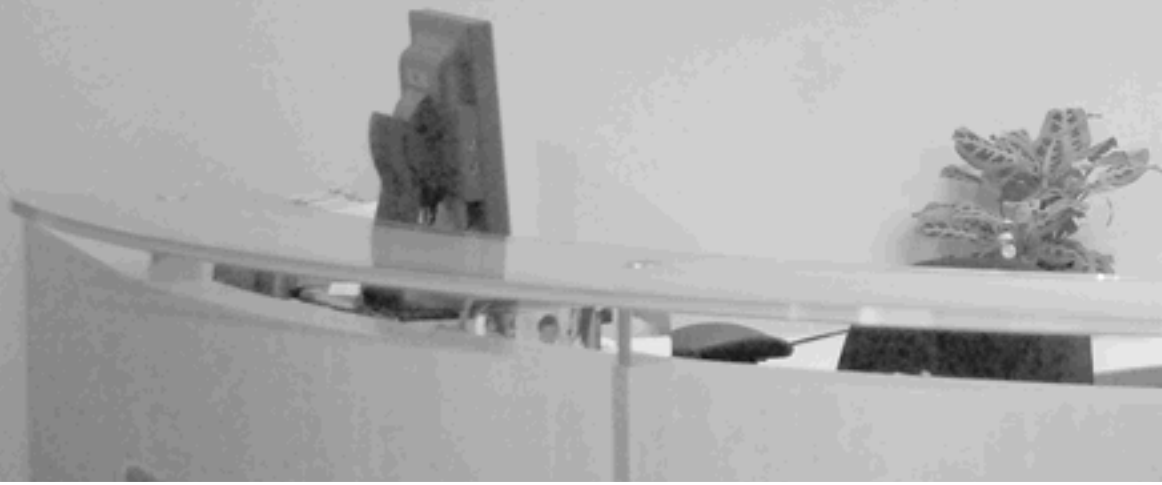


Leadership & Partnerships in Health

Health Employers Association of BC 2004 – 2005 Annual Report

Health Employers Association of B.C. (HEABC)



Annual Report 2004 – 2005

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MISSION STATEMENT

The Health Employers Association of British Columbia provides professional, accountable labour relations and human resources and related services that contribute to:

- ▶ Sustainability, innovation and service excellence in healthcare;
- ▶ Consistent practices that contribute to quality care;
- ▶ Constructive labour-management environment;
- ▶ Effective employer representation at the bargaining table.

VALUES

As HEABC, we believe in:

- ▶ An honest, accountable organization which conducts its affairs with integrity in an environment of mutual respect;
- ▶ The highest possible quality healthcare guided by the needs of members within a context of democratically mandated financial priorities;
- ▶ Working cooperatively, and in partnership with, healthcare employers and government.

VISION

Leadership in health system labour relations and human resource practices.



HEABC: The Organization and its Services

The Health Employers Association of BC (HEABC) is a unifying body serving a diverse group of more than 315 publicly funded healthcare employers. It is the first and only organization in Canada to represent the entire spectrum of healthcare employers. HEABC was formed under the Public Sector Employers' Act in response to the Korbin Commission of Inquiry into the Public Service and Private Sector in British Columbia. The Commission outlined a process for creating a single organization to coordinate the human resource and labour relations interests of healthcare employers in the province. On December 1, 1993, HEABC took on this coordinating role through the amalgamation of the Continuing Care Employee Relations Association (CCERA), the Health Labour Relations Association (HLRA) and the labour relations division of the BC Association of Private Care (BC Pricare).

Since its formation, HEABC has continued to provide the general and specific services in human resources and labour relations set out in the legislation:

- ▶ Contract Negotiations;
- ▶ Research and Strategic Planning for Healthcare Reform;
- ▶ Consultation, Coordination and Communication;
- ▶ Essential Services Designations, Labour Adjustment and Non-Contract / Executive Compensation;
- ▶ Human Resource Initiatives.



