

Unions Protest the End of Accord

by Shelley Kowalchuk
Physiotherapy Director

The Health Care Accord went out with a small bang and a whimper at the end of March, but the next steps from the federal government may sound like a large bell tolling a new age in healthcare funding.

Across the country on March 31st concerned groups gathered in most major Canadian cities to protest the end of the Health Care Accord and ask the federal government to continue sustainable funding for Medicare. MAHCP joined forces with unions UNIFOR and CUPE at two Winnipeg locations: MP Steven Fletcher's and Lawrence Toet's constituency offices. The MPs were not present to meet the demonstrators.

The Health Care Accord is an agreement reached 10 years ago between the provinces, territories and the federal government. It lays out national standards for wait times, prescription drugs and primary care delivery. It also was committed to ensuring stable funding for healthcare across Canada.

Without the Accord, provinces will be free to use healthcare transfer funds as they see fit, leading to differing standards of care in all 13 provinces and territories – Canadians will have different access to care depending on which province they live in and potentially, their ability to pay. Critics fear provinces that chose more privatization could draw talent from the rest of the country, driving a wedge between have and have-not provinces.

The federal government has stated they will fund healthcare by 6% for the next three years, which will then drop to 3% after that. Critics of the federal government's move see the end of the Accord as a move toward privatization of healthcare in Canada.

In real dollars, equalization payments will be eliminated this year reducing Medicare coffers by \$16.5 billion over 5 years – this is in addition to decreasing overall funding \$36 billion over 10 years, starting in 2017.

Michael McBane, executive director of the Canadian Health Coalition stated "The voice of Canada is the federal government, not the provinces. So national standards, to ensure equity of access not based on where you live or your ability to pay, is a strictly, uniquely federal role. Nobody else can play that role," he said.

A spokesperson from Canadian Doctors for Medicare, Dr. Ryan Meilli, stated "The federal

government is no longer walking away from Medicare; it's sprinting at full speed."

Protest organizer Laurissa Smerchanski-Sims from CUPE spoke at the Winnipeg protest, asking the federal government to remember that Canadians overwhelmingly support Medicare.

MAHCP President Bob Moroz agreed with

Smerchanski-Sims - "It is so important for us to get out into the public to show that we care about issues that affect all Manitobans. We can't sit around and watch our healthcare system turn to profit over people."

Sources:

<http://www.canadians.org/content/take-action-2014-health-care-accord>;
<http://healthcoalition.ca/what-is-the-health-accord/>;
http://www.thestar.com/opinion/editorials/2013/04/19/harper_government_is_abandoning_leadership_in_health_care_editorial.html;
<http://www.cbc.ca/news/health/canada-health-accord-expires-prompting-protest-uncertainty-1.2592934>





Meeting Calendar

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

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June 5 & 6, 2014

- Staff Rep Training Level 1
101-1500 Notre Dame
0830 to 1630 hours

June 9 & 10, 2014

- Staff Rep Training Level 2
101-1500 Notre Dame
0830 to 1630 hours

June 11, 2014

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

June 11, 2014

- General Staff Rep Mtg
101-1500 Notre Dame
1830 hours

June 19, 2014

- HSC Staff Rep & General Membership Meeting
NA165, HSC
1100 to 1300 hrs

June 26, 2014

- DSM HSC Staff Rep Meeting
GH304, HSC
1100 to 1300 hrs

June 27, 2014

- Staff Rep & Executive Council Nominations
Close
1600 hours

June 27, 2014

- Deadline for Resolution Proposal Submissions
1600 hours

July 1, 2014

- Canada Day
MAHCP Office Closed



July 9, 2014

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

July 25, 2014

- Deadline for Scholarship Applications
1600 hours

August 4, 2014

- Stat Holiday
MAHCP Office Closed

September 1, 2014

- Labour Day
MAHCP Office Closed

September 10, 2014

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

September 10, 2014

- General Staff Rep Mtg
101-1500 Notre Dame
1830 hours

September 17, 2014

- DSM HSC Staff Rep Meeting
NA227, HSC
1130 to 1300 hrs

Mark Your Calendar!

MAHCP Annual General Meeting

October 9, 2014

Bring your collective agreement to all member meetings.

MAHCP News is published quarterly in March, June, September and December. Advertising will be entertained. For more information, please contact the Editor at (204) 772-0425.

Revenues from advertising will be used to supplement the MAHCP Professional Development Fund.



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 including addresses and names. **Don't forget to update your address with your employer too!**

Call 204-772-0425 or email info@mahcp.ca

Bargaining on the Horizon

With summer trying to arrive, I thought it is a good time to look back at how busy MAHCP has been since the last newsletter was distributed. Bargaining is rolling along on many fronts. Our non-central table groups are busy at their respective tables and the central table bargaining committee has met to finalize our proposal package.

