

Heather's Word Search

T V C G B Z Z Q S U M M E R Y I K
 Z S T L H V L N O I T A C A V Z T
 F K J C E H C Q C U H J U P D S L
 G Z E D U C A T I O N K O S Z S I
 C B L D I R E C T O R S S G J L B
 I K X D K S J X Q L S V L B P U I
 G D T M C E F F S L L I W P W A L
 O J C O M M U N I C A T I O N A L
 R S B A R G A I N I N G G R J P B
 A P W E B S I T E N P A K Q Y I O
 W N O I T A C I F I T R E C D B A
 W S R Z T S O R Y P E J K E N G R
 R R L Y F P R X L Q B G L J U B D
 S J K X T S N O I T A N I M O N S
 X U U W O R K P L A C E C Z R U X
 N O I T A R T I B R A E H Y I M M
 B B J Z C R E S O L U T I O N S T



Have a Happy Canada Day and a Great Summer!!

Moving? Name Change? Retiring? New MAHCP Member? Please let us know!!



In order to keep our database current, please keep us informed of any information changes. Do not assume that your Employer will automatically pass this information on to MAHCP.

Is one of your co-workers **retiring** in the near future? Let us know so MAHCP can acknowledge them.

If you have not been receiving regular mail-outs or have a change of information, contact Joan at the MAHCP office by calling 772-0425, extension 201 or 1-800-315-3331 (press "0" to talk with someone during office hours of 8:30 am to 5:00 pm) or email joan@mahcp.ca. Thank you!

- | | |
|---------------|-------------|
| arbitration | nominations |
| bargaining | resolutions |
| billboards | summer |
| certification | vacation |
| communication | web site |
| directors | wills |
| education | workplace |

Email heather@mahcp.ca for the solution.

Having Trouble Seeing?

Found in MAHCP Boardroom. Call Heather at 772-0425 if these eyeglasses belong to you.



NEWS

Manitoba Association of **HEALTHCARE** Professionals

June 2006

Central Table Bargaining Update

To date we have had eight days of Bargaining at the Central Table, progress is slow mainly due to the enormous number of proposals tabled by the Employer.

We have separated monetary issues from non-monetary issues and are addressing the non-monetary issues first. This is common practice in collective bargaining.

It is anticipated by our committee that this will be a long and tough round of bargaining, the Employer has tabled a great many proposals that are considered by MAHCP's Committee to be erosions of our current collective agreement(s) or takeaways.

We have dates for eight more days of bargaining set until the end of June, and may not be able to resume bargaining until September.

In spite of this we remain committed to the improvement of both our Collective Agreements and the salaries of our members.

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- Non-Central Bargaining Update 3
- Diagnostic Services of Manitoba 3
- "Eliminate the Wait" Campaign 4
- Grievances: Friend or Foe? 7
- Final Call for EC Nominations 9

Editor: Wendy Despins, President
 wendy@mahcp.ca

AND ...
 Drum roll please!

The New MAHCP Web Site

is up and running. Check out our clean new look! The site has been reorganized so it is more user friendly and easily navigable. The Calendar also has a new month-at-a-glance format. Rotating pictures of MAHCP members on every page of the site is another highlight.

Our home page also includes a button that takes you directly to the "Eliminate the Wait" campaign web site (see page 4 for more information about this campaign).



We invite your feedback. Comments and constructive critiques are welcome and may be directed to Wendy Despins President at wendy@mahcp.ca, 772-0425 or 1-800-315-3331 ext 215.

www.mahcp.ca



Enclosed with this Newsletter:

- Executive Council 2006-07 Nomination Form
- 2006 Resolutions Proposal Form
- MAHCP & Monique Wally Memorial Scholarship Application Form
- Annual General Meeting Pre-registration Form

Meeting Calendar

Visit the MAHCP Website Calendar for more meeting information
-- /www.mahcp.ca/forum/calendar.asp