In keeping with the changes and new challenges in the provincial health system, HEABC has continued to evolve to focus on:

- ▶ Physician, nurse and allied healthcare worker recruitment;
- ▶ Working in partnership with other agencies and organizations in healthcare, government and broader business community to further the interests of the HEABC membership. Staff or Board members presently sit on the Boards or relevant committees of close to 30 organizations;
- ▶ Providing services and advice on issues relating to human resources, research, compensation and bargaining, and working to ensure a consistent employer approach in these areas;
- ▶ Supporting members by lobbying government for positive structural and legislative change;
- ▶ Ensuring fiscal accountability;

- ▶ Providing effective management of human resources for both unionized and non-unionized staff;
- ▶ Facilitating effective communication and coordination between employers and the various public sectors, and achieving a better balance of union/management and employer/employee interests.

HEABC operates from a head office in Vancouver and regional offices in Kelowna and Victoria with a professional staff dedicated to meeting the needs of our members.

Message from the Board Chair

THE PAST YEAR WAS FULL OF CHALLENGES, BUT HIGHLIGHTED BY Framework Agreements and the subsequent Collective Agreements that were finalized by both the Nurses' and Paramedical groups.

Establishing and maintaining partnerships is a factor in the success of creating a truly sustainable healthcare system for the province of British Columbia. Over the past year, we witnessed how partnerships between stakeholders can lead to collaborative solutions for employers, employees, but more importantly patients in British Columbia.

During last summer, Framework Agreements were signed in both the Nurses' and Paramedicals' negotiations. These collaborative discussions led to ratification of new collective agreements. This approach to bargaining was both innovative and productive, and we look forward to building on this experience in future negotiations.

This year, the Board also established four key goals that will provide strategic direction for 2005/2006.

GOAL 1

Providing excellence in Labour Relations

This goal outlines our mandate to provide collective agreements that lead to a sustainable healthcare system. Furthermore, we will continue to build new and better LR relationships with unions and partners, as well as strengthening HEABC's role as an accredited bargaining agent.

GOAL 2

Contributing to sustainable Human Resources in healthcare

The Board will work to determine HEABC's role in HR planning and will provide provincial coordination where there is a gap and at the request of the stakeholder. In addition, we will update the industry compensation plan and seek government's timely approval of this plan.

Message from the CEO

2004/2005 HAS BROUGHT MANY NEW AND EXCITING opportunities for HEABC as we strive to enhance services for our members. As part of our ongoing commitment to improve efficiency and service delivery, we conducted an organizational review last fall.

In consultation with the Board, structural organizational changes were announced in December 2004. The organization re-named the two Senior Vice Presidents positions to reflect the division of Consulting Services, into Labour Relations and Human Resources. Accordingly, Consultants were also re-assigned to reflect this change. All aspects of member servicing will be examined with a more focused and strategic approach.

To further respond to the service needs of our members, we also created 10 multidisciplinary matrix teams, comprised of staff with expertise in Labour Relations, Human Resources, Compensation, Research, and Communications. These teams have been established to provide an internal client-focused team that will monitor issues of the day and provide valuable services support to the six health authorities and affiliate groups.

Health Match BC continues to grow, taking on more responsibilities with an expanded mandate. Along with the recruitment of nurses and physicians for rural areas of British Columbia, government recently announced Health Match BC will also assist communities in British Columbia with the recruitment of hospital pharmacists and urban physician specialists. Undoubtedly, the continued success of this program will benefit the residents and healthcare employers of British Columbia.

Ongoing member education continues to be one of HEABC's key responsibilities. Each year, we offer education workshops around the province on topics such as discipline, selection, and managing grievances, and have found these courses to be both highly popular and successful. In addition, HEABC also launched its very first on-line education course earlier this year on "Introduction to Labour Relations," and we hope to offer future courses to our members via this format.

GOAL 3

Establishing and maintaining constructive relationships with members, government, unions, and the public

More specifically, we are committed to explore the concerns of the affiliates related to bargaining and LR/HR issues, and will continue to work with them to develop appropriate strategies. Any concerns and potential solutions raised must be communicated to government and unions. We are also committed to determine interest in and parameters for, IBB with each of the unionized groups.