We were hoping to have set dates to begin the actual bargaining process with the Employer, but it is looking more like late summer at the earliest. We will keep you informed on any dates through email, our website, Bargaining Beats, and Facebook. I want to take the time to acknowledge the work of all members who have volunteered for the job of representing their colleagues at the table. It is neither glorious nor easy, but they do it anyway; their dedication is appreciated.

One of the things I try to accomplish with these articles is to try to address any common questions that have been asked by members. Over the past number of months, there has been such a question. You may recall that a "multi-union market adjustment fund" was created through the previous round of bargaining.

We have reported many times what a difficult task that turned out to be and I won't go into the details here. I will say however, that none of the unions involved have expressed any interest in agreeing to such a process again. Well, the decisions were finally made earlier this year and the groups who met all of the criteria (demonstrable recruitment challenges, retention patterns or wage differentials) have been

notified and are seeing their new scales appear in their pay.

Now you may be thinking that this describes your group as well. This is where the questions came: "Were we even considered?" The short answer is yes you were. However, the decision was made and endorsed by our Executive Council to ensure any increases were meaningful. So in the end, some very difficult choices needed to be made. Some groups may not have even qualified for the committee to consider if there were not the same professions in the other unions. Some groups who were considered also did not, in the committee's view meet all of the criteria or to a lesser degree than the others.

In the end, I want to restate MAHCP's position that this type of market-based bargaining is not in the best interest of the organization. In a system that considers supply and demand to be a more important factor than education, responsibility, and value, there are always going to be deserving members left behind.

I can assure you that any time we get within earshot of any government or employer official; we let them know that this is actually a destructive strategy, and we truly want to move away from it. We are also working very hard at promoting our vision that our members are the "Pillars of Health Care" and deserve to be recognized as such.

I would like to wish everyone a very pleasant and safe summer. I cannot state strongly enough how proud I am that I have the privilege to lead such an important group of technical,



Bob Moroz
MAHCP President

professional and paramedical workers. Please continue to be proud of the work you do. It is critical and believe me, the Manitoba public knows how important you are.

ATTENTION HSC MEMBERS

Come to the
"Meet the President"
meeting!

June 19th
at
11:30 to 1:00

HSC Isabel Stewart
Building
NA165

Pizza will be provided to those who RVSP. Please call Rachiel at 204-772-0425 to register.

Members Working for a Cause

Juvenile Diabetes Research Foundation Walk

MAHCP members in The Pas had a very busy weekend - this year eight union members and two family members volunteered for the Juvenile Diabetes Research Foundation Walk on June 8th, 2014.

Close to \$ 8,000 was raised on the weekend, with 80 participants from Flin Flon, Snow Lake, Cranberry Portage and The Pas. Of a total of 20 volunteers - 10 were from MAHCP!

MAHCP volunteers helped out by working the registration and incentive prize table, working at the penny parade prizes table and by setting up and serving at the BBQ at the end. They also helped with clean-up and manning the event station while all JDRF families and organizers participated in the walk. MAHCP also donated some swag items for the penny parade, pens for the registration table and balloons for the kids (these were especially popular!).

With MAHCP members helping this event out all families and organizers could walk in this event. If MAHCP volunteers did not help out some of the families and organizers would have been left behind and not able to fully participate.

It was a very enjoyable day for all - thanks to all members who volunteered their time for a worthy cause.



From left to right, Charles Gregoire, Kate Gregor, Laura Maclean, Tracy Schell (Fiance of Charles - member), Mike Wyman (husband of Joanne Wyman – member), Deidre Harvey, Joanne Wyman, Lesa Nordick, Maureen Mosionier and Tamara Stevens in blue right in the front.

Breakfast and Learn

The Pas community had an opportunity to meet with MAHCP professionals, learn something and have a bite to eat on June 7th. A 'Breakfast and Learn' session was held with Russell Thorne, Community Health Developer and Charles Gregoire, Mental Health Clinician.

The talk focused on types and amount of exercise that can affect the brain and promote mental well-being, along with stress reducing tips, signs and symptoms of prolonged stress and how to be resilient. Participants were also shown some relaxation techniques that they could use at home.

The talk had 25 people in attendance and each participant received MAHCP promotional material - and a healthy breakfast!

Thanks to Lesa Nordick, Northern Region Executive Council Director for MAHCP for organising the Breakfast and Learn. It is an exciting way to promote our professions to our communities, in addition to giving people valuable information.