- | | | |
|---|--|--|
| <p>June 14, 2006</p> <ul style="list-style-type: none"> Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs <p>June 14, 2006</p> <ul style="list-style-type: none"> General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours <p>June 23, 2006</p> <ul style="list-style-type: none"> SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO <p>June 28, 2006</p> <ul style="list-style-type: none"> The Pas Staff Rep Meeting
The Pas Hosp, Rm 233
1200 hrs to 1300 hrs
Armand Roy, LRO <p>June 29, 2006</p> <ul style="list-style-type: none"> South Eastman RHA
Staff Rep Meeting
Pizza Place, Steinbach
1200 hrs to 1300 hrs
Armand Roy, LRO <p>July 12, 2006</p> <ul style="list-style-type: none"> Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs <p>July 12, 2006</p> <ul style="list-style-type: none"> General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours <p>July 21, 2006</p> <ul style="list-style-type: none"> Scholarship Submission
Deadline <p>July 31, 2006</p> <ul style="list-style-type: none"> Honour Roll Nomination
Deadline <p>August 4, 2006</p> <ul style="list-style-type: none"> Executive Council
Nomination Deadline Resolution Submission
Deadline <p>August 9, 2006</p> <ul style="list-style-type: none"> Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs | <p>August 9, 2006</p> <ul style="list-style-type: none"> General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours <p>August 31, 2006</p> <ul style="list-style-type: none"> Results of Scholarship
Applications Mailed Out <p>September 11, 2006</p> <ul style="list-style-type: none"> Annual General Meeting
Packages Mailed Out <p>September 13, 2006</p> <ul style="list-style-type: none"> Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs <p>September 13, 2006</p> <ul style="list-style-type: none"> General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours <p>September 27, 2006</p> <ul style="list-style-type: none"> The Pas Staff Rep Meeting
The Pas Hosp, Rm 233
1200 hrs to 1300 hrs
Armand Roy, LRO <p>September 28, 2006</p> <ul style="list-style-type: none"> South Eastman RHA
Staff Rep Meeting
Pizza Place, Steinbach
1200 hrs to 1300 hrs
Armand Roy, LRO <p>October 11, 2006</p> <ul style="list-style-type: none"> Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs General Staff Rep Meeting
* CANCELLED *
Please attend AGM. <p>October 12, 2006</p> <ul style="list-style-type: none"> Annual General Meeting
Clarion Hotel-Manitoba Rm
1445 Portage Ave
1800 hrs ???? <p>October 25, 2006</p> <ul style="list-style-type: none"> The Pas Staff Rep Meeting
The Pas Hosp, Rm 233
1200 hrs to 1300 hrs
Armand Roy, LRO <p>October 26, 2006</p> <ul style="list-style-type: none"> South Eastman RHA
Staff Rep Meeting | <p>Pizza Place, Steinbach
1200 hrs to 1300 hrs
Armand Roy, LRO</p> <p>November 8, 2006</p> <ul style="list-style-type: none"> Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs <p>November 8, 2006</p> <ul style="list-style-type: none"> General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours <p>November 29, 2006</p> <ul style="list-style-type: none"> The Pas Staff Rep Meeting
The Pas Hosp, Rm 233
1200 hrs to 1300 hrs
Armand Roy, LRO <p>November 30, 2006</p> <ul style="list-style-type: none"> South Eastman RHA
Staff Rep Meeting
Pizza Place, Steinbach
1200 hrs to 1300 hrs
Armand Roy, LRO <p>December 13, 2006</p> <ul style="list-style-type: none"> Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs <p>December 13, 2006</p> <ul style="list-style-type: none"> General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours |
|---|--|--|

Bring your Collective Agreement to all Member meetings

Executive Council

Officers

President	<i>Wendy Despins,</i> SBGH Laboratory
Vice President	<i>Al Saydak</i> HSC Radiology
Treasurer	<i>Paul Norman,</i> CCMB Radiation Therapist
Secretary	<i>Randy Buschau,</i> HSC Orthopedic Technology

Directors

Community Therapy Services Dietitian	<i>Margrét Thomas,</i> Physiotherapist
Laboratory Medical Physics Mental Health	<i>Susin Cadman,</i> Brandon RHA <i>Tom Walus,</i> HSC <i>Chad Harris,</i> CCMB <i>Kathy Yonda,</i> Brandon RHA
Nuclear Medicine Occupational Therapy Pharmacist Pharmacy Technician	<i>Shelagh Parken,</i> SBGH <i>Adele Spence,</i> DLC <i>Bob Bulloch,</i> HSC <i>Cindy Dziadek,</i> Concordia Hospital <i>Shelley Kowalchuk,</i> HSC <i>Zana Anderson,</i> DLC <i>Tanya Burnside,</i> Pharmacy Technician <i>Bernie Krawchuk,</i> Resource Coordinator <i>Allan Harlow,</i> Concordia Hospital Lab
Physiotherapy Recreation Burntwood RHA	
Nor-Man RHA	
Winnipeg RHA	

Staff Assignments

Lee Manning Executive Director lee@mahcp.ca	Heather Pappin Secretary/Receptionist heather@mahcp.ca	Joan Ewonchuk Administrative Assistant joan@mahcp.ca
Barb Johnson, LRO: barb@mahcp.ca	St. Boniface General Hospital, Central Medical Labs, Jocelyn House, Misericordia Health Centre, DSM-St. Amant Centre	
Ken Swan, LRO: ken@mahcp.ca	Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG, Sleep Lab), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic	
Michele Eger, LRO: michele@mahcp.ca	Health Sciences Centre (all other HSC Members not included under Ken's listing), Concordia Hospital, Tissue Bank Manitoba, Manitoba Clinic	
Karen Noga, LRO: karen@mahcp.ca	Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba	
Armand Roy, LRO: armand@mahcp.ca	Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman RHA	

MAHCP Monique Wally Memorial Scholarship Fund

Established in honour of Monique Wally



Monique Wally
1950 - 2003

In 2003, the MAHCP Executive Council established the Monique Wally Memorial Scholarship Fund in honour of Monique Wally.