GOAL 4

Operational excellence

The Board must develop and implement an organizational design that reflects the functions of HEABC. The allocation of resources must also be distributed in proportion with the functions of HEABC, without exceeding the Board approved budget. Finally, we must continue to improve knowledge and organizational productivity.

As I look forward to the coming year, I know both the Board and Staff of HEABC will strive to work towards accomplishing these goals. The Board will continue to provide leadership and establish partnerships, in order to help you achieve your goals as the employer.



Lynda Cranston
Board Chair

A handwritten signature in cursive script that reads "Lynda Cranston".

As we head into bargaining in 2006, I would like to acknowledge the innovative approach that was taken in the negotiations with Nurses and Paramedicals in 2004/2005, which we hope will influence our future working partnerships.

In upcoming months, we will be working closely with you in preparation for bargaining. We are committed to work with members and government to build upon these relationships to ensure a sustainable healthcare system for British Columbia.

Lastly, I would like to thank the Board and the HEABC staff who continue to do an outstanding job. My time here over the last year and a half has been both valuable and rewarding. I look forward to working together to achieve our goals of providing excellence and leadership in healthcare labour relations and human resources.



R.M. Louise Simard
Chief Executive Officer

A handwritten signature in cursive script that reads "R.M. Louise Simard".



Member Services: Human Resources

HUMAN RESOURCE PLANNING

HEABC remained active in the area of Health Human Resource Planning by working closely with health employers, the Ministry of Health Services, and the Ministry of Advanced Education to identify human resource planning priorities over the next few years. HEABC also worked with the Ministry of Health Services to provide statistical information for development of a ten-year Health Human Resource Plan.

HEABC WORKSHOPS AND TRAINING

During Fall 2004 and Spring 2005, HEABC offered various workshops to its members.

In January 2005, HEABC offered its first online course, "Introduction to Labour Relations" via distance education. Offered to 20 participants, those involved have benefited from self-

directed course material with an option to participate in discussion groups online with an instructor and fellow participants.

EXECUTIVE, MANAGEMENT AND NON-CONTRACT COMPENSATION

Strategies for implementing and maintaining competitive pay practices for non-contract positions in the health sector continue between HEABC and government.

HEABC also continued its work with government and other stakeholders in developing and implementing defensible and practical incentive-based pay plans for non-contract staff in the health sector.

Leadership Development, Performance Management, Succession Planning and Total Rewards Strategies are some of the current key areas of collaboration between HEABC and health employers designed to enhance non-contract compensation practices in the health sector.

UNION COMPENSATION AND CLASSIFICATION

There are a number of compensation and classification initiatives and projects being worked on by HEABC and the various

ATTENDANCE BY WORKSHOP

Attendance Management	38	Managing Leaves	18
Discipline	120	OH&S	42
Grievance Handling	19	Selection	57
Grievance	20		
Intro to LR (on-line)	20	Total	334



bargaining associations. Many of the initiatives are close to completion and a number of the ongoing projects have resulted in cooperative and collaborative exchanges between the parties and an opportunity to improve relationships.

PHYSICIANS NEGOTIATIONS

HEABC provided assistance and advice to the Ministry of Health Services in relation to the mediation and conciliation process for the renewal of the Working Agreement with the British Columbia Medical Association (BCMA). HEABC continues to provide advice to health authorities and government with respect to the negotiation and interpretation of the various physician agreements with the BCMA.

OCCUPATIONAL HEALTH AND SAFETY AND WORKERS COMPENSATION BOARD

HEABC continues to assist health employers with WCB matters, benefit plan interpretations and occupational health and safety issues. HEABC provided leadership for various provincial health sector OH&S priorities such as a comprehensive report

on disability management in healthcare, as well as being an active member of the Occupational Health and Safety Agency for Healthcare (OHSAH) Board.