L to R: Patrick Mosely-Williams, Laura MacLean, Charlie Gregoire, Russell Thorne, Ainsley Hebert, Bob Moroz, Lesa Nordick



Manitoba Motorcycle Ride for Dad 2014

The 2014 Manitoba Motorcycle Ride for Dad was held May 24th this year, with one of our MAHCP members raising funds for prostate cancer. This year there were over 1400 registered riders and total raised was over \$270,000. All funds raised stay in Manitoba, toward prostate cancer treatment and education. "I was surprised by the support I got from everyone towards my own fund raising. I raised over \$1800 this year," said Chris Dyke, Nuclear Electronics Technologist, from CancerCare Manitoba. "It was great to be part of such a fun and important event."



Chris Dyke, on his way to the big event

See How Our Union Works from The Inside

Join the MAHCP Executive Council 2014-16



Allan Harlow
Vice-President

Nominations for the 2014-15 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave., Winnipeg, MB. R3E 0P9 on or before 1600 hours, June 27, 2014. Please send your nomination form 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 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 Executive Council positions which have the **current term of office ending in October 2014**. Nominations will be accepted for **two year terms** in the following positions:

Officers:

President

Regional Directors:

Winnipeg Region

Employee Interest Group Directors:

Clinics
Community Therapy Services
Jocelyn House
Society for Manitobans with Disabilities

Occupational Directors:

Child Life Specialist
Dietitian
EEG
EMS
Food Services Supervisor
Laboratory Scientists
Mental Health
Nuclear Medicine
Occupational Therapy
Orthopedic Technology
Pharmacy Assistant
Radiology
Respiratory Therapy
Social Work
Sonography
Speech Language Pathology

(N.B. Should any members believe that a particular occupational group is eligible for a seat on the Council under the Constitution, 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 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 can be obtained by calling the MAHCP office or downloading from our website, www.mahcp.ca.

In Solidarity,
Allan Harlow
Chair - Nominations Committee

Call for Staff Representative Nominations

All those with nominations in by June 28, 2013 have 1 year left on their term and will expire at the end of the 2015 AGM.

All those who were nominated for 2 year terms in 2012 and those Staff Reps who have been appointed since the June 28, 2013 deadline will have their term expire at the end of the 2014 Annual General Meeting.

You will have to be re-nominated by this year's deadline to qualify for a 2 year term.

Deadline for nominations for the 2 year term is June 27, 2014 @ 1600 hours

In Solidarity,
Allan Harlow
Chair – Nominations Committee



MAHCP Career Profile

Recreation Coordinators

(also known as
Recreation Therapists)

By Alexandra Smirnos-North, BRMCD
Recreation Coordinator
Health Sciences Centre

What does a Recreation Coordinator do?

Recreation Coordinators provide therapeutic interventions to assist patients to reintegrate back into the community, and recover both physically and emotionally from their illness and/or disability. These interventions contribute to successful discharges and meet patient's recovery goals. We are educators of healthy living and wellness.

We have a holistic approach to healthcare. We focus on the whole person and incorporate all six domains of a person into our therapies. The six domains are: cognitive, emotional, physical, social, spiritual and vocational.

Recreation Coordinators work on interdisciplinary teams and collaborate with other health care professionals on treatment goals and interventions. We assess patients and develop individualized care plans. Recreation Therapy interventions can take a variety of formats that may include but are not limited to; groups, one to one and outings.

Although we wear many hats, our four main areas of practice are:

- **Therapeutic recreation interventions:** to improve functional abilities, wellbeing, and facilitate independence in positive leisure pursuits
- **Community re-integration:** to provide assistance and support in removing physical and psychological barriers that impede participation in recreation programs and services offered in the community
- **Leisure education:** to enhance and promote lifelong recreation skills and attitudes
- **Recreation participation:** to promote health and personal growth through leisure and recreation experiences

In addition to these main functions we also supervise and coordinate volunteers, run special events and work on program management committees.

Recreation Coordinators work in a variety of areas in health care settings but primarily in acute care facilities. We work in a broad range of clinical setting such as; acute mental health, physical medicine, eating disorders, addictions, spinal cord injury and amputee services.

Education

Recreation Coordinators are required to have a 4 year Bachelors Degree in Recreation from an accredited university. Some also possess a Masters degree in Therapeutic Recreation.

Challenges

One of the greatest challenges we face as Recreation Coordinators is the perception that "we are the fun people" or "that our role is primarily for entertainment". While entertainment can be an outcome from participating in recreation therapy programs it is not our main objective. For example, our objectives for running a craft group might be to develop socialization skills, work on concentration, skill development and improve hand function.

Another challenge our profession faces is that patient populations are becoming more acute and our patient case loads continue to grow. This is challenging because our practice is patient-centered and tailored to meet each individual patient's needs.