Monique graduated as a Laboratory Technologist in 1970, doing her training at St. Boniface Hospital. After a few years at the Abbott Clinic, she spent the next 25 years plus at the St. Pierre site of the South Eastman Regional Health Authority. Monique was instrumental in unionizing the Lab/Xray unit at St. Pierre with MAHCP and served as staff representative for several years. Monique participated on several

collective bargaining teams and served on the Association's Executive Council.

Monique was very active during the bargaining unit appropriateness votes. She was proud to be a Lab Technologist and a MAHCP member and constantly promoted both her Association and her Society. Monique was a mother to a blended family of 6-3 girls and 3 boys

Recipients of this scholarship must be residents of Manitoba entering their first year of full-time post-secondary education for a career in an Allied Health Profession. The Winnipeg Foundation administers this scholarship on behalf of MAHCP.

Anyone wishing to make a contribution to the scholarship fund may do so by sending your donation to The Winnipeg Foundation at 1350 - One Lombard Place, Winnipeg, Manitoba R3B 0X3. Please indicate on your cheque that it is for the Monique Wally Memorial Scholarship Fund and a tax receipt will be issued.

Time is Running Out!

The deadlines for **Scholarship Fund applications** (July 21, 2006) and **Honour Roll nominations** (July 31, 2006) are fast approaching!

Please refer to the March 2006 newsletter or the MAHCP website (www.mahcp.ca - Member Services) for more information or contact the MAHCP Office at 772-0425/1-800-315-3331. An application form is included with this newsletter.

Living Wills continued from page 10

seniors, provides Emergency Response Information Kits (E.R.I.K.). The goal of this kit is to improve the accessibility to important information in an emergency. The package includes an information brochure, a Health Information form, a HCD Information sheet and form, an organ donation card, a donation slip and a sticker for the front door of the home. This alerts emergency responders to look for the necessary information. There is also a magnetic holder for your HCD to be attached to your fridge.

Partly due to the fact that Living Wills are relatively new to Manitoba and still not that common there is some confusion regarding Powers of Attorney and health care decisions. The usual form of general Power of Attorney does not include anything which gives the attorney the power to make health care decisions. The best way to avoid potential problems or confusion is to have a properly drafted HCD.

This paper is intended as an introduction to the topic and not as legal advice. If you require specific advice with respect to your situation, you should contact a lawyer.

This is one of a series of articles that will be appearing in future editions of the MAHCP News.

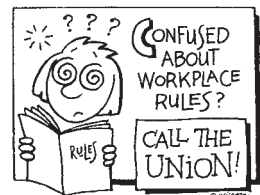
Welcome to MAHCP's Newest Members

MAHCP would like to welcome the Respiratory Therapists of Seven Oaks General Hospital who are MAHCP's newest members.

Certification was official on May 5, 2006. Congratulations!

How Well Do You Know Your Collective Agreement?

Question: Can an Employer refuse to consider you for a job if you are pregnant or on Parental Leave?



Answer: No! This is discrimination.

Helpful Legal Information for MAHCP Members

LIVING WILLS

By Sharon L. Tod
and Jacob Giesbrecht
of Inkster, Christie, Hughes
LLP

Since 1993 it has been possible to make a Living Will in Manitoba. The correct legal term for a Living Will is Health Care Directive (HCD). Anyone who is 16 years of age or more and has the necessary mental capacity to make health care decisions can make a HCD.

The purpose of a HCD is to express the maker's wishes regarding health care decisions or to appoint someone to make those decisions, called a proxy, or both. In expressing your wishes you may give general directions or you can be very specific and exclude certain types of treatment.

The HCD becomes effective in one of two circumstances: when you cease to have the mental capacity to make a health care decision; or when you are unable to communicate your wishes regarding a proposed treatment. It continues in effect until you regain capacity or the ability to communicate (or until death).

A HCD must be in writing and dated. In addition, it must be signed by the person who makes it. If the individual is not capable of signing then someone else can sign at the maker's direction but then there are very specific additional requirements that must be met. If the maker is signing the HCD then no witness is required. However, out of an abundance of caution, it is common legal practice to have at least one witness.

Once made, a HCD can be revoked at any time provided the maker has the requisite capacity. There are three ways to revoke a HCD: by way of a later directive; by a later writing that declares an intention to revoke the directive; or by destroying all original copies of the directive with the intention to revoke same.

There is no set form of HCD, one must merely meet the requirements set out in The Health Care Directives Act. As long as they meet those requirements, directives made in other jurisdictions are valid in Manitoba.

Although the maker of a HCD need only be 16 or older, a proxy must be at least 18 years old. A proxy must also be "apparently" mentally competent and must act according to the following principles: if a directive appointing the proxy expresses the maker's health care decisions, those decisions must be complied with; if the maker's decisions are not expressed in a directive, the proxy shall act in accordance with any wishes that he or she knows the maker expressed when the maker had capacity, and believes the maker would still act on if capable; if the proxy knows of wishes applicable to the circumstances that the maker expressed when the maker had capacity, and believes the maker would still act on them if capable, and if the wishes are more recent than the decisions expressed in a directive, the wishes must be followed; or if the proxy has no knowledge of the maker's wishes, the proxy shall act in what the proxy believes to be the maker's best interests.

There are certain restrictions on a proxy's consent. A proxy cannot agree to medical treatment for the main purpose of research, sterilization (unless necessary to protect the maker's health), or the removal of tissue from the maker's body while he or she is still alive for either transplant or medical education or research.

A Living Will can designate more than one proxy but it should indicate whether they are to act jointly or successively. If it does not so indicate then the Act deems them to act successively in the order they are named in the directive. If the proxies are to act jointly and cannot agree regarding a treatment then the decision of the majority applies, unless the HCD indicates otherwise. If one or more of the proxies have died or are unavailable then the remaining proxy or proxies may make any necessary health care decisions. However,



reasonable efforts have to be made to contact all proxies.

One should carefully consider the order of the proxies named. Firstly because if the proxies are not named to act jointly then the first named proxy will take precedence as set out above. Secondly, if there are joint proxies and no majority decision is reached the Act deems the first proxy shall make the ultimate decision.

The proxy's appointment may be revoked by divorce. Unless the HCD provides otherwise, if a maker designates his or her spouse as proxy and they subsequently divorce or the marriage is declared void or a nullity then the spouse's appointment as proxy is revoked and any named alternate would become proxy.

A proxy may also have his or her appointment suspended or terminated by the court if the proxy is not acting in good faith. In addition, the court may rescind any health care decision made by the proxy and has the power to substitute its own decision if there is no alternate proxy named in the HCD. However, the proxy is protected from liability as long as he or she is acting in good faith.

There is no requirement of health care providers, or anyone else for that matter, to inquire as to whether an individual has made a HCD or, having made one, subsequently revoked it. Therefore, the onus is on the maker to ensure his or her proxies, physician and family know of the existence of a HCD.

The Manitoba government, through local community resource councils for

continued on page 11

Non-Central Table Bargaining Update

Aboriginal Health & Wellness Centre:

Collective Agreements have been printed and mailed out to members. If you have not received your copy, please contact Joan at 772-0425.

DSM - St. Amant Centre: Proposals have been exchanged. A preliminary meeting was held to discuss issues. Bargaining is ongoing.

Society for Manitobans with Disabilities: The Association is in the process of proofing the documents.

WRHA Transport Team: The Collective Agreement has been successfully negotiated and is in the process of being signed.

NorMan Taking Over Rehab Services

The NorMan Regional Health Authority has announced that they plan to take over the Physio and OT services now provided by Community Therapy Services (CTS). The members in the Region are to be offered the jobs. The scheduled date for the transfer is August 1, 2006. Previously, Central, SouthEastman, and Interlake Regional Health Authorities had also taken over the services provided by CTS.

MAHCP is Seeking Communication Fan-Out Contact People

MAHCP is setting up a communication system to get information out to all members during negotiations in a timely manner. We need volunteers to become contact people in addition to or in absence of staff representatives in their department. Staff Reps in or near your area would contact you, you would then get the information that will be passed on to your colleagues.

It doesn't require a big time commitment but it will be a big payback for you and your Union.

If you are interested, call 772-0425 and ask for Heather.



Diagnostic Services of Manitoba (DSM) Update

MAHCP and Diagnostic Services of Manitoba (DSM) have reached agreement on the terms and conditions of the transfer of our members to DSM as their new employer.

In order to facilitate as seamless a transfer as possible, DSM and MAHCP met jointly with all of the affected members at all of the sites (except St. Boniface General Hospital) to review the transfer agreement and ensure that DSM's messages were consistent with the terms and conditions of our members' respective Collective Agreements.

DSM included in their package to our members an offer of employment with them and personnel information to be reviewed and corrected if necessary.

In the spring, DSM's plan is to move the sites with smaller represented groups onto their payroll system first and then move to the larger sites through the summer months and into the fall. The transfer to DSM as the new employer in reality is a paper transfer as none of our members will be physically moved, members will see a different employer on their pay stubs and will have centralized Management and Human Resources services, but will remain in their current environments at their current workplaces.

All of the provisions of the worksite's Collective Agreement will continue to apply.

A frequently asked question by members at these meetings was "What if I don't sign the letter of offer to go and work for DSM?" The answer to this is that the member would be entitled to exercise their rights under the Collective Agreement to "bump" or bid for available positions that they are qualified to do.

The reality is that DSM is taking over all of the Labs in all of the hospitals and that would leave very few opportunities, if any, for a member to find Lab work in their current workplaces.

We will continue to monitor the transfers as they occur to ensure that the members' rights under the Collective Agreement are not violated in this process.

Striving to Eliminate the WAIT

By now you are all aware of the MAHCP "Eliminate the Wait" Campaign. It was kicked off in mid April. We began with a number of billboards popping up throughout the city beginning the week of April 17th. In short order we had 21 billboards in Winnipeg, 2 in Brandon, 1 in The Pas, Flin Flon and Steinbach. There will be spots in the Keystone Centre in Brandon and the arenas in The Pas, Flin Flon, and Thompson.

well attended by television, radio, and print media. Representatives from the government, the employer, and some of our members were in attendance.

My address focused on the 3400 members of MAHCP and the diversity of its 160 occupational groups, and the significance and importance of our contribution to health care. I spoke of wait times related

right providers and support services in place all along the patient journey – not just surgeons but whole teams of professionals in our hospitals, in rehab services and home care. . . "

Following the press conference I had a conversation with provincial Minister of Health Tim Sale, and MAHCP was invited to meet with him to discuss our plan. Since the press conference MAHCP has had numerous calls about our campaign, many hits on our web site, and I was recently interviewed by Richard Cloutier Live on CJOB.

At this point in time you will have received a letter from MAHCP and a brochure explaining the campaign and inviting your participation. It is essential to the success of our campaign that you bring forward your ideas, thoughts and suggestions to us and we encourage you to wear your "Eliminate the Wait" pin. It will serve to identify our members to the public and that we are a vital force as we work together to eliminate the wait for medical services.

This is just the beginning of a multifaceted campaign that will continue to unfold over the course of the next four to five years.

Respectfully submitted,
Wendy Despina R.T.
President MAHCP

If you would like to contact the President regarding this article or any other issue pertaining to MAHCP, please call the MAHCP Office to have a copy of the "Ask the President" form mailed or faxed to you. You can also access the form through the MAHCP website at www.mahcp.ca under Member Services/Forms. You can also send comments by email - wendy@mahcp.ca or telephone - 772-0425 or 1-800-315-3331, extension 215.



Billboard on the Disraeli Freeway in Winnipeg

As all this activity was occurring externally much was going on internally as the "new" MAHCP web site was preparing to go live, which it did that same week. I continue to build a photographic library of our members in the workplace and as I do, look for those images on the web site, in the newsletter and on our leaflets. Our web site includes an area specific to our Eliminate the Wait Campaign – a web site within a web site – that includes specific opportunities for your feedback and participation in the campaign. Please check out our website at www.mahcp.ca.

MAHCP held a press conference in the dining hall of the Legislature. It was

to "our" occupational groups. Included were examples of solutions to wait times that originated from within "our" membership, and indicated that these were just the smallest sampling of possible ideas from our diverse membership.

I was compelled to include a quote by Michael Decker, Chair of the Health Council of Canada. In November of 2005 he reported "None of the pressing challenges facing Canada's health care system can be met without focusing on the people who make the system work. Take wait times for example: we cannot ensure timely access to care without having the

Final call for Nominations MAHCP Executive Council 2006-07

Nominations for the 2006-07 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave., Winnipeg, MB. R3E 0P9 on or before August 4, 2006 at 1600 hours. Please send to the attention of the Nominating Committee.

In order to be valid, a nomination must be signed by two eligible members of the Association (i.e. same occupational group, same geographical health region and a member in good standing), and must include signature of acceptance of the eligible nominee.

The Executive Council of MAHCP monitors the business affairs of the Association, plans policy, and sets direction for the Executive Director to follow. The Constitution permits representation from each geographical health region, each occupational group with ten or more members, and each special interest group.

The following represents the current Executive Council positions, which have one year remaining in the existing term of office:

Regional Directors:

- Burntwood
- Nor-Man

Occupational Group Directors:

- Orthopaedic
- Laboratory
- Pharmacy Technician
- Medical Physics
- Physiotherapy
- Recreation

Nominations will be accepted for the following vacancies on the Executive Council for a full two year term of office:

Officers:

- President

Regional Directors:

- Brandon RHA
- South Eastman RHA
- Winnipeg RHA

Employee Interest Group Directors:

- Aboriginal Health & Wellness
- Community Therapy Services
- Clinics
- Jocelyn House
- Society for Manitobans with Disabilities

Occupational Group Directors:

- Audiologist
- Cardiology
- Child Life Specialist
- Dietitian
- Electroencephalography
- EMS
- Food Service Supervisor
- Home Care Coordinator
- Mental Health
- Midwife
- MRI
- Nuclear Medicine
- Occupational Therapy
- Pastoral/Spiritual Care/Chaplain
- Pharmacist
- Psychologist
- Radiation Therapy
- Radiology
- Resource/Utilization Coordinator
- Respiratory Therapy

Final Call for Resolutions

The Manitoba Association of Health Care Professionals is accepting proposals for change(s) and/or additions to:

- Constitution and Bylaws
- Standing Rules
- Policy Papers

Resolutions must be specific and must be typed or in legible handwriting and must be moved and seconded by a Member of the Association. The mover of the proposal should attend the Annual General Meeting on October 12, 2006, to speak to the proposal as written. A telephone number should be included should clarification be required. A copy of the resolution form is included in this newsletter, or may be obtained by calling



Al Saydak
Vice-President

- Social Work
- Sonographer
- Speech Language Pathology

Nominations will be accepted for the following vacancy on the Executive Council for a one year term:

Officers:

- Vice-President

(N.B. Should any members believe that a particular occupational group constitutes ten or more members, but is not listed herein, please forward a duly completed nomination for consideration by the Executive Council).

Any enquires regarding the nomination/election process can be directed to the MAHCP office via mail, phone 1-204-772-0425, e-mail info@mahcp.ca, Fax 1-204-775-6829, or by our toll free number 1-800-315-3331.

A nomination form is included in this newsletter and can also be obtained by calling the MAHCP office or downloading from our website, www.mahcp.ca.

In solidarity
Al Saydak R.T.R.
Vice-President

the office (772-0425), or down loading from the website (www.mahcp.ca).

Please forward all proposals to the MAHCP office, to the attention of Al Saydak, Vice-President. Resolutions are due at the MAHCP office prior to Friday, August 4, 2006 at 1600 hours.

In solidarity,
Al Saydak R.T.R.
Vice-President

MAHCP ANNUAL GENERAL MEETING

**Clarion Hotel, Manitoba Room
1445 Portage Avenue
Thursday, October 12, 2006**

Registration of Members: 1730 to 1800 hrs
Meeting: 1800 to 2000 hrs
Wine & Cheese Reception: 2000 to 2300 hrs

Guest Speaker: To be Announced

Teleconferencing is being arranged for Brandon, Burntwood and Nor-Man RHA's. Sites to be announced once arrangements are confirmed.

Please pre-register by using the form included with this newsletter or by calling the MAHCP Office, and indicate at which site you will be attending.

For more information contact Wendy Despins, President at the MAHCP Office, 772-0425 or 1-800-315-3331, ext 215.

Watch the mail for your AGM package in early September!

Market Adjustment Update

MAHCP and the Employer continue to discuss the remaining identified groups access to the Market Adjustment funds.

Differences of opinion on classifications within the system prolongs the process, primarily due to research having to be completed by both the Employer and the MAHCP and scheduling of additional meetings to discuss the findings of this research.

Member Feedback

A staff representative called the morning of March 29, 2006 with the following comments regarding the monthly General Staff Rep meetings held at the MAHCP Office:

"I find the monthly evening staff representative meetings very valuable and that I learn a great deal from them and am so well informed after attending. Without them I do not believe I would be able to do my job as a staff representative. Thank you so much for the format that has been developed. You are doing a great job."

Keep those comments coming!

Staff Rep Training Spring 2006

Spring Sessions of the Staff Representative Training Level 1 and Level 2 have been successfully completed. The attendance, level of participation and the enthusiasm are very encouraging and MAHCP will be repeating the sessions in the fall of 2006. It is the intention of MAHCP to continue to encourage members to become Staff Representatives and to provide education and support to those members. Staff Representatives are a vital link between the members, Executive Council and the Labour Relations Officers. They are the eyes and the ears of the union in the workplace and play a valuable role for the organization. We have seen an increase in the number of people becoming Staff Representatives and so it is not surprising that in addition to many of our current Staff Representatives returning for a refresher there were also many new staff representatives participating.

role of a staff representative these were filled with lively discussions and debates.

The following are some comments from participants of the training sessions:

"The information was well organized and presented verbally, visually and in print. The binders are a good resource to take home."

"Thank you for providing these in-services to us and for taking such good care of us."

"I am looking forward to Level 2 training. Very informative presenter. Keeps the group on track."

"The discussion projects were fabulous."

"Walter made this session a lot of fun. I really enjoyed it."

"... very dynamic facilitator..."



(left to right) Bob Moroz, Colleen Buechler, Suzanne Garbutt

The training days covered a wide variety of topics including investigations and communication techniques, collective agreement language, grievances, arbitrations and the history of MAHCP. There was active participation from all those who attended. As in previous sessions, there were practice scenarios that provided various basic practical applications of the

There were some suggestions about Staff Representative meetings.

"Instead of general Staff Representative meetings, have in house Staff Rep meetings with all Representatives' in the facility."

"The monthly Staff Rep meetings are excellent and an opportunity to learn and navigate your collective agreement."

It is the intention of MAHCP to continue to encourage members to become Staff Representatives and to provide education and support to those members.

In many sites MAHCP conducts monthly staff representative meetings. These are lead by the Labour Relations Officer assigned to that particular site, and the topics are generally related specifically to that site.

The monthly evening Staff Rep meetings are multi-faceted; including Executive Council governance updates by the President, operational updates from the Executive Director and an educational component taught by a Labour Relations Officer.

Recently we have been working our way through the collective agreement article by article. Future topics will include Workplace Health and Safety, Grievances, Arbitrations and variety of different legislations. Suggestions of topics are also welcomed and may be made to Wendy Despins, President, at the MAHCP office, 772-0425 or 1-800-315-3331, ext 215; or Wendy@mahcp.ca.

The monthly Staff Representative meetings are also intended to build a network throughout the province, creating a support structure of peers throughout the organization, who make connections with each other and with Executive Council Members and Labour Relations Officers.

SMILE!!

I used up all my sick days so I'm calling in dead . . . and I'd like 3 funeral days along with my weekend off.

MAHCP Career Profile

Recreation Coordinator/Facilitator

Submitted by
Cathy Atkinson
Recreation Facilitator
Deer Lodge Centre

Job Description

A Recreation Coordinator/Facilitator assesses the leisure needs of patient/resident on assigned unit and documents results for use by the interdisciplinary team. Establishes and reviews treatment goals and objectives collaboratively with the patient/resident. Plans, organizes, implements and evaluates therapeutic recreation/activity programs. The Recreation Coordinator/Facilitator provides recreation services to specific group of residents/patients to promote health and personal growth through leisure and recreation experiences, which contribute to the maintenance of physical, social, emotional and mental well-being. The Recreation Coordinator/Facilitator will provide leisure activities to enhance and promote lifelong recreation skills and attitudes. Therapeutic Recreation services are provided through group and/or individual interventions. They may include: group activities on and off units (eg social, horticulture, art, leisure, exercise, discussion, cooking) leisure counseling, leisure education, community awareness outings, physical activity, evening programs (eg movie night, bingo and entertainment) pet visitation, cognitive stimulation, and community support.

Employment and Outlook

The Winnipeg Regional Health Authority offers diverse employment opportunities for Therapeutic Recreation Practitioners in a variety of settings that include:

- Personal care home
- Long term care facilities



Clayton Carriere and Vi Stoesz, HSC

- Hospitals
- Acute care medicine
- Mental health
- Rehabilitation
- Geriatric medicine
- Acute psychiatry
- Community outreach

Over the last ten years the occupation has grown. As the population grows older there will be a continuous need for Recreation Practitioners.

Working Conditions

- There are full-time, part-time shifts, day shifts, evening shifts and weekend shifts.
- For the most part we work indoors except when we are on community outings.
- Depending on the area where you are working and the program you are doing, it can be noisy and sometimes we are the ones making the noise.
- May be required to work extended hours.
- May involve exposure to disease, radiation, toxic materials, noise, allergens.
- May encounter aggressive and/or agitated patients/residents/staff/visitors.

Physical Demands

- Performs all duties in accordance with established health and safety

regulations/guidelines, policies and procedures (eg utilizing personal, protective equipment as per safe work procedures).

- Assists patients/residents who need help with ambulation or with wheelchair for recreational programs.
- Responsible for the safety of patients/residents and volunteers at all times, ensuring that adequate assistance is available for patient/resident groups and outings.
- Ability to communicate effectively – verbally, person to person, by telephone and in writing.
- Develops and maintains effective oral and written lines of communication with Managers, colleagues/co-workers, volunteer services, facility and community resources personnel.
- Communicates on patient/resident assessment and outcomes at inter-disciplinary team meetings and in health record in accordance with protocols.

Education and Training

- Recreation Practitioners are required to have a Certificate, Diploma or Degree from an accredited Recreation Program. Specific level of education is dependent upon the employer.
- 1-2 years recent experience working with individuals/groups in a health care environment.
- Demonstrates knowledge and support of the vision, values, goals and objectives of the Winnipeg Regional Health Authority and the facility in which they seek employment.
- Participates in committee work and activities within the discipline and program.
- Attends scheduled in-service programs and professional development opportunities (ie seminars, lectures, films, workshops, etc.).

Licensing

Therapeutic Recreation is provided by professionals who are trained, certified, or have a degree to provide therapeutic recreation. Although it is not required, it is recommended that you belong to the Manitoba Therapeutic Recreation Association.

Grievances: Friend or Foe?

The thought of filing a grievance may strike terror in the heart of some members, or be a welcome relief to others who are looking for resolution when in dispute with their employer.

Grievances are often the foundation for future contract proposals, they help to identify areas where there may be confusion or ambiguity in contract language. Grievances may be very specific to a particular individual and situation, or have very broad far reaching implications. The thought of filing a grievance may strike terror in the heart of some members, or be a welcome relief to others who are looking for resolution when in dispute with their employer. When entering into the grievance process as members we often are unprepared for the length of time that is involved, the number of factors and issues that need to be considered and the number of people that may end up becoming involved.

Definitions:

Grievance – in employment law, a grievance is a formal, itemized complaint to management that it has treated one or more employees unfairly or has violated the contract or collective bargaining agreement.
Arbitration - method of alternative dispute resolution where neutral party or parties helps make decision and decision is binding.

The grievance process is a mechanism or tool to aid employees when a dispute arises with their employer and can not be resolved. This dispute could be over contract interpretation, application of a particular article, or the administration of an article. In each case resolution can be sought through the grievance process. A process is defined in each of MAHCP's collective agreements that lays out the steps of the grievance procedure and defines the timelines. *After filing a grievance a member may be surprised by the length of time from the date of filing a grievance to resolution. With*

an unresolved issue frustration can and does start to build. "I filed my grievance 6, 8, 12 months ago what's taking so long?" A very good, and often asked question. The process of grieving an issue can be lengthy, especially ones that go to arbitration.

Before filing a grievance a number of questions need to be addressed that will help to clearly identify the grievance. Once it is established as a grievance then the more data to support the grievance the stronger the case. Thus a very important piece to this process is the investigation stage, where a series of questions need to be answered and witness statements (if any) are gathered.

Once a grievance reaches the Human Resources (HR) Department and is still not resolved many of our contracts have language that enable either party to request the use of the grievance investigator. This is a voluntary process that has been a very successful tool for MAHCP to resolve grievances prior to going to arbitration. The recommendation of the grievance investigator is not binding and either party can request that the grievance proceed to arbitration. The Grievance Investigation Process (GIP) is unique to MAHCP and over the years has proved to significantly reduce the costs in dollars and time versus proceeding directly to arbitration. A very large percentage of our grievances are resolved at GIP. However, if not resolved at GIP and then forwarded to arbitration the extra steps of GIP adds to the length of time to achieve resolution.

Arbitration is yet another mechanism to achieve resolution after the previously discussed options have been unsuccessful. Again MAHCP's collective agreements have an article outlining the procedure for the arbitration process. Unfortunately there are a limited number of arbitrators familiar with the health care sector to choose from and both parties must agree



Wendy Despina
President

on an arbitrator. Once an arbitrator is chosen the next issue is their availability and often arbitration dates are 12-18 months into the future. At the arbitration hearing both parties offer their evidence in a formal setting presided over by the arbitrator. The hearing may take several days. Once the arbitration hearings have been concluded the parties must then wait for the arbitrator's decision which again could take several months.

The Executive Council has taken a very serious view regarding the number of grievances, the impact of arbitrations and the length of time it is taking to reach resolution. MAHCP is tracking the trends in grievances and is developing strategies and implementing those strategies to address these very serious concerns. *As the RHAs become more intransigent we are seeing a significant increase in the number of grievances filed, and a significant increase in the number that are going to arbitration.* While we have had success with our recent strategy seeing a number of grievances resolved within the last few months, we are continuing to explore and develop more strategies.

In conversation with some of our counterparts across the country, I am discovering that the experience of the other unions is very similar to ours. Like us, many of them are currently in the process of gathering and compiling data and tracking the trends of their grievances.

While sometimes a long and often tedious process grievances help to defend and maintain workers rights. While often seen as a foe, they are in reality beneficial to members and the union as a whole.

In Solidarity
Wendy Despina
President MAHCP