Injury rates in healthcare have been steadily decreasing since 2001. This can be attributed to the comprehensive occupational health and safety, disability prevention and workplace wellness programs which have been implemented by healthcare employers over the past several years. The positive trend in injury rates has also resulted from the cooperation between the health authorities and their partnerships with WCB, OHSAH, HBT, and HEABC. There is a comprehensive focus on occupational health and safety as well as disability management and health in the workplace which has resulted in decreasing workplace injuries.

Decreasing injuries are extremely positive for the employees who work in healthcare and also have a direct financial benefit to the industry. For example, the WCB base rates for 2005 decreased an average of 20% over 2004, resulting in an approximate \$22 million reduction in premiums in 2005 over 2004. This cost savings can be used for healthcare's primary service: patient, client, and resident care.



Member Services: Labour Relations

CASES OF NOTE

The Labour Relations Board (LRB) provided clarity in the past year on two issues of importance to the health sector and beyond. On appeal, the Board reversed decisions rendered in the previous year that had not been favourable to the employer community.

RIGHT TO POLITICAL PROTEST OR PROHIBITED STRIKE ACTIVITY?

The first Appeal Decision addressed the question of whether the Labour Relations Code could constitutionally prohibit mid-contract strikes that were conducted as “political protests.” In February 2004, the Board issued two decisions on the same day that came to opposite conclusions. These decisions were both appealed.

The first decision arose out of the health sector, following an HEU organized general work stoppage on January 28, 2003. The effect of the conduct included delayed or difficult access to hospitals for physicians and staff; blockading of trucks delivering pharmaceuticals, food and supplies; emergency entrances to hospitals were blocked; surgeries were canceled and clinical

procedures and patient treatments were delayed.

In the first decision, the Vice-Chair found that the character of the work stoppage was more a “political protest” than a strike for collective bargaining purposes, as it was aimed at prompting the government to repeal the Health and Social Services Delivery Improvement Act (Bill 29). The Vice-Chair found that the conduct was protected by the Charter under the guarantee of freedom of expression and that the Board did not have jurisdiction to prohibit it under the Code. The second decision arose out of the education sector on similar facts. In that case, a different Vice-Chair reached the opposite conclusion on whether this nature of “political protest” was protected by the Charter.

Both decisions were appealed and heard together. In December 2004, the Board issued its appeal decision ruling that the violent action and blockading of hospitals was outside the protection of the Charter and consequently the definition of “strike” in the Code applied to prohibit such activity. HEU has now applied to have the appeal reviewed by the B.C. Supreme Court.



SECTION 54 OF THE LABOUR RELATIONS CODE – OLD RULES STILL APPLICABLE

In late 2003, the Labour Relations Board issued a decision purporting to outline new obligations for employers when they engage in Section 54 discussions with unions after a decision to contract out has been made. These obligations arose under the Board's interpretation of a revised Purposes Section of the Code that required the Board to "foster the employment of workers in economically viable businesses".

On the basis of this revised Section, the Board developed new principles stipulating that an employer cannot refuse to discuss and consider in good faith an alternative to a contracting out initiative if that alternative (e.g. an amendment to the collective agreement) is of importance to the union, and would "foster employment." Under previous Section 54 case law, employers were not required to discuss and consider alternatives, but rather were required to discuss, in good faith, workplace adjustment plans that would ameliorate the impact

of the employer's decision on affected employees and that included such topics as retraining, severance and employment counselling.

On appeal, the LRB overturned the decision, ruling that if employers have taken concrete steps to finalize a decision to contract out (eg. they have entered into a contract for services), they need not defend that decision, nor discuss and consider alternatives to the contracting out proposed by the union. The time for discussion of challenges facing employers and alternatives to employer initiatives is not under the Section 54 process, but rather at ongoing union/management meetings. The previous Section 54 case law was upheld as still applicable.

CERTIFICATIONS AND DECERTIFICATIONS

New certification activity continues to be rare, with only one new certification granted by the Labour Relations Board over the past year. This low rate of new certification activity continued to be consistent with the downward trend over the past five years. The following chart illustrates the number