Despite these challenges I believe that as a group of professionals we are very dedicated to the work we do and work hard every day to provide our patients with the highest level of care! We do what we do because we care about the people we work with and want to make our communities stronger and healthier.



MAHCP Members from HSC Recreation Therapy

Shift Work and Your Health

About 30% of Canadian workers work shifts other than a regular daytime shift, including health care workers. As shift work has become more widespread in our society, it has become more important than ever to understand the impact of shift work on the health and safety of workers.

The Body's Natural Rhythms

Humans are naturally active during the day and sleep at night. Our bodies have a cycle of about 25 hours. This cycle controls many body functions including:

- temperature
- digestion
- blood pressure
- pulse
- release of hormones
- repair and maintenance

Your body takes clues from your environment. These clues include light and dark, sleeping and eating. This helps to keep your body's rhythm in balance with the 24-hour rotations of the earth.

When you change your daily activities from day to night, your body's natural rhythms are disrupted. In fact, our bodies can never truly adapt to night work because of the length of time that we would need to adapt.

The Effects of Shift Work

Some of the effects of shift work occur quickly, but others develop gradually over decades.

Sleep Problems

People need to sleep. Shift work affects how much sleep and the kind of sleep that you get. Sleep during the day is not as refreshing as night sleep. The shift worker's time to sleep happens at a time when the body naturally gears up for activity. When you do not sleep enough, you may feel tired, irritable and lack energy.

Sleep loss can affect your ability to concentrate, increase the errors you make, and cause you to be less productive.

Digestive Problems

Shift work can cause problems with digestion including ulcers, stomach and bowel problems, and a decrease in appetite.

Diabetes

Shift work can put you at risk for developing diabetes. It can also contribute to high blood sugar and obesity.

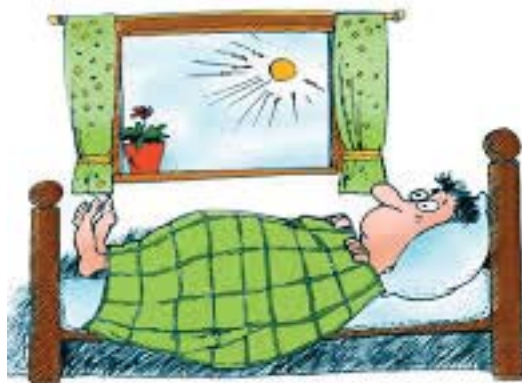
Mental Health

Shift workers are more likely to suffer from depression than other workers.

Reproductive Health

Some studies have shown that shift work may contribute to irregular or painful menstrual periods. It can also increase your risk of problems during pregnancy and may cause a baby to be born too soon or too small.

**Help your
body adjust to
shift work**



Cancer

Long term exposure to shift work may increase your risk to develop certain types of cancer such as breast, prostate and colorectal.

Heart Disease

Shift work may play a role in heart disease. Some studies have shown higher cholesterol levels and higher blood pressure among shift workers than among day workers. Both contribute to heart disease.

Safety Concerns

Shift workers, especially those working at night, face a higher risk of workplace injury than regular day workers.

Social and family problems

Shift work may cause problems with a worker's life outside work. Participation in social activities and family life is difficult since these activities are often when you are at work. Lack of contact with family and friends can result in feelings of loneliness and isolation.

Solutions to Shift Work

(continued from page 8)

Employers

Improving the design of shift schedules can reduce the effects of shift work. There is no perfect shift schedule. But schedules can be improved in these ways.

- avoid a permanent night shift
- provide workers with the opportunity to have some control over which shifts they work, when they work or when their day off occurs.
- limit the number of night shifts worked in a row
- avoid an early start for the morning shift
- avoid quick shift changes
- reduce long work shifts and overtime
- give as many weekends off as possible with at least two days off in a row.
- keep schedules regular and give workers notice of schedules well ahead of time
- give enough rest breaks

Employers should try to meet the individual needs of workers. They can provide:

- flexible time for child care needs or long travel time to work
- time off for special family or community events
- education for workers to help them cope with shift work

- alternative work for workers who cannot work shift work

Employers can also help with environmental factors:

- bright lighting to help workers feel alert
- proper ventilation
- clean rest and meal areas
- time for interaction with coworkers
- healthy food options available at all hours
- onsite exercise facilities

When the workday is lengthened (10 to 12 hour shifts) or workers work many shifts in a row, employers should evaluate workers' exposure to hazards such as chemicals, noise and repetitive work to make sure acceptable levels are not exceeded.

Individuals

If you work shifts, you can improve your sleep with a regular bedtime. Eating high protein meals before work and avoid high protein, high fat, and greasy foods for six hours before bedtime. Also, try to participate in a regular exercise program. Your local Workplace Safety and Health committee may also be able to make recommendations to reduce the effects of shift work.

