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We're on the Web!
www.mahcp.ca

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MAHCP NEWS

APRIL 2005

Call for Nominations for Central Bargaining 2006

The Central Bargaining Committee shall consist of equal parts of:

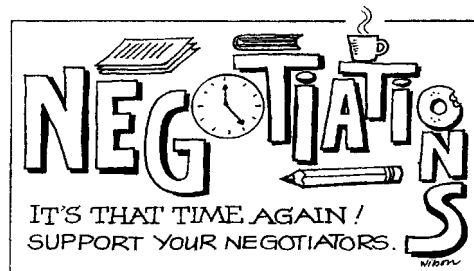
- The Executive Council; and
- The general membership. Preference is given to those with experience (eg. current staff representative, Executive Council member within the last 5 years, or previous Negotiations Committee member).

The general membership may nominate candidates, who are members in good standing, for a position on the Bargaining Committee. This must be accompanied by two supporting signatures, also of members in good standing of the Association.

Final selection of the Central Bargaining Committee will be made by the Committee Chairperson and the Chief Negotiator.

Nominations may be sent to the Association office by fax or mail.

The deadline for nominations is Friday, July 29, 2005 at 1600 hours. (Nomination Form enclosed with this newsletter mail-out.)



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Central Bargaining 2006

Plans are underway preparing for negotiations 2006. A pre-negotiation process is being developed that will include planned meetings with the membership by the Committee Chair, Chief Negotiator and the selected Labour Relations Officer to solicit proposals for the Central Table. Proposals will also be solicited through a questionnaire (in development) to be available on the website, from Staff Representatives and through the mail.

In addition to this, the LRO's will be reviewing grievances and language disputes, by occurrence to establish trends and to develop proposals out of those trends. The plans and strategy for the development of the bargaining team is also being prepared, a part of which is this initial request for nominations from the membership. Additionally, Staff Representatives will be utilized as a conduit for communications between the membership and the bargaining team.

MAHCP Executive Council

The MAHCP Executive consists of the following elected membership:

President– Wendy Despins,
SBGH Laboratory

Vice President - Al Saydak
HSC Radiology

CTS- Margrét Thomas, Physiotherapist

Dietitian - Susin Cadman, Brandon RHA

Laboratory - Gerald Besyk, SBGH

Nor-Man RHA - Bernie Krawchuk
Resource Coordinator

Orthopedic Technology - Randy Buschau
HSC

Pharmacist - Bob Bulloch, HSC

Pharmacy Technician - Cindy Dziadek
Concordia Hospital

Physiotherapy - Shelley Kowalchuk, HSC
(Joelle Fillion Kopp on Mat LOA)

Radiation Therapist - Paul Norman, CCMB

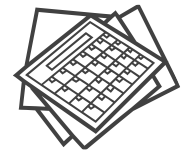
Burntwood RHA - Tanya Burnside
Pharmacy Technician

South Eastman RHA - Michael Kleiman
Sonographer

Winnipeg RHA - Allan Harlow
Concordia Hospital Laboratory

Meeting Calendar

Visit the MAHCP Website Calendar for more meeting information—www.mahcp.ca/pages/calendar.htm



April 13, 2005

- Executive Council Meeting
101-1500 Notre Dame Ave.
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

April 15, 2005

- SBGH Staff Rep Meeting
L1304 Pathology Conf. Room
Main Flr Towards Lab Tower
1200 to 1300 hrs
Barb Johnson, LRO

May 11, 2005

- Executive Council Meeting
101-1500 Notre Dame Ave.
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

May 19, 2005

- SBGH Staff Rep Meeting
L1304 Pathology Conf. Room
Main Flr Towards Lab Tower
1200 to 1300 hrs
Barb Johnson, LRO

June 8, 2005

- Executive Council Meeting
101-1500 Notre Dame Ave.
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

June 17, 2005

- SBGH Staff Rep Meeting
L1304 Pathology Conf Room
Main Flr Towards Lab Tower
1200 to 1300 hrs
Barb Johnson, LRO

July 13, 2005

- Executive Council Meeting
101-1500 Notre Dame Ave.
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

July 14, 2005

- SBGH Staff Rep Meeting
L1304 Pathology Conf Room
Main Flr Towards Lab Tower
1200 to 1300 hrs
Barb Johnson, LRO

July 22, 2005

- Deadline for Bursary Fund applications

July 29, 2005

- Deadline for Central Bargaining Committee Nominations
- Deadline for Honour Roll Nominations

August 5, 2005

- Deadline for Executive Council Nominations
- Deadline for Resolutions Proposals

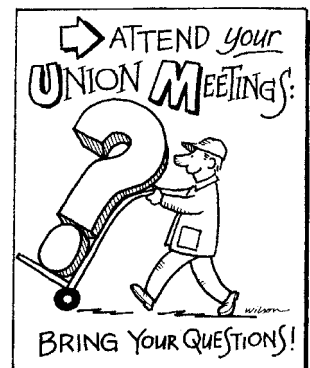
August 10, 2005

- Executive Council Meeting
101-1500 Notre Dame Ave.
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

September 14, 2005

- Executive Council Meeting
101-1500 Notre Dame Ave.
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

Bring your Collective Agreement to all member meetings



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Staff Assignments

Lee Manning - Executive Director - lee@mahcp.ca

Barb Johnson, (LRO) - barb@mahcp.ca: St. Boniface General Hospital, Central Medical Labs, Jocelyn House, Misericordia Health Centre, South Eastman RHA

Ken Swan, (LRO) - ken@mahcp.ca: Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG, Sleep Lab), Deer Lodge Centre, Community Therapy Services, Manitoba Clinic, 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, Burntwood RHA, Nor-Man RHA

Karen Noga, (LRO) - karen@mahcp.ca: Victoria General, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba

Armand Roy, (LRO) - armand@mahcp.ca: (to date) Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre

Heather Pappin, (Secretary/Receptionist) - heather@mahcp.ca

Joan Ewonchuk, (Administrative Assistant) - joan@mahcp.ca

Preliminary Call For Nominations MAHCP Executive Council 2005-06

Nominations for the 2005-06 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9 on or before August 5, 2005 at 1600 hours. Please send to the attention of the Nominating Committee (form enclosed).

In order to be valid, a nomination must be signed by two eligible members of the Association (ie. same occupational group, same geographic health region), and must include signature of acceptance of the eligible nominee.

The Executive Council of MAHCP monitors the business affairs of the Association, and plans policy and sets direction for the Executive Director to follow. The Constitution permits representation from each geographic 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:

Officers:

President
Vice-President (president elect)

Regional Directors:

South Eastman
Winnipeg

Employee Interest Group Directors:

Community Therapy Services

Occupational Group Directors:

Dietitian
Radiation Therapy

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

Regional Directors:

Brandon
Burntwood
NorMan

Employee Interest Group Directors:

Aboriginal Health & Wellness Centre
CancerCare Manitoba
Clinics

Occupational Group Directors:

Audiology
Cardiology
Child Life Specialist
Electroencephalography
Emergency Medical Services
Home Care Coordinator
Lab Director
Mental Health
Midwifery
Nuclear Medicine
Occupational Therapy
Orthopedic Technology
Pastoral/Spiritual Care/Chaplain



Pharmacist
Pharmacy Technicians
Physiotherapy
Psychologist
Radiology
Recreation
Resource/Utilization Coordinator
Respiratory Therapy
Social Work
Sonographer
Speech Language Pathology

(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 inquiries regarding the nomination/election process can be directed to MAHCP Office - 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9, or via e-mail, info@mahcp.ca, or feel free to use the Information Line. Our toll free number is 1-800-315-3331. Messages can be left at that number as well. They are checked daily Monday through Friday, 8:30 am to 5:00 pm.

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 hand-writing and must be moved and seconded by a Member of the Association. The mover of the proposal should attend the Annual General Meeting which will be held in October 2005, to speak to the proposal as written.

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 5, 2005 at 1600 hours.**

MAHCP Bursary Fund

MAHCP Executive will award up to five (5) - \$400, Bursaries annually.

- Bursaries are open to children of MAHCP members entering their first years of full-time post-secondary education. E.g.: University or Community College, etc.

Eligibility:

Consideration will be given to candidates (students) who must submit the following information:

1. A copy of their final High School transcript of marks.
2. A letter of recommendation from one of the following (teacher, employer, counselor, or supervisor).
3. A brief letter or resume outlining activities such as volunteer work, community work, or extra curricular activities.
4. A 500 word essay on the benefits of being a union member.
5. Their intended course of study and their letter of acceptance to a Post Secondary program must also be included.
6. Candidates should include their parent(s)/ guardian(s) full name and place of employment.
7. Applicants must be complete in full, otherwise they will not be considered.

Process:

Deadline submission of application no later than 3rd week of July.

To: Chairperson
MAHCP Bursary Fund
101-1500 Notre Dame Avenue
Winnipeg, MB R3E 0P9

MAHCP Executive will notify all candidates by mail by end of August.

MAHCP Monique Wally Memorial Bursary Fund

The criteria for the Monique Wally Memorial Bursary Fund is the same as the MAHCP Bursary Fund, except for the following: **one (1) - \$400 bursary** will be awarded annually to children of MAHCP members entering their first year of full-time post-secondary education in an **Allied Health Profession**; and the topic of the 500 word essay is "why enter into an allied health profession?".

Call for Honour Roll Nominations



Eligibility

The intent to publicly acknowledge the contribution of a Manitoba Association of Health Care Professionals member who has enabled the Association to grow and prosper.

This includes individuals who have given a generous amount of time serving as an elected officer on the Executive or one of many committees such as EAP, HEPP, Workplace Health and Safety.

It also includes individuals who have helped organize or were instrumental in organizing groups to join the Association.

Normally, individuals who have retired or are close to retirement and who have the general support of their colleagues would be considered.

Process

Deadline for submissions will be no later than the end of July.

To: Chairperson
MAHCP Honour Roll
101-1500 Notre Dame Avenue
Winnipeg, MB R3E 0P9

Criteria

A member in good standing:

1. Who has served in an elected position on the Executive for at least two terms; and/or
2. Who has served as a representative of the Association on Committees such as collective bargaining, EAP, Workplace Health and Safety; and/or
3. Who has in a major way assisted in organizing new units for the Association; and/or
4. Who has actively promoted the Association to others; and/or
5. A member who has retired or is close to retirement; and/or
6. A member who is generally recognized as a positive influence on behalf of the Association by their peers.

For the members who use the **SBGH Blue Cross EAP site**, the office is moving from 400-400 Taché Ave to the 5th Floor of the Education Building at SBGH on April 1, 2005. Services will not change and every effort has been made to ensure continuation of confidentiality and privacy.

Bargaining Unit Appropriateness

The Aftermath

By Wendy Despins
President, MAHCP



Bargaining Unit Appropriateness. In 1995 I had never heard the term, nor knew what it meant, nor what it would come to mean to MAHCP, and to me. A mechanism was set in place in 1996 when the legislature voted in support of **Bill 49**, which later became Chapter R34, The Regional Health Authorities and Consequential Amendments Act. This allowed for the review of bargaining unit membership and their bargaining agents. The Minister of Health then invited the Manitoba Labour Board to review bargaining units in Health Care. The board's initial findings were issued November 20, 1997, for rural and September 9, 1998 for urban. The Labour Board made the determination that there would be pre-determined bargaining units and, as many of you are aware, MAHCP represents the Technical/Professional/Paramedical bargaining unit.

There were many exchanges of letters and documents between the Labour Board and the stakeholders, which included the unions, the facilities, and the government. There are 650 pages of documentation broken down into two volumes including exchange of information and the many submissions and presentations to the Labour Board. All of which lead up to unionized health care workers and non-unionized health care workers alike having the opportunity to vote for the union of their choice in rural and subsequently in urban health-care facilities. These votes, as

many of you know, were conducted by the Labour Board, and prior to voting each of the unions on the ballot undertook very extensive campaigns within very tight time constraints. At the completion of the votes the size and makeup of MAHCP was significantly changed. Our overall numbers had increased dramatically, growing from approximately 1200 members in the mid 90's to approximately 3400 members today, and our representation of professional groups increased dramatically. During this time the impacts on staff and the board were tremendous, 18 hour days became the norm for staff and board members. I continue to be impressed, amazed and appreciative of the accomplishments during those times and the continuing efforts by staff, board and membership.

Such huge growth, while welcomed, also brings with it many issues for the MAHCP and our new and our original membership. Administratively we have developed new policies, procedures and strategies to accommodate these changes. There have been tremendous psychological impacts on all involved. The melding of the different cultures has been difficult. Emotions range from excited to acceptance to difficulty adjusting. I can only imagine the range of feelings for me if St. Boniface Hospital, my employer, had lost the vote. I know the transition would have been difficult, I also know my union

represents me in the workplace and I need to be involved to make it effective. Membership, old and new, is making that transition, as of the last A.G.M. fifty percent of your board consists of new members who, until recently, were represented by a different union or had no representation at the workplace. Our Staff Representatives are also a mix of original MAHCP members, members who were formally from other unions and members who had no representation in the workplace. These changes require us to be patient with each other, require us to reach understanding with each other, require us to help educate each other and require us to allow time to adapt.

Now here I am in 2005 looking at the aftermath of Bargaining Unit Appropriateness. This is what I see. I see a new face to MAHCP, a continually unfolding and evolving culture. I see a strong, vital, and dynamic union, moving forward, developing new links in the labour community, developing new strategies and new ways of representing members. I see a union filled by individuals who are proud of their chosen vocations, working hard in support of the health care for the people of Manitoba, and I see many, many individuals proud to be represented by MAHCP, the only union in health care dedicated to Technical/Professional/Paramedical.

Do You Have a Question or Suggestion for the MAHCP President?

If you have a question or suggestion for the President of MAHCP, please call the MAHCP office to have a copy of the Contact Form mailed or faxed to you, or you can access a form through the MAHCP website at www.mahcp.ca/pages/contactus.htm.

MAHCP Welcomes Lee Manning Executive Director



Lee has been involved in labour relations and negotiations for more than 25 years.

He was a local union representative and Executive Council member for the UFCW and Union Vice President for many years at Carling O'Keefe and then Molson Breweries.

Lee's management experience includes a private consulting career in both the private and public sector that focused on Organizational Development and Labour/Management Relations including collective bargaining.

Lee worked in privatized long term care as a Human Resources Advisor responsible for all labour /employee relations for six facilities in the province, following that he worked as a Human Resources Director in Healthcare in the Public sector.

With this combination of labour and management experience Lee brings a common sense, diverse approach in his management style to the MAHCP.

Diagnostic Services of Manitoba (DSM) Report

DSM is currently in the process of implementing the first phase of their plan.

This phase involves the movement of Management employees from the Regional Health Authorities to DSM.

Originally the plan was to have all of the Management staff transferred by April 1, 2005; however it has become apparent to the Board of DSM that in the opinion of the Committee members responsible for this implementation, that the April 1, 2005 date will not be met.

The transfers will take place, but will not be completed before April 1, 2005 in many cases.

Our focus at MAHCP, and what we are most closely watching, is the second phase of this project, the transfer of our members. It is our understanding that this will not occur until at least the fall of 2005, and that the first affected group would be the urban group.

At this time no concrete dates have been defined for Phase Two of the project.

HEPP Report

Ken Swan
HEPP Board Trustee

In September 2003, the Board of Trustees of HEPP sent a request to the plan settlers requesting a contribution rate increase to the effective July 1, 2004, to ensure the Plans viability. The rate requested was 6.85% of pensionable earnings (YMPE) and 8.6% on earnings above YMPE.

The settlers are the Signatory Unions and Signatory Boards of the Trust Agreement. Unanimous consent is needed to increase contribution rates.

The Unions and some of the employer Boards approved the contribution rate increase.

As there was no unanimous consent, the HEPP Board of Trustees announced at the Annual General Meeting on July 21, 2004 that the Trustees had decided to reduce benefits effective July 1, 2005 unless a funding solution was found before July 1, 2005.

Subsequently, discussions were held between the Unions Employers and the Provincial Government. HEPP provided information as requested by the parties. A funding agreement was reached by the Un-

ions Employers and Government in December 2004.

On December 16, 2004 the HEPP Board having been made aware of the funding arrangement between the Settlers agreed to rescind the roll back of benefits that were to be effective July 1, 2005, provided the Settlers agreed to the contribution rate increase.

To date, not all Settlers have responded to the request. While it is anticipated that all of the Settlers will agree, the reduction in benefits will be rescinded only if there is unanimous agreement of the Settlers.

Damn the Collective Agreement!

*I love my work. I'm good at it! They need me.
I should be able to demand what I want and get it. My employer says they can't do anything
about it because of the Collective Agreement.*

By Armand Roy, Labour Relations Officer

Sound familiar?

We feel invulnerable because of the shortage of employees with our skills and our personal performance record. We think that the collective agreement holds us back from achieving our goals. Employers tap into your discontent and often use the Collective Agreement to divide the workplace. If they can get employees competing amongst themselves they are able to implement policies that are in their best interest, not the employees. The old divide and conquer strategy.

The fact is, if it weren't for the Collective Agreement, you wouldn't have the rights and privileges you now enjoy. The Collective Agreement sets a fair and equitable standard for all the employees it protects. It is an agreed list of rules by which employers must conduct themselves with employees.

Many of the articles in a collective agreement have been created against incredible odds. Simple things we now take for granted would not be in place if it weren't for the struggles of many working people.

Let's have a quick look at one of the articles contained in our collective agreement and source the roots of its development.

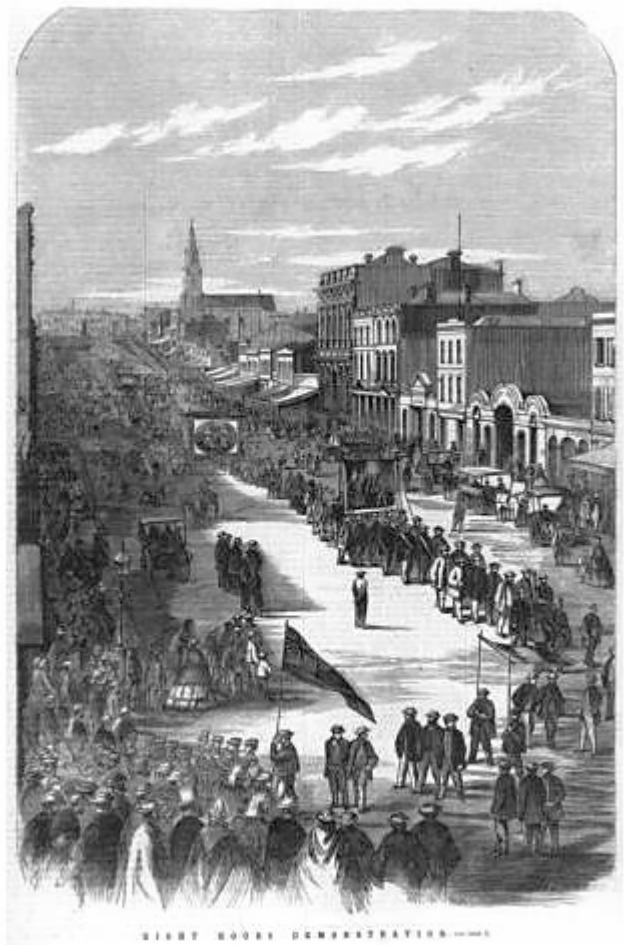
"Hours of Work and Shift Schedules" is a prime example.

During the middle-ages European society had a very different approach to work. A work week was not established as we know today. Most people worked for themselves and would spend 20 to 30 hours a week working. They set aside 20 to 30 hours attending to family duties. The balance of their time was spent for their own needs and interests.

Then along came the industrial age. The whole concept of work changed. Instead of everyone working for themselves and trading the goods of their own production the industrial barons hired workers to produce goods for them while they benefited from the profits earned for the goods produced. This meant they needed larger and larger workforces working longer and longer hours to attain higher profits. Fourteen and eighteen hour days were not uncommon. The

plantation owners of the Southern United States didn't even pay their workers. They used slavery for the basis for their profits.

The conditions workers were subjected to were appalling by today's standards. Employers often owned every aspect of a worker's life. They owned the store where the worker shopped. They owned the town where they lived.



'Eight Hours Demonstration' in Australian News for Home Readers 19 May 1866

Continued on Page 8

Damn the Collective Agreement

Continued from Page 7

And, they made up individual contracts with workers which allowed them to charge employees for basic needs. Often workers found themselves owing employers great sums of money after termination due to employer policies and agreements.

Then in 1856, a group of workers in Australia, mostly stonemasons and other skilled building workers, won the right to an eight hour working day. It was a world first.

In Canada it wasn't until 1893 that the Federal Government finally made the eight hour day mandatory for all their construction sites. This only occurred because of incredible struggles by the Construction trades with their employers. On June 12, 1899 the eight hour day became law in British Columbia.

But I don't mind working longer hours.

Today many of us enjoy between a 7 ½ and 7 ¾ hour work day. At most that's a gain of a half hour in over 100 years. Yet even just the half hour is a precious gain that the Collective Agreement provides you. Employers try to "guilt" us into working longer hours and giving up a long fought fight. We are often coerced into believing a longer shift won't be that bad if I get more time off at the end of it. Trouble is, some of us work a longer shift in one place than go and work at another place with similar shifts. What might have been designed to be a 4 day week of longer shifts may end up being 7 days of long shifts. It also creates higher expectations from the employers.

Employers creatively come up with ideas for 10 hour shifts, 12 hour shifts and even longer. Their idea is, if you work longer you get more done. Many studies have been done to prove this wrong. A recent study from Harvard University sited serious medical errors caused by interns working excessive hours.

The negotiated contract sets the guidelines so that the employer won't give Adam, who is the flavour for this month, more privileges than Sue who is burned out from working longer and longer hours. Before employers implement longer hours of work they must abide by the rules of the negotiated Collective Agreement. We as a whole must agree that we want to work this way and that there are benefits for our complicity.

The Collective Agreement doesn't hold you back from achieving your goals. In fact it actually protects you from losing what you already have. It also ensures that everyone is treated fairly and equitably.

Who knows, next week you may not be the flavour the employer loves.

Sources:

8 Hours Labour, Museum Victoria, Australia
 Canadian Centre for Occupational Health & Safety website, www.ccohs.ca
Effect of Reducing Interns' Work Hours on Serious Medical Errors in Intensive Care Units New England Journal of Medicine, www.nejm.org
Historical Highlights of the Carpenter's Locals in Victoria, victoriacarpenters.com/new_history.htm

Workload Assessment Form



Included with this newsletter is the new Workload Assessment Form which was developed to assist members in reporting heavy or unusual workloads.

Due to the large number of occupations represented, it is difficult to ask questions specific to the varied working conditions facing our members. Comments/suggestions about the form would be appreciated. If you would like more copies of this form please contact the MAHCP Office or you may access it from the MAHCP website at www.mahcp.ca under Member Services.

Notice to MAHCP Lab Members:

- The **International Urinary Tract Infection Symposium (IUTIS)**, hosted by the Department of Medical Microbiology will be held on June 10, 2005. For more information visit their website at www.umanitoba.ca/academic/faculties/medicine/medical_microbiology/IUTIS/index.html.
- The **Canadian Society for Medical Laboratory Science (CSMLS)** national certification examination for medical laboratory assistants (technicians) will be held on October 25, 2005 - application deadline: August 8, 2005. For more information regarding eligibility criteria, exam locations, and fees are available on their website at www.csmls.org, select the Certification menu and select Medical Laboratory Assistant.

Nuclear Medicine & MRI Market Adjustment

Following extensive meetings between the Labour Relations Secretariat and MAHCP Representatives, an agreement has been reached that there is demonstrable evidence that recruitment and retention issues exist with the classifications of Nuclear Medicine and MRI.

As a result, these two classifications will be adjusted to the following wage rates retroactive to April 1, 2004.

	Start	1st Yr	2nd Yr	3rd Yr	4th Yr	5th Yr	6th Yr	7th Yr
April 1, 2004								
General Duty	23.395	24.095	24.819	25.563	26.331	27.120	27.934	
Senior	24.563	25.300	26.059	26.841	27.646	28.476	29.330	
Charge	25.041	25.793	26.567	27.364	28.184	29.030	29.902	30.799
Oct 1, 2004								
General Duty	23.512	24.215	24.943	25.691	26.463	27.256	28.074	
Senior	24.686	25.427	26.189	26.975	27.784	28.618	29.477	
Charge	25.166	25.922	26.700	27.501	28.325	29.175	30.052	30.953
April 1, 2005								
General Duty	24.452	25.184	25.941	26.719	27.522	28.346	29.197	
Senior	25.673	26.444	27.237	28.054	28.895	29.763	30.656	
Charge	26.173	26.959	27.768	28.601	29.458	30.342	31.254	32.191
Oct 1, 2005								
General Duty	24.452	25.184	25.941	26.719	27.522	28.346	29.197	
Senior	25.673	26.444	27.237	28.054	28.895	29.763	30.656	
Charge	26.173	26.959	27.768	28.601	29.458	30.342	31.254	32.191

Resource Coordinator Arbitration Award

The Resource Coordinator Arbitration concerns issues surrounding a dispute regarding Wage Standardization for Resource Coordinators in the Province of Manitoba.

It was submitted to the Arbitrator (Werier) that there was an agreement on a wage scale of \$24.81 per hour that had been incorporated into the Ready Arbitration Award.

The employer submitted to Arbitrator Ready that an error had been made and applied for a correction; subsequently the wage rate was amended to \$21.091 from \$24.81 a reduction of \$3.719.

The Association applied for a judicial review of Arbitrator Ready's award using Werier as Arbitrator with the same jurisdiction as a Superior Court Judge to determine whether Arbitrator Ready exceeded his jurisdiction in his ruling of January 16, 2004, to reduce the wages of the Resource Coordinators.

Arbitrator Werier found that Arbitrator Ready was correct in retaining jurisdiction to rectify an error acknowledged by both parties and dismissed the Association's application for a judicial review of Arbitrator Ready's decision.

Therefore the rate of \$21.81 per hour remains the rate for Resource Coordinators within the MAHCP bargaining unit.

Bargaining Update

- On March 10, 2005, the membership at **Jocelyn House** ratified a new collective agreement that runs from February 1, 2005 to January 31, 2008.
- MAHCP has served notice to bargain for the membership employed at **Central Medical Laboratories**. The contract at CML expires on March 31, 2005.
- The **Manitoba Clinic** has ratified a new one year Collective Agreement which provides for increase in wages, the addition of Grandchild in the Compassionate Leave provisions, the deletion of some restrictive language in the Income Protection Article as well as other improvements.
- **Rehabilitation Centre for Children** collective agreements have been proofed and are being signed off by both parties. They will be printed shortly and then sent out to membership.
- The **Society for Manitobans with Disabilities** is still in the process of bargaining their first collective agreement. The process has been moving slowly with steady progress. We have not discussed any monetary issues at this time.
- **Aboriginal Health & Wellness Centre** has been notified of our intent to bargain and proposals are being prepared with input from the submissions of the Bargaining Questionnaires.
- Several weeks ago an agreement was reached between the **Brandon Regional Health Authority** and the MAHCP regarding the **Mobile Crisis Unit** in that region. The agreement included the extension of the terms and conditions of the current MGEU collective agreement until April 1, 2006, at which time this unit will be under the next bargained MAHCP agreement; in addition it was agreed that they would receive a general increase of 3%.

MAHCP Career Profile

Home Care Resource Coordinator

By Beth Granger
Brandon Regional Health Authority

The Home Care Resource Coordinator is responsible for coordination of direct service staff for the Home Care Program.

The Resource Coordinator is responsible for the recruitment, orientation, scheduling, supervision and evaluation of the Home Care Attendants, Home Support Workers and in some area, Mental Health Proctors.

Responsibilities include:

Recruitment/Orientation

- Identifies resource needs and seeks out potential applicants.
- Screens, interviews and selects Direct Service Staff, notifies applicants of employment decision and completes appropriate documentation.
- Provides orientation to program and arranges inservicing/training as necessary.

Scheduling and Assigning

- Schedules appropriate resources based on the request for service and the provision of the Collective Agreement.
- Provides staff with assignment information.
- Maintains client and employee schedules.



- Ensures effective matching of staff to client.

Employee Supervision

- Provides supervision to HCAs/HSWs through structured supervision sessions, team/staff meetings, on-site visits and ongoing consultation.

Employee Evaluation

- Assesses performance of staff identifying and resolving problems related to performance standards.
- Evaluates and provides Performance Appraisals.
- Identifies learning/resource needs and develops inservices/resource materials to address needs.

Administration

- Responsible for managing the provisions of the Collective Agreement with staff including administrative processes related to Workers Compensation, sick leave, pension plan, regular scheduled hours, seniority and assignment lists.
- Maintains employee documentation for supervision.
- Maintains client records while client is open to service and ensure client re-

ords are closed with termination from service.

- Completes required documentation related to over-cost, statistics, occurrence reports and other information as requested in accordance with program guidelines.
- Manages the verification and processing of employee timesheets and mileage reports and conducts audits on these processes.

Required qualifications for this position are:

- Successful completion of an approved course as a Health Care Aide, RN, LPN or RPN.
- A minimum of two years directly related experience in coordinating human resources in the delivery of service to clients.
- Use of own vehicle for work purposes and valid drivers license.
- Demonstrated ability to effectively manage and schedule staff in a unionized environment.
- Exceptional organization and administrative skills.
- Effective oral and written communication skills.

Computer experience is an asset.

Resource Coordinators generally work in an office setting from Monday to Friday and in some areas may be required to be On-Call weekends and after hours.

Strong leadership skills are required to provide an important link between front line service provides and responsible, holistic care to clients.

What Our Union Did for Me

By Michael Kleiman
Medical Sonographer
Bethesda Hospital, Steinbach

In early October 2004 I had a cardiologist appointment at St. Boniface Hospital and then in the afternoon a stress test in the Stress Lab with MAHCP Cardiology Techs. This was the start of my exposure as a patient and my journey in the "system" that I have worked in since 1991.

On October 19, 2004 in the Cardiac Catheter Lab in St. Boniface Hospital, I was definitively diagnosed with Coronary Artery Disease at the tender age of 44. During the procedure a number of MAHCP Cardiology Technologists were present. In November 2004 I attended a 4-hour pre-op appointment at St. Boniface Hospital where I came in contact with numerous MAHCP members: Laboratory Technicians who took my blood; Laboratory Technologists who analyzed it; and a Physiotherapist who explained what my post-operative condition and rehabilitation were going to be.

On January 11, 2005 at Health Sciences Centre I was scheduled for a CABG (Coronary Artery By-Pass Grafts) at 12:30 pm. I entered the hospital at 9:00 am to await the surgery, and hoped and prayed that I would not be "bumped" again (I was bumped on January 8, 2005). When they came to do the required "shave" and then give me the pre-op meds (Valium), I knew it was going to happen and that I would encounter many more MAHCP members.

I was taken to the OR early (does that really happen in Health Care) and encountered my first MAHCP member that day, the Perfusionist. This well-trained member kept me alive during the operation by running the heart lung by-pass machine, which, in lay terms,

did my breathing and circulated my blood during the 4 to 5 hour operation (a quadruple was executed). A Perfusionist is a rather integral part of the OR team and a member of MAHCP.

After the Surgery I was taken to the Post Anesthetic Recovery Unit. This was to last but a couple of hours and then down to the Cardiac Step Down Unit. Well with my luck I had a complication or two. My stomach started to fill up with gas and fluid and my O² stats started to drop. An EKG Technologist was called in to perform a cardiogram - another MAHCP member. The results showed an unexplained elevation in the S-T segment.

Radiology was then called to do a chest x-ray to try and find the cause of my complications. Again MAHCP members were asked to help diagnose a problem. Two technologists came up to the 7th floor to perform a portable exam. The Doctors then decided to put in a nasogastric tube to help drain the gas/fluid and another x-ray was taken. I remember that I knew the Radiology Techs, but the fog created by the wonderful drugs that were given to me during the surgery and in PACU gave me wild hallucinations. So for this reason I apologize if I said anything inappropriate. (For those of you who know me, you will understand this-it was the drugs!!!!!!) The invaluable Pharmacy Department (also MAHCP members) dispensed the drugs during my stay in hospital.

Things seemed to calm down for me and many hours later at 3:00 am I was finally transferred to the Cardiac Step Down Unit. After some sleep, the next encounter I had with a MAHCP member was the Physio-"terrorist". Their job was to teach me how to get out of bed (and then back in) because of the large sternal incision. I must say it was nice to see more MAHCP members, but heck I was less than 24 hours post op and not sure I wanted to do what they were asking. With much pain and discomfort, they showed me the proper technique to protect my incision. It was

a few days later that I really did appreciate what they showed me. I had a couple of other repeat encounters with members of MAHCP after surgery - a repeat chest x-ray and walking the stairs with the Physiotherapist, a requirement before I was discharged to go home.

Two days after surgery, the day the drainage tubes were removed, yet another MAHCP member crossed my path. This was the Dietitian; I was invited to join an information session on diet and heart disease. My wife informs me I was a little cranky that day and declined the invitation.

I have been on sick leave since my surgery. This is a fantastic benefit that has been negotiated on our behalf by MAHCP. I have also encountered a complication with my right wrist and arm. The right radial artery was removed for a graft and I have been having problems with my wrist and arm. I have applied for Disability and Rehabilitation and at the writing of this have yet to be approved or not, but I have been told that with the major type of surgery I had, it will most likely be approved if needed. Another great program negotiated on our behalf. Numerous other health care professionals aided in my journey back to health such as the Doctors, Nurses, Health Care Aides, Unit Clerks, and Transportation Assistants and I thank you all.

So what did my Union and my fellow Members do for me? They kept me alive!!!!!!!!!!!!!!

Do you have a MAHCP related story you'd like to share? Let us know!

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Would you like to receive information electronically? If so, email joan@mahcp.ca and don't forget to visit the MAHCP website www.mahcp.ca.

How Well Do You Know Your Collective Agreement?

A general question will be posed in every MAHCP newsletter. One correct entry will be drawn each issue and the recipient will receive a gift.

Question: Can I skip my lunch and coffee breaks and go home earlier at the end of the day?

Send your response to: CA Contest, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9; fax 775-6829; or email joan@mahcp.ca with "CA Contest" in the subject line. Good Luck!!

The winner of the last contest was Carole Sinnott of South Eastman RHA who correctly answered that you are not responsible for purchasing your own protective clothing.

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

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



If you have not been receiving regular mail-outs or have a change of information, please 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.

MAHCP Logo Contest

There were several creative designs submitted for the MAHCP Logo Contest. The new logo will be unveiled at a future date. Thanks to all who submitted their designs!

Member Feedback

The following is a message that was received December 20th after the December Newsletter was mailed out:

Hi there Wendy my name is Marguerite and I am from Taché Centre, one of your newly unionized groups. Yes Wendy I got the MAHCP News December 04 and your president's report on the first and 3rd page well . . .

I am just calling to tell you Wendy that, that was an excellent, excellent article. You know, "What has the union ever done for me." Well, we were so far behind the eight ball, wage wise before we unionized and just having you go through and list all of that out was absolutely wonderful. Thank you so much for laying it all out like that. I really enjoyed it and it has made my life different because of the extra wage.

These kind comments came from newly unionized member Marguerite Zaworonok, PT.

Hi Joan,

I just wanted to write to tell you what a fantastic job you are doing with the website and the email updates. I had repeatedly asked about cutting back on the paper we waste sending things to members, by having it transferred to email correspondence. I am so happy this is working so well.

I am also writing to indicate that I would appreciate notification of the newsletter on the website as I would prefer to look at it there than receive it in the mail.

Thanks again, Diana Dinon

This was in response to the December 17th announcement for HEPP:

"Hurray!
Thanks to all who pushed for this to happen!!"

Kathy Mulder, Physiotherapist

Keep those comments/questions coming!