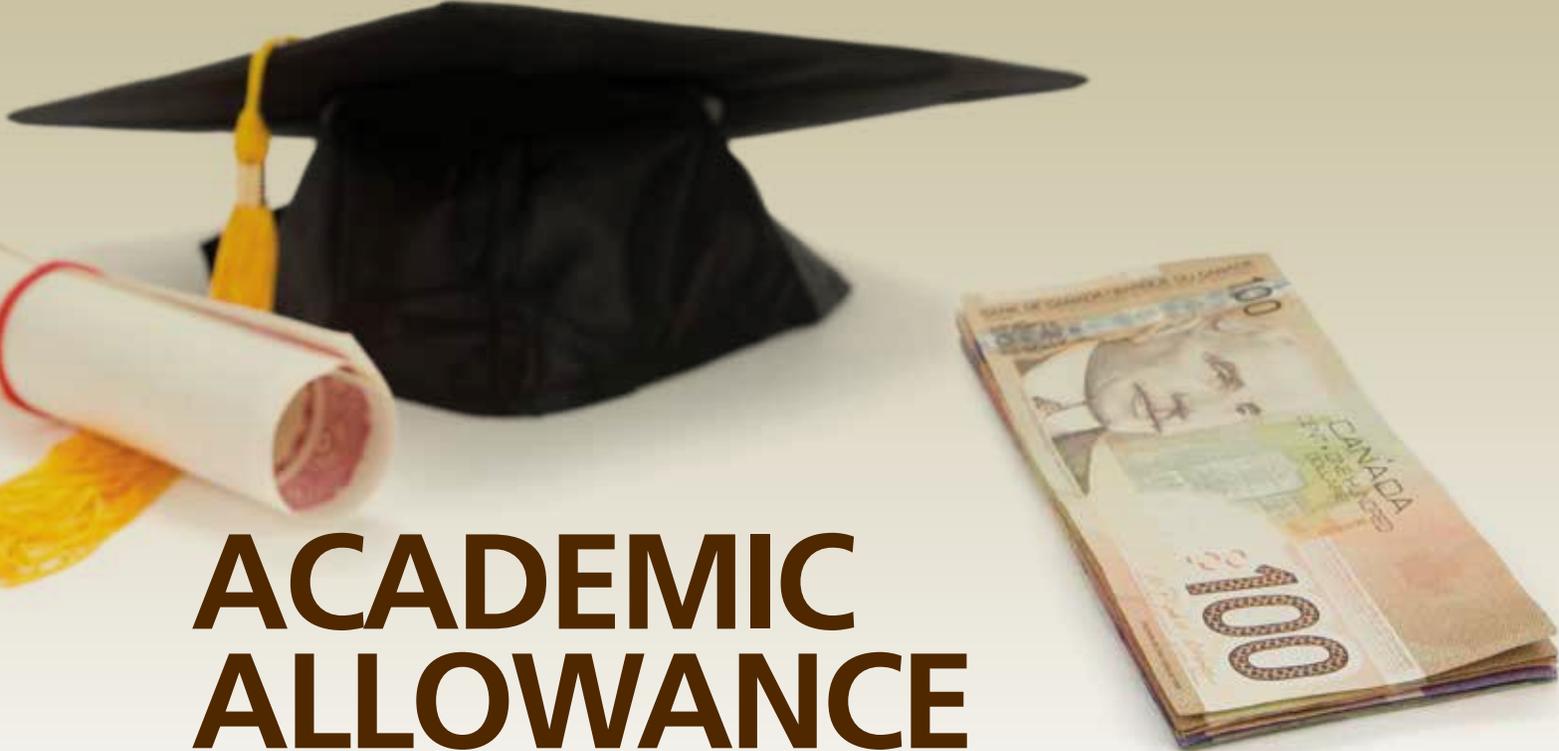
RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:

#### Manitoba Nurses Union

301 – 275 Broadway  
Winnipeg, MB R3C 4M6  
Email: [info@manitobanurses.ca](mailto:info@manitobanurses.ca)

Manitoba  
**nurses**  
Union

A COMMITMENT TO CARING



# ACADEMIC ALLOWANCE

## IMPORTANT INFORMATION FOR NEW GRADS

### PROBATIONARY PERIOD

#### ARTICLE 31

Newly hired nurses are placed on a mandatory probationary period which is equal to the completion of three months of employment for full-time nurses, and four months or 30 shifts worked for part-time nurses.

Please note that nurses transferring within the facility or who have been redeployed are not placed on probation.

The employer can choose to extend the probationary period up to an additional three calendar months, as long as the employer provides the union with a written notification, specifying the reason for the extension. If you find yourself in this situation please contact your Local/Worksite representative for verification of valid reasons for an extended probation. Each situation is unique and the union may be able to intervene, on your behalf, before it becomes an employment issue.

Please note that nurses are free to apply for other positions during their probationary period.

**N**ow that graduation season is upon us, there's no time like the present to inform new grads about academic allowance – what it is, how it works and how they are impacted.

Academic Allowance is paid on an hourly rate to LPNs, RPNs and RNs who have additional education in nursing or related fields of nursing. Please note that Clinical Nurse Specialists and Nurse Practitioners do not qualify for Academic Allowance and are paid at the rate referenced in Appendix "A", which is established as a comprehensive salary.

As a new grad, your starting salary will be discounted by 8 per cent until you have received your license/registration.

In the case of a RN, the new graduate must complete the examination required for registration with the College of Registered Nurses of Manitoba within a 12 month period. Similarly, LPNs must successfully complete the examination required for licensure with their college within an 18 month period; RPNs have up to four months. If the graduate nurse fails to complete the appropriate licensure, the employer has just cause for termination.

#### How is Academic Allowance Calculated?

Academic Allowance forms part of your basic or regular rate of pay in accordance with Article 3802 of the MNU collective agreement. The basic or regular rate of pay can be found in Appendix "A" (salaries) of the agreement.

You should note that your pay stub shows this allowance as a separate hourly rate from your regular hours in order for the payroll systems in place to differentiate between nurses who receive this allowance and those who do not. Academic Allowance is also paid on any overtime you may accumulate.

The rates of pay for academic attainments are found in Appendix "B" (Academic Allowances) of the MNU collective agreement.

## Highest level attained

Academic allowance is non-cumulative which means regardless of the number of academic attainments a nurse may have, the facility is only required to pay one of the amounts. Depending on the attainments, only the higher amount will be paid. For example, a nurse who has a CNA certification and a Baccalaureate (BN) will only receive the Academic Allowance for the BN, which is the higher amount.

It is also important to note that the employer is not obligated to pay an Academic Allowance until the nurse provides verification of her/his academic attainment.

Furthermore, LPNs or diploma prepared RNs who attain higher education later in their career will need to present their certificate

to the employer as soon as it is received because there is no retroactivity in pay when it comes to Academic Allowance.

On the other hand, a nurse who graduates with a BN receives Academic Allowance from the date of hire however the nurse is still required to show verification. While this is technically the case, it is still important to check your letter of hire because some letters of hire stipulate that the certificate is required for the employer to pay Academic Allowance.

It's advised that all nurses make sure that a copy of their academic attainment is placed in their personnel file. It is important to note that Academic Allowance will cease if the nurse's CNA certification has expired. •

# IMPORTANCE OF MENTORSHIP

## IMPROVED JOB SATISFACTION AND PATIENT OUTCOMES

**N**urses learn throughout their careers. They learn from text books and research papers and the patients, clients and residents they care for; they learn from workshops and seminars and, most importantly, they learn from each other.

The opportunity to learn from each other, especially in the case of new graduates learning from experienced nurses is a practice that is quickly becoming the norm in health care facilities across the country.

In Manitoba, the situation is no different; in fact, the employer and the union acknowledge that mentorship is part of every nurse's professional responsibility. In the case of new Graduate Nurses, it is recognized that a more intensive approach to mentorship may be warranted.

Memorandum of Understanding 17, included in the MNU collective agreement, speaks to the importance of mentorship and its ability to help facilitate the transition from the student role to the practicing professional role, while building a culture of support that will foster the retention of new Graduate Nurses.

For an example of this look no further than the Research to Action project, a pilot project which ran from October 2008-March 2011, where the Winnipeg Regional Health Authority (WRHA), Manitoba Health and the Manitoba Nurses Union collaborated on a project for enhanced orientation for nurses new to long-term care.



## AN IEN'S PERSPECTIVE

I am a Registered Nurse from the Philippines and have been since 2003. I moved to Canada, with my family, in 2011 and challenged my nursing profession; I became a Canadian nurse in 2013.

Ten years after, I have to say that the experience was tougher than tough. With all the requirements, challenges and time spent waiting it was like going through an eye of a storm. After passing the CRNE, I thought that was the end of all my hardships. Little did I know, it was just the start of another challenge – how to make the first step as a new Canadian nurse in a whole new and different world. I must say that it was overwhelming. Sometimes I felt like I just wanted to give up; I felt like I didn't belong.

But I knew there was no turning back. I had made it this far – I crossed the bridge and never gave up. With perseverance, courage and the will to get what I wanted, nothing or no one could stop me from achieving my dream.

For new graduate nurses, sometimes it is a challenge to prove ourselves worthy of the title of "nurse" and carry out the many responsibilities with which we are tasked. I find myself wondering, "How can I keep up with these expectations?" At times like these I go back to the fundamentals and pillars of nursing – I listen to my heart, I trust my mentor and I focus.

Abigail M. Evangelista  
Graduate Nurse April 2013  
Riverview Health Centre

*Submitted to the Write to WINN contest – Challenges facing New Grads.*

*Kristen Smith credits her mentor Diane Deleau with helping her build her confidence and improve her competencies.*



## NURSING IS A TEAM SPORT

I hobbled my way through nursing school; the crutch I used just barely supporting the weight of the perpetual question marks in my brain. Could I handle the knowledge base required for nursing? What if I forgot any or all of this new found information when it was needed most? But the first time I set foot on to a ward as a grad nurse, as I was greeted by the staff's collective desire to see me succeed; consciousness exploded into light as I finally understood the magnitude of the caring profession I had embarked upon.

What I had not realized, as a student, was the degree with which my life would be positively shaped by the essence of team spirit which permeates this profession; where compassion is not simply a requirement, but is the defining characteristic of who we are as nurses. My colleagues are invaluable as I navigate new waters filled with questions, concerns, and insecurities. Their steadfast support inspires me in my quest for further learning.

As a new nurse, the empowerment I feel when my co-workers join alongside me to help a patient through a medical emergency, further fuels my love for this occupation. To the graduate nurse, I urge you to be curious, interested, and open to the comments, concerns, and constructive criticisms of your unit manager and your nursing peers. Although I failed to recognize this during nursing school, I'm fortunate to have quickly realized that uncertainty and doubt are not weaknesses, but rather bridges that foster communication between senior and junior nurses.

Sandra Charron  
St. Boniface Hospital

*Submitted to the Write to WINN contest – Challenges facing New Grads.*

The project paired 12 experienced nurse mentors with 11 nurses new to long term care. The mentors provided support and guidance throughout the 18-month duration of the project, which was implemented at three personal care homes in the WRHA.

The project was highly successful and has since received funding from the provincial government to be permanently implemented in all long-term care facilities across the province. Furthermore, aspects of the project have also been adopted by several health care facilities in the United States and other jurisdictions.

This is not surprising since numerous studies show that when experienced nurses act as role models, new grads show enhanced job satisfaction, decreased stress, increased confidence and attain new attitudes, knowledge and skills (competencies), while the mentor experiences enhanced self-fulfillment, increased job satisfaction and a feeling of value and increased learning, personal growth and leadership skills. Health care facilities also benefit from improved quality of care and increased recruitment of new nurses and retention of those already in the workforce.

Diane Deleau, a nurse at the Neepawa Health Centre, has been a mentor for LPN students from the Assiniboine Community College for over 20 years. She sees mentorship as a wonderful opportunity for experienced nurses who are interested in imparting their experience and knowledge, but as Deleau explains the mentor is

not the only one benefiting from these arrangements.

"Being a mentor is as much a learning experience as it is a teaching one," said Deleau. "I am constantly learning from the students and they are always refreshing my regard for our profession."

For the past six weeks, Deleau has been mentoring Kristen Smith, who is completing her Acute Care Senior Practicum rotation and she is already reaping the benefits of the program.

"As students, we always have lots of questions. In our last practicum, there were six students, all fighting to ask our instructor questions," said Smith. "The ability to have one-on-one guidance from your mentor is invaluable. Diane has helped and taught me so much in these six short weeks!"

Looking back, Deleau said that it's unfortunate that a mentorship program, of this capacity, did not exist when she was a new grad.

"Although I had many experienced co-workers there wasn't the support that you get from a mentoring relationship," she said. "The challenge of the transition from student to nurse would have been less challenging I am sure had I had that support."

Memorandum 17 formalizes the mentorship process by ensuring that the mentors have sufficient time and a reasonable work assignment necessary for the mentorship relationship to be successful.

The employer also identifies individuals with attributes required for a successful mentorship role. These attributes are based on leadership skills, clinical expertise, professionalism, interpersonal skills and advocacy of the nursing profession. It is important to note that the employer assigns the mentor.

Mentors receive an additional \$0.70 per hour for each hour assigned by the employer as a mentor. This premium only applies in the mentoring of new Graduate Nurses; not for nurses from another jurisdiction who are awaiting registration in Manitoba.

Looking ahead, Smith is ready to tackle the challenges of being a nurse with new found confidence.

"The biggest challenge of being a new nurse is learning to manage a full patient load and before senior practicum I never thought I would be able to give care to more than two patients," she said. "Now I'm more confident in my ability to provide care and to do it in the best possible way." •

*Note: For the purposes of this article the term "mentor" was used to coincide with the Memorandum of Understanding on Mentorship in the MNU collective agreement.*



## PRACTICE SELF-REFLECTION

The transition from a nursing student to a registered nurse is a difficult journey for most new graduates, including myself. Most new graduates are eager and excited to begin their first nursing jobs, but are still overwhelmed with the responsibilities and demands of the job. The thought of becoming comfortable in our new work environment seems impossible.

Two pieces of advice I would give to new graduate nurses about confidence and self-reflection.

Be confident in your nursing practice. Having confidence in the decisions you make will allow patients, families, and coworkers to respect and trust your nursing practice. Being confident is important but realizing your limitations regarding nursing knowledge, judgement, and skills is essential. Recognize when to seek educational resources or ask for advice from a co-worker. Asking questions allows you to build on prior nursing knowledge and demonstrates your willingness to learn.

Engage in self-reflection daily, especially after a demanding shift or difficult situation. When taking part in self-reflection I find it constructive to ask yourself questions that will result in knowledge for the next time you are in a similar situation. Two questions that work well are, what could I have done different to result in a more successful outcome and what did I do that worked well in that situation? Instead of stressing about what went wrong in a situation, focus on self-improvement and developing your nursing practice.

Kali Peterson  
Grace Hospital

*Submitted to the Write to WINN contest – Challenges facing New Grads.*



## SEIZE EVERY LEARNING OPPORTUNITY

The experience of being a graduate nurse was honestly one of the greatest learning opportunities of my life. I did my graduate nurse term in a rural hospital with 38 beds that provides a wide spectrum of nursing care, everything from maternity to palliative. I was fortunate enough to join a group of wonderful nurses who are great teachers, mentors and teammates.

Graduate nursing gives you the chance to gain the confidence and experience needed to make the transition from nursing student to nurse. It was a bit intimidating knowing that for the first time you were solely responsible for patients, but I always knew I had more experienced nurses to ask for help when needed.

The best advice I could give to a new graduate nurse is to seize every learning opportunity. Do not be afraid to ask questions and never shy away from a situation which you find interesting and feel you could learn from. Never feel that you are alone! If you are unsure about anything, from how to complete a skill, to how you just have that "uneasy" feeling about a patient, do not hesitate to ask someone who has been practicing longer.

What I have found is that in this profession of lifelong learning not only do nurses love to learn, but they love to help others learn. The experienced nurses, for the most part, want to see the new graduate nurses succeed and grow into professional, competent and confident nurses.

Lyndie Instance  
Minnedosa

*Submitted to the Write to WINN contest – Challenges facing New Grads.*



Source: Winnipeg Free Press

# CHEMICAL SPILL

## HEALTH SCIENCES CENTRE

**The Thorlakson Building at the Health Sciences Centre complex was evacuated on March 27, 2014, at about 1:30 p.m. due to a chemical spill in the pathology lab – fourth floor of the building.**

Officials said the accident was most likely caused by a construction worker who leaned on a pipe which carried the chemical. The pipe broke, causing about 50 gallons of formalin, a chemical used in the labs to preserve and fix tissues for pathology, to spill.

Formalin is similar to formaldehyde and is highly flammable and corrosive, but typically not deadly unless there is a prolonged exposure in a large quantity.

As a precaution, an estimated 500 people were evacuated, including 14 patients. Four of the patients were sent home, two were moved to beds in another area of the hospital and two remained in recovery. Six babies were moved to a nursery in the women’s Hospital.

There was minimal disruption to health services, mostly resulting in slightly longer waits in emergency due to the disruption of lab services. A total of 15 surgeries were cancelled.

Clean-up and containment efforts were completed early Friday morning, and the building was declared safe. There were no injuries.



Source: CJOB.com

# FLOOD UPDATE

## ST. BONIFACE HOSPITAL

**On February 6, 2014, after two weeks of closure, three of the 14 cardiac operating rooms at the St. Boniface Hospital reopened.**

A heating and ventilation failure on January 22 had caused 26 water coils to freeze and burst, flooding the operating rooms. Water damage in two operating rooms was soon repaired, but the hospital had some difficulties with restoring proper ventilation in the area.

During the closure, emergency surgeries were diverted to the Health Sciences Centre and Grace Hospital.

A total of 348 voluntary and elective surgeries were cancelled.

Once cleared to reopen, the hospital extended surgical hours on weekdays and booked slates of surgeries on weekends to clear up the surgery backlog.

**Correction:** *In the last issue of Frontlines we incorrectly reported that 260 heart surgeries were cancelled at the St. Boniface Hospital. The cancelled surgeries were not specifically heart related; 260 referred to the total number of surgeries (elective and voluntary) that were cancelled – this number has now been increased to 348.*

# DOG BITE INCIDENT

## OUTDATED REGULATION REQUIRES REVISION

**A** recent incident, in which a nurse was the victim of a dog bite, has prompted MNU to call for change to the outdated Health Services Insurance Act, which stipulates that victims of serious incidents must seek treatment at a hospital or forfeit their rights to have the incident reported the Workplace Safety and Health branch.

In this particular incident, a MNU home care nurse was bitten by a dog in a client's home, which caused three skin punctures and required medical attention and treatment. The nurse opted to receive medical treatment at a walk-in-clinic, instead of a hospital, where she was given a tetanus shot, a prescription for antibiotics and wound care treatment.

When the incident was reported to the employer, the employer refused to refer the injury to the WSH branch because the nurse did not receive medical treatment at a hospital.

Under regulation 2.7(1) of the Health Services Insurance Act the employer is not mandated to report an incident to the WSH branch if treatment was not received at a hospital; however the employer is still required to conduct an internal investigation, as stated under 2.9 (2) of the regulation.

"With these changing times in health care delivery an individual could seek treatment from a number of care delivery sites, like Quick Care Clinics, for medical conditions that were once exclusively delivered by hospitals," said Tom Henderson, MNU Safety and Health Officer. "It makes sense to update the regulation so that it is more reflective of the available options, especially since the delivery of healthcare will surely continue to expand outside traditional hospital settings."

Furthermore, it was the position of the WRHA Occupational and Environmental Safety and Health that a dog bite is not considered a serious incident and does not meet the requirement set out in Part 2 of the WSH Regulation: *a cut or laceration that requires medical treatment at a hospital.*

The employer also cited the fact that it was not indicated in the contract interpretation manual and therefore not a violation of Article 7A04 of the MNU collective agreement.

"It is my understanding that dog bites have been reported incidents in the past," said Henderson. "For the employer to suggest that these situations do not warrant the same level of attention as other abusive situations makes no sense."

Article 7A04 is an agreement between the employer and the union that no form of abuse of nurses will be condoned in the workplace and that both parties will work together in recognizing, facilitating the reporting of alleged abuse and resolving such problems as they arise.

The clause applies in situations where the abuser includes another employee, a patient, a visitor, doctor or management representative, but can have a very broad application.

The nurse contacted MNU because there was a lack of response and follow up on the part of the employer. There was no

debrief regarding the incident and as far as she was aware, there was no investigation into the matter.

It was through the nurse's own inquiries that it was discovered that the call had been discontinued; she should not have been scheduled for the visit, however she was not advised by the employer of the hazard or the discontinued call.



"I believe that she is entitled to know what changes have been made post incident to prevent this from occurring again and instill confidence that her employer is committed to providing a safe client assignment." Dawn Thompson, President Homecare Nurses, Worksite 97.

The nurse now suffers from increased anxiety at work and does not feel safe attending homes with loose animals. She also has some concerns that her schedule may not be accurate and that she will end up in another unsafe situation. •



# WCB WIN

## MECHANISM OF INJURY

**A** nurse was in the midst of assessing a patient and about to walk around the bed to continue her assessment when she felt soreness and a cracking sound in her right ankle. She immediately reported her injury to the employer and WCB.

She was diagnosed with anterior impingement syndrome, a condition most commonly seen as a complication of a lateral ankle sprain. The nurse had suffered a previous ankle sprain, resulting from a workplace accident, one year prior.

WCB did not accept this new injury and did not agree to link it to the previous injury. In their opinion, neither the work activity nor the previous accident could have led to the development of an anterior ankle impingement.

The nurse's treating physician said that based on a balance of probabilities, the old injury likely created a pre-disposition to anterior impingement, and that the nurse simply performed a step that aggravated the area.

MNU appealed the WCB decision, stating that with a treating practitioner supporting the claim and the mechanism of injury being consistent with the diagnosis, the claim should be acceptable.

The Review Office denied the appeal, on the grounds that they did not find the mechanism of injury, provided in the treating physician's

report, consistent with the original reporting of the injury. In their opinion, the act of simply walking around the patient's bed was not considered a workplace hazard. A hearing at the Appeal Commission was arranged.

At the hearing, the nurse explained that WCB had not accurately understood the mechanism of injury. She demonstrated the activities that she was performing when the pain began so that the Appeal Commissioners could clearly understand what had happened.

She was also able to explain the set-up of the patient's room which impacted her ability to maintain proper ergonomics as she assessed the patient. The Appeal Commission agreed with the nurse that her reported mechanism of injury was consistent with the treating physician's report. They placed considerable weight on the opinion that the old injury (pre-existing condition) had put her at risk for re-injury and that performing her duties as a nurse had in fact aggravated the area.

## Lessons learned

Accurate and thorough descriptions of the mechanism of injury are important for a successful claim. Provide a written description of your accident to WCB and don't be limited by the space provided on the application. Attach a separate sheet if necessary. Calling in your claim is risky because what will be recorded is someone else's interpretation of your description which may not accurately reflect what actually happened. It is always best to provide a written claim.

### IMPORTANCE OF WHERE

It is important to explain fully how you were injured and where you were injured to your treating practitioner so that they can report that to WCB. Many claims are denied because the physician or practitioner fails to mention that you reported being injured at work. Many appeals are overturned because the medical report is thorough and relates the injury to the work duties.

### REPORT HAZARDOUS WORKSPACES

If you have a workspace that puts you at risk for injury, contact your local Workplace Health and Safety representative to have your concerns addressed. The WSH committee is able to make recommendations to the employer to make your workplace safe and prevent injuries. Contact your LRO if you need assistance or the employer fails to address your concerns.

# Introducing the new Regional Executives

In April 2012, the provincial government announced that the 11 Regional Health Authorities would be amalgamated into five.

Over the past two years, MNU leaders have been meeting to discuss the impact of the regional amalgamations on members and to determine the best way of making the transition.

This year marked the last time that the regions would convene for their annual general meetings under the former boundaries. Moving forward, the MNU

structure now more closely mirrors the employers' structure.

Here are the former regions which now make up the new amalgamated regional structure:

1. Churchill/Burntwood and Norman merged to form NORTHERN REGIONAL LOCAL
2. Parkland, Brandon and Assiniboine merged to form PRAIRIE MOUNTAIN REGIONAL LOCAL
3. Central and the southern half of Eastman merged to form SOUTHERN REGIONAL LOCAL

4. Interlake and the northern half of Eastman merged to form INTERLAKE – EASTERN REGIONAL LOCAL

5. WINNIPEG includes three regions:

- Winnipeg Community & Health Region
- Winnipeg Long Term Care Region
- Winnipeg Hospitals Region

*Note: The City of Winnipeg is unchanged.*

## REGIONAL EXECUTIVES ELECTED

The four regions affected by the amalgamations recently held their inaugural meetings, where they elected new executives.

The new executives are as follows:

### Northern Regional Local



(l-r) Sheryl Betnar, Darlene Jackson, MNU President Sandi Mowat, Shannon Fredrick and Diane Lindsay

President – Shannon Fredrick | Vice President – Darlene Jackson  
Secretary – Sheryl Betnar | Treasurer – Diane Lindsay

### Prairie Mountain Regional Local



(l-r) MNU President Sandi Mowat, Karen Cleaver, Marguerite Smith, Trudie Empey, Laura Hockin and Shauna Watt-Dorscheid

President – Marguerite Smith | First Vice President – Karen Cleaver  
Second Vice President – Trudie Empey  
Secretary – Shauna Watt-Dorscheid | Treasurer – Laura Hockin

### Southern Regional Local



(l-r) Cindy Kehler, Bruce Friesen and Leanne Dupuis  
\*Missing Renate McGowan

President – Bruce Friesen | Vice President – Renate McGowan  
Secretary – Cindy Kehler | Treasurer – Leanne Dupuis

### Interlake-Eastern Regional Local



(l-r) Michelle Peterson LRO, Kathy Nicholson, Lena Robertson, Theresa Kosack and Steve Kingsland

President – Kathy Nicholson | Vice President – Steve Kingsland  
Secretary – Theresa Kosack | Treasurer – Lena Robertson

### Winnipeg

The City of Winnipeg does not have a regional executive because the majority of locals/worksites have separate employers. •

# Central Table Agreement Ratified

## 91% positive vote

**M**embers of the Manitoba Nurses Union, covered by the Central Table Agreement have ratified the agreement, with a 91 per cent (91%) vote in favour of the contract.

The four year agreement contains wage increases and market adjustments which total 10.1 per cent (10.1%) over the life of the contract and also contains a number of provisions which address patient care and workload issues, ranked as the highest priorities of Manitoba Nurses.

In addition, MNU and the Manitoba government have agreed to work together to reduce the health care system's reliance on nurses working overtime and the use of agency nurses in an effort to improve patient care and ensure healthier workplaces for nurses.

## Contract Highlights

### HOW LONG IS THE CONTRACT?

The agreement covers April 1, 2013 – March 31, 2017.

### WHAT IS THE TOTAL WAGE INCREASE?

The total wage increase is 10.1 per cent over four years.

Increases are as follows:

- 2013 – 2% general salary increase
- 2014 – 3.1% (2% general salary increase + 1.1% market adjustment)
- 2015 – 2% general salary increase
- 2016 – 3% (2% general salary increase + 1% market adjustment)

### WHAT IS A MARKET ADJUSTMENT?

A market adjustment is an increase in wages used to bring wages in line with an aspect of an external market (i.e. wages of members of other nurses' unions across Canada).

### WHAT DOES THE MARKET ADJUSTMENT MEAN FOR ME?

In 2014 a market adjustment of 1.1 per cent will occur bringing the total annual salary increase to 3.1 per cent (general salary increase of 2% + market adjustment of 1.1%)

A second market adjustment will occur in 2016, resulting in a 3 per cent total salary increase (general salary increase of 2% + market adjustment of 1%)

### WHEN WILL THE MARKET ADJUSTMENT START?

The 2014 market adjustment of 1.1 per cent will go into effect on October 1, 2014.

The 2016 market adjustment of 1 per cent will go into effect on October 1, 2016.

### IS THIS RETROACTIVE?

The salary increases are retroactive and will cover the period from April 1, 2013-March 31, 2014. Members will receive a 2 per cent wage increase for this period. Retroactive pay should be received within 90 days from ratification.

### HOW MUCH WILL MY WAGE INCREASE THIS YEAR?

You will receive a total of 5.1 per cent pay increase in 2014.

After ratification, you will receive the following increases:

- 2% retroactive increase
- 2% general salary increase

On October 1, 2014 you will receive:

- 1.1% market adjustment

### I HAVE RETIRED/ RESIGNED. WILL I RECEIVE THE RETROACTIVE INCREASE?

You are eligible to receive retroactive pay for all hours worked from April 1, 2013 to the last day of employment. You will have to submit a written request to your employer to receive the retroactive pay. Please note that written requests must be submitted within 90 days of ratification.

*Written requests for retroactive pay for retirees and those that have resigned is July 29, 2014.*



### NSNU BROAD-REACHING BILL RESTRICTS JOB ACTION

Nova Scotia was the hold-out province in Canada unencumbered by anti-strike or essential services legislation, but a government announcement has now bound the province's 35,000 health care employees by essential services legislation.

Janet Hazelton, president of the Nova Scotia Nurses' said that this action takes away democratic rights, rights that level the playing field in negotiations and from now on negotiations will essentially be one-sided.

Hazelton went on to say that the right to strike motivates all employers and nurses to reach fair and equitable settlements for workers and the proposed legislation reduces collective bargaining to collective begging.

### ONA ROLLBACKS ON THE TABLE

The present central table agreement of the Ontario Nurses Union (ONA) which covers the largest component of its membership – 50,000 RNs in the hospital sector, expired on March 31, 2014.

The ONA bargaining team is looking at a two year deal, at the moment, and has proposed a two per cent (2%) wage increase for each year. The employer is proposing 0.4 per cent (0.4%) in year one and 0.4 per cent (0.4%), as a lump sum payment, in year two.

The employer has also proposed that new employees start three per cent (3%) below the current start rate, so it would take new employees nine years before reaching the top rate.

### UNA HEADS TO FORMAL MEDIATION

The United Nurses of Alberta Negotiations Committee and the employer bargaining committee agreed have applied for formal mediation. Dates for mediation will be established once a mediator has been appointed by Alberta Mediation Services.

Once an appointment is made, the mediator will arrange meetings with the parties to deal with the issues in dispute. The mediator will work with the parties to help them reach a collective agreement. •

## CONGRATULATIONS TO THE ROD MCGILLIVARY MEMORIAL CARE HOME

*Local 150 on achieving their first collective agreement. The agreement includes wage increases as well as pension and health benefits for all regular permanent employees. Previously, pension and health benefits were only offered to employees above 0.4EFT.*

*Cheryl Kostiuk and Duane Pelly represented the care home during the contract negotiations.*



Bob Romphf,  
Labour Relations  
Officer – Benefits



# Pension & Benefits Corner

## BENEFITS COVERAGE DURING UNPAID LEAVES OF ABSENCES

Our Union had many calls concerning maintaining benefits coverage during unpaid Leaves of Absences (LOAs). This article will attempt to cover the main points and tips with regard to ensuring the coverage including premium payments.

### COVERAGE FOR BENEFITS GROUP HEALTH, GROUP LIFE AND DENTAL PLAN

In the case of HEB Group Health, Dental and Group Life a member can choose to maintain or waive the premium for maintenance of these benefits, after meeting with the employer and filling out the appropriate form.

If the member decides to maintain coverage, a one-time payment, post-dated cheques, or lump sum payroll deduction must be arranged prior to the unpaid LOA commencing, covering premiums for the entire LOA period.

NOTE: If you are on an Unpaid Sick LOA you can maintain Group Life coverage for up to 12 months, without premium, as long as HEB is notified by the employer. For this to happen, the appropriate form must be completed at the time of the LOA commencing.

### COVERAGE FOR DISABILITY AND REHAB PLAN BENEFITS

#### SPECIAL REQUIREMENTS FOR ILLNESS OR INJURY

Members who are away due to illness or injury and begin an approved medical LOA (paid or unpaid) must keep their benefit premiums/coverage up to the date.

You are eligible to receive D&R benefits (throughout the 119-day Elimination Period). This includes: WCB Claims, MPI Claims, and any Return to Work Program.

**INCOME PROTECTION** – If you have enough paid income protection during the 119 day Elimination Period, premiums are submitted via the employer's payroll. If you do not have sufficient income protection to cover the Elimination Period, the employer will calculate the premium amount to be paid.

Premiums must be remitted no later than 30 days after the commencement of unpaid sick LOA, for coverage to be maintained

(2.3%). Currently many employers charge the full premium to the employee which our union feels is absolutely unfair. We are attempting to change this practice.

The HEB Plan will accept cheques, money orders, or post-dated cheques.



### COVERAGE FOR D&R

#### APPROVED PERSONAL LEAVE, MATERNITY, PARENTAL, EDUCATIONAL LOAS

Members under these LOAs have the option of maintaining or terminating coverage.

### TIPS

1. It is strongly recommended that you maintain your benefits coverage during any Unpaid LOA.
2. Contact your employer prior to any LOA to ensure maintenance of coverage of benefits.
3. Complete the applicable LOA Forms for maintenance of coverage.
4. Prepay all applicable Benefit Premiums
5. Contact HEB at 204- 942-6591 or 1-888- 842-4233 Ext.300

If you maintain coverage, and pay the premium in advance of the LOA, you are eligible for coverage if you become ill and are not required to re-enrol in the D&R plan.

If you terminate coverage, and do not pay the premiums during the unpaid LOA, coverage terminates on the last day worked prior to starting the LOA. You will not be eligible for D&R coverage during the LOA and will be required to re-enrol upon your return to work. This poses a huge risk to members due to pre-existing conditions that may apply. Also becoming disabled without D&R coverage could be financially catastrophic to members.

### EMPLOYEE ASSISTANCE PLAN UPDATE

Effective April 1, 2014, the Provincial Health Care Employee Assistance Plan (EAP) program was transferred from the RHAs to HEBP. This move has been endorsed by the Council of Health Care Unions and will HEBP will maintain Manitoba Blue Cross as the carrier.

The Provincial Health Care EAP has a long history of providing highly comprehensive and professional counselling service and the transfer is very positive because it means that our EAP is now protected under a jointly governed board, along with our other benefits. Furthermore, it prevents any further deterioration of the plan; this has been a 100 per cent (100%) employer pay all benefit and will continue to be as such.

Unfortunately, there has not been a premium increase in some years and the employer was not prepared to increase funding on transfer, so to protect the plan for the future three of the lowest usage items had to be dropped from the program. Financial, career, and legal counselling are no longer included in the program.

Even though our union is not happy with these reductions it was still more than worth it to protect our EAP program for the future; members can be assured we will press to have these benefits restored as quickly as possible. If there are further questions call Bob Romphf at the MNU office at 1-800-665 0043. •



## ROADSHOW WRAPS UP

MNU wrapped up its first Safety and Health Roadshow during which eight day-long, interactive Workplace Safety and Health courses, covering the duties and responsibilities of individuals in the workplace, were held around the province.

The role of the WSH committee was also discussed and focused on topics such as:

- committee procedures;
- meetings;
- hazard recognition and control;
- workplace inspections; and
- the rights nurses have in regard to safety and health.

Close to 200 individuals participated in the course, which made its way from Winnipeg to Thompson, stopping off at several locations in between. •

*The Admin of a Local workshop held in Brandon, MB was attended by close to 20 leaders, new to their elected positions. The two day workshop focused on topics such as the roles and responsibilities of each executive position, handling grievances, dealing with management, strategic planning and budget preparation and motivating the membership were discussed.*



# Help us keep you updated

If your contact information has changed please contact Veronica Jones at 204-942-1320 or email [vjones@manitobanurses.ca](mailto:vjones@manitobanurses.ca).

You can also visit our website at [www.manitobanurses.ca](http://www.manitobanurses.ca) and change your contact information by logging into the Members Portal and updating your account information.

If you are no longer a MNU member or are receiving this newsletter in error please contact the MNU office at 204-942-1320 so that we can update our records.

---

## Frontlines is available electronically!

Visit  
[manitobanurses.ca](http://manitobanurses.ca)  
to subscribe

## MNU Board of Directors

Sandi Mowat	.....	President
Donna McKenzie	.....	Vice President
Holly Cadieux	.....	Secretary Treasurer
Karen Taylor	.....	Assiniboine Region
Marguerite Smith	.....	Assiniboine Region
Cathy Jensen	.....	Brandon Region
Trudie Empey	.....	Brandon Region
Cindy Hunter	.....	Central Region
Dorothy Pasowisty	.....	Central Region
Carrie Holland	.....	Churchill/Burntwood Region
Tracy Bassa	.....	Eastman Region (North & South)
Kathy Nicholson	.....	Interlake Region
Darlene Jackson	.....	NorMan Region
Sharon Zeiler	.....	Parkland Region
Charlotte Adolphe	.....	Winnipeg Long Term Care Region
Bluma Levine	.....	Winnipeg Community & Health Care Region

### Winnipeg Hospital Region

Amanda Bouchard	.....	Concordia Nurses Local 27
Karen Cannell-Jamieson	.....	Grace Nurses Local 41
Kim Fraser	.....	Health Sciences Centre Nurses Local 10
Anne Boyd	.....	Health Sciences Centre Nurses Local 10
Robert Shaw	.....	Misericordia Nurses Local 2
Dana Orr	.....	Riverview Nurses Local 1a
Sheila Holden	.....	St. Boniface Nurses Local 5
Diana Martinson	.....	St. Boniface Nurses Local 5
Colleen Johanson	.....	Seven Oaks Nurses Local 72
Sonya Mayo	.....	Victoria Nurses Local 3



Follow MNU president Sandi Mowat on Twitter  
[@ManitobaNurses](https://twitter.com/ManitobaNurses)



Like us on Facebook  
[www.facebook.com/ManitobaNurses](http://www.facebook.com/ManitobaNurses)