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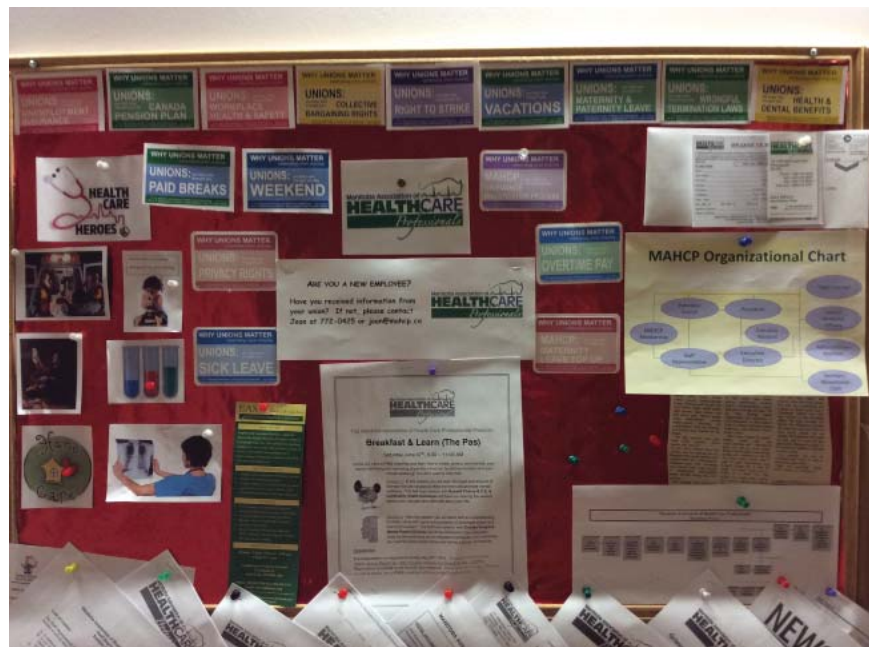
Another Union Bulletin Board!

Here is another bulletin board picture taken in Snow Lake by Velma Yates, an EMS member. Awesome work, Velma!!

Thank you to the members who are sending in their pictures.

Please look around your department and send us your bulletin board pictures - remember, you will receive a \$5 coffee card for your hard work!

You can send your submission to communications@mahcp.ca.



Ainsley Hebert Receives Award of Excellence

Congratulations to Ainsley Hebert, a Mental Health Clinician in The Pas who was recently awarded a Psychiatric Nursing Practice (Clinical) Award of Excellence.

Ainsley, who has been practicing 35 years as a Registered Psychiatric Nurse (RPN) in many settings, has been working in the Northern Health Region in The Pas since 1986. The award was presented at the Registered Psychiatric Nurses Annual General Meeting in Winnipeg on May 15th.

The Awards of Excellence in Psychiatric Nursing are presented annually to Registered Psychiatric Nurses (RPN) in Manitoba to acknowledge contributions of RPNs to their profession.

Her colleague, Patrick Moseley-Williams, nominated Ainsley,

stating that she has always been a dedicated mentor and provided a great deal of guidance to her younger colleagues. He commended her commitment to her profession and her leadership at the clinical level. He stated, "Her clinical work with families in the area of Trauma will be her legacy. Families will always remember the care she provided during so much turmoil."

Another colleague, Marianne Curran stated, "Her commitment to continued learning and research based practice has been of benefit to all. Psychiatric nursing in the North is difficult at best. There are very few RPN's and very little respect for or understanding of the work we do."

"Resources are limited and services are strained due to the demands of our communities.



Ainsley Hebert

Ainsley has always met the challenge, used what limited resources were available and advocated for her clients, and challenges the epidemic of stigma which continues to pervade," she added.

MAHCP would like to congratulate Ainsley on this well-deserved honour!

How well do you know your Collective Agreement?

By Walter McDowell, Labour Relations Officer



QUESTION: I am on a graduated return to work and currently receiving pay from my employer out of my accrued sick benefits for the last 5 weeks. Do I have to pre-pay my premium to HEBP while I am on a graduated return to work?

ANSWER: No, your Employer should be paying all of their portion of premiums to HEBP. Your portion should come from your regular payroll deductions as usual.

This language is only for the Central Table contracts and not necessarily for non-Central Table.

"The information contained in this question is meant to be a general rule and should not be considered exhaustive in terms of contemplating every contingency in every work environment. Any questions that members may have regarding their particular situation should be directed to their Labour Relations Officer for clarification."

Have You Seen Our Facebook Page?

You can find us at Manitoba Association of Health Care Professionals - a long handle, but once you get there, you will find a lot of interesting items, pictures of members and some union announcements (because we want to keep you informed).



We want to raise our profile with your colleagues and friends - so we are announcing another contest!

Help us reach 500 likes on Facebook

Help us reach 500 likes on Facebook - you have to like the actual page - and your name will get in a draw for a \$50 gift card at the place of your choice. To make this more effective, don't forget to like us and share something you have found interesting. You do not have to be a member to win the prize, so don't be shy - share!



Call for Resolutions

The Manitoba Association of Health Care Professionals is accepting resolutions 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. The resolution must be moved and seconded by Members of the Association. The mover of the resolution must attend the Annual General Meeting in October 2014 to speak to the resolution as written. A telephone number should be included should clarification be required. A copy of the resolution form may be obtained by calling the office (204-772-0425), or by downloading from the website (<http://mahcp.ca/wp-content/uploads/2014/03/Res-Prop-Form-2014.pdf>).

Please forward all resolutions to the MAHCP office, to the attention of Al Harlow. **Resolutions are due at the MAHCP office prior to 1600 hours June 27, 2014.**

In solidarity,
Al Harlow
Chair - Nominations Committee

MAHCP Member Retirees

We are counting on you . . .

If you are retiring or know of someone who is retiring, we would like to hear from you. Neither the Employers nor HEPP provide us with that information so we are counting on you to let us know. You may contact us through email, phone, fax, through your staff representative, board member, on the web site or 1-800-315-3331.

MAHCP would like to congratulate all members who have recently retired. We wish each and every one of you all the best on your retirement.

- **Lorraine Myk**, Pharmacist, Deer Lodge Centre
- **Bev Henderson**, Physiotherapist, Seven Oaks General Hospital
- **Brian Gmiterek**, Lab Technologist, DSM St. Boniface Hospital
- **Bernadette Dubyna**, Occupational Therapist, Health Sciences Centre
- **Debbie Brachman**, Lab Technologist, DSM St. Boniface Hospital
- **Lori Mirwaldt**, Radiology Technologist, Health Sciences Centre
- **Kim Gallant**, Radiation Safety Officer, Health Sciences Centre
- **Lorraine Dick**, Addiction Clinician, The Pas
- **Barrie Griffiths**, Mould Room Tech, CancerCare Manitoba



Our sincere apologies for anyone that has not been included in this list, we know that there are many more retirees out there.

Personal Health Information Breach: A Case Study



Jacob Giesbrecht
LLP

A recent case out of Saskatchewan serves as a reminder of the serious obligations health care professionals have in maintaining the confidentiality of personal health information.

In that case, a physical therapist with a long and unblemished work record who was described as “one of the best physical therapists I have ever seen” was terminated from her position based on her breach of patient confidentiality. She grieved the termination to a three member board of arbitration.

The employer had conducted an investigation over a 10 month period that alleged the grievor had accessed patient records inappropriately on over 100 occasions.

On examples of a breach was discovered in the following context:

Two coworkers were having a casual conversation in the hallway. The Grievor asked an apparently innocent question about a patient’s husband’s last name. The coworker did not know that last name. As another coworker walked by, the Grievor asked her the same question. The third coworker did not know the husband’s name off the top of her head and kept walking.

The Grievor said, “It’s alright, I can find out the husband’s name on Facebook.” The coworker then got curious with the grievor and asked, “Why do you want to know a patient’s husband’s last name?” The grievor responded, “So I can look him up on PACs.”

PACS is an information storage system that electronically stores images of patient’s x-rays, ultrasounds, and CT scans together with the radiologist’s clinical notes. The stored information can only be accessed by someone with authorization

and a password. The following statement appears on the webpage before the user can access the records: “The information in PACS is confidential personal health information. By accessing this system you agree to be legally bound to the PACS Services/Access Policy.” The PACS system keeps a record of every time a user views a patient record.



The employer conducted an audit of the PACS system to see whether the Grievor had violated the confidentiality policy on the basis of two supervisor’s reports. The grievor was apparently quite open about her use of the PACS information. She confided in her supervisors and coworkers about the information she was able to glean from private patient records.

It was determined that the Grievor had inappropriately accessed personal health information on 99 occasions during the 10 month period.

During the audit, it was determined that the Grievor had inappropriately accessed personal health information on 99 occasions during the 10 month period. She had reviewed records of deceased and living prominent members of the community, past and present co-workers, senior management, members of her family

and a supervisor who had given the Grievor a poor performance review. The Grievor said that she did not know it was wrong to access the information so long as she did not disclose that information to others or used it for improper purposes.

The arbitration panel stated:

Personal health information is confidential and is restricted to health care providers who are in the "circle of care" of the patient and then only on a "need-to-know" basis.

Put simply, personal health information is off limits unless the health care provider needs to know this information to provide treatment to his or her patient. The access and use of the information for this specific purpose does not change the confidentiality of the information.

The confidential personal health information is not to be disclosed to anyone without the consent of the patient except to those within this circle of care who need the information to treat the patient.

The employer was never able to prove that she did use the information for purposes not related to her job. It did however prove that she accessed information from patients that were far outside her "circle of care".

The employer informed the Saskatchewan College of Physical Therapists (SCPT) about the Grievor's conduct. After she was terminated, the Grievor fought for her licence to practice and her licence as a physical therapist was re-instated on the following conditions:

- a) a three-month licence suspension, starting on the date the agreement is signed;
- b) a one-year probation, during which time the Grievor would be obligated to report changes in employment to SCPT and to disclose the agreement to any employer;
- c) the suspension and probation would be recorded in the SCPT register, as required by the Act; and

- d) the contents of the ADR Agreement, including the Grievor's name, would be published in the SCPT newsletter and website.

The Board of Arbitration had to consider all of the factors to determine whether the Grievor should be reinstated to her job. It considered the Grievor's 25 year unblemished record, that there was no progressive discipline, that the dismissal was based on "one" incident that led straight to termination. The Board had to consider whether that "one" incident was so egregious as to merit termination.

The Board considered the nature of the Grievor's employment. They reviewed whether there was a higher standard that applied to those who worked in the health care field. They referenced that the sick and elderly were more vulnerable and unable to fend for themselves and are therefore more dependent on their caregivers than others in society. The Board also recognized that employees in the health care field are directly accountable to the public that use and rely on health services.

The Board considered that when it comes to breaches of patient information, there are varying degrees of seriousness. It is not every breach of patient confidentiality that would cause irreparable harm to the employment relationship.

The Board ultimately determined that when it weighed all of the factors in this case, that the Grievor merited termination.

This case is obviously of such a degree as to show the worst sort of possible breach of personal health information. There are many cases that might fall more toward the middle of the spectrum of seriousness. It does serve as a reminder that although health care professionals have a great deal of information at their fingertips, they must use their professional discretion when they access that information.



There are a few months left before the end of the school year, so we are inviting MAHCP members to view the criteria for union scholarships. There are two scholarships which are open to the children of members: the MAHCP scholarships and the Monique Wally Scholarship.

The MAHCP SCHOLARSHIP applies to students who are entering their first year of full-time post-secondary education, whether it is University or Community College in any field of study.

The MONIQUE WALLY SCHOLARSHIP is open to those who are intending to enter their first year of an allied health profession.

There are five \$400 MAHCP Scholarships available, and three \$400 Monique Wally Scholarships available.

Please check our website at http://mahcp.ca/htmlfiles/MEMBER_SERVICES/scholarships.asp for the explanation of criteria for both scholarships. In this link, you will also find further links to application forms, and a list of past recipients. If you cannot download the application form, please contact the MAHCP office at (204) 772-0425. You should also have received a hard copy earlier this month in the mail.

The deadline for both scholarships will be no later than 1600 hours on July 25th, 2014. Submissions should be sent to:

Communications Committee Chair
MAHCP Scholarship Fund
101-1500 Notre Dame Ave.
Winnipeg, MB. R3E 0P9

Successful candidates will be notified by mail at the end of August.



Are you missing out on an opportunity?

Have you overlooked the MAHCP Professional Development Fund?

Since its inception in 2007 the MAHCP Professional Development Fund has been well utilized by the membership. Over \$15,000.00 has been awarded to members to support them in their profession. This fund is available to qualifying members for professional development relevant to their work or to take courses related to union education.

The maximum frequency of eligibility is once every two years. Successful candidates are required to pay the full amount of registration, and will be reimbursed upon submission of receipt, along with information about the course and an explanation of the relevance of the course to their profession. Maximum award will be \$250.00.

The application form can be obtained either from the MAHCP website or the MAHCP office. Completed application forms and supporting information should be sent to: MAHCP 101-1500 Notre Dame Ave. Winnipeg MB R3E 0P9 or fax to 1-204-775-6829.

HONOUR ROLL

The Honour Roll is an honour given to MAHCP members who have devoted a generous amount of time in service of the union. This could be done as a member of Executive Council, or while serving on any other committees, such as EAP, HEPP, or Workplace Health and Safety.

The honour roll also can include individuals who have helped to organize groups to join the Association. Typically, inductees have already retired or are close to retirement, and their nomination should have the support of their colleagues.

Deadline for submissions will be accepted up to the end of July 2014, for announcement at the October Annual General Meeting. Please send your submissions to:

MAHCP Executive Council Secretary
c/o MAHCP Honour Roll
101-1500 Notre Dame Ave.
Winnipeg MB R3E 0P9



2013-14 Executive Council

Officers

President	Robert Moroz CCMB, Radiation Therapist
Vice President	Al Harlow DSM - Concordia Hospital Laboratory
Treasurer	Chad Harris Cancercare Manitoba Medical Physics
Secretary	Shelley Kowalchuk Health Sciences Centre Physiotherapist

Directors

Cardiology	Colleen Bemister, Health Sciences Centre
Clinic	Sherry Lussier, Gamma-Dynacare Medical Labs, Laboratory Technologist
Community Therapy Services	Margrét Thomas, Physiotherapist
EEG	Jodi Kent, St. Boniface Hospital
Laboratory	James Stevenson, DSM St. Boniface Hospital
Scientist	Matt Gilmour, DSM HSC, Laboratory Scientist
Occupational Therapy	Ann Patton, Health Sciences Centre
Orthopedic Technology	John Reith, Health Sciences Centre
Pharmacist	Bob Bulloch, HSC
Radiology	Michael Kleiman, HSC
Recreation	Zana Anderson, DLC
Respiratory	Michael Bachynsky, St. Boniface Hospital
Social Work	Sylvie Theriault, HSC
Spiritual Care	Michael Thibert, St. Boniface Hospital
Burntwood RHA	Tanya Burnside, Pharmacy Technician
Northern RHA	Lesla Nordick, Community Health Developer
Winnipeg Region	Janelle Morissette, DSM-HSC, Laboratory

Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Janet Beaudry
Executive Assistant
janet@mahcp.ca

Joan Ewonchuk
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Cathy Langit
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Jacob Giesbrecht
Legal Counsel
jake@mahcp.ca

Rachiel Langit
Administrative Assistant
rachiel@mahcp.ca

Michele Eger, LRO:
michele@mahcp.ca

Health Sciences Centre (all other
HSC Members not included under
Ken's listing), Concordia Hospital,
Manitoba Clinic, WRHA Corporate
Program

Marcy Ervick, LRO:
marcy@mahcp.ca

St. Boniface Hospital (non-DSM),
Misericordia Health Centre (non-
DSM), Jocelyn House, Breast Health
Centre

Walter McDowell, LRO:
walter@mahcp.ca

DSM - St. Boniface Hospital, DSM -
Misericordia Health Centre, Gamma-
Dynacare Medical Labs, Seven Oaks
General Hospital, Aboriginal Health
& Wellness Centre

Birgit Molinski, LRO:
birgit@mahcp.ca

Currently providing support to HSC
and will be assuming HSC portfolio
duties.

Gary Nelson, LRO:
gary@mahcp.ca

Victoria General Hospital, Brandon
Clinic, Society for Manitobans with
Disabilities, Actionmarguerite,
Rehabilitation Centre for Children,
CancerCare Manitoba, Northern
Region, DSM Southern Region

Ken Swan, LRO:
ken@mahcp.ca

Health Sciences Centre (Lab,
Diagnostic Imaging, Pharmacy,
EEG, Sleep Lab), Deer Lodge Centre,
Community Therapy Services,
Winnipeg Clinic

Phone: 204-772-0425 or 1-800-315-3331 (toll free)
Fax: 204-775-6829

UNION BULLETIN BOARD

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S I G A M A E R C E C I E J Y
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D T K X J D C A Q N O O L N N
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A N Q O V Q N S G S J C G V S

It's time to pre-register for MAHCP's Annual General Meeting

October 9, 2014

Holiday Inn Airport West, 2520 Portage Ave, Wpg

Registration: 1700 - 1800hrs light meal provided
Meeting: 1800 - 2000hrs
Reception: 2000 - 2200hrs Hors D'oeuvres provided

Please pre-register for the Annual General Meeting being held Thursday, October 9 in Winnipeg. This assists us in ensuring accurate counts for catering and meeting room bookings. Please contact us at (204) 772-0425; 1 (800) 315-3331; fax (204) 775-6829 or email info@mahcp.ca.

Teleconferencing will be arranged for Thompson, The Pas and Flin Flon. To make a request for a teleconference site, please contact Janet (janet@mahcp.ca). Sites will be announced once arrangements are confirmed.

Pre-registration forms are available online at <http://mahcp.ca/wp-content/uploads/2014/06/AGM-pre-register-form-2014.pdf>



101-1500 Notre Dame Avenue, Winnipeg, MB R3E 0P9
Phone: 1-204-772-0425; 1-800-315-3331; Fax: 1-204-775-6829
Email: info@mahcp.ca; Website: www.mahcp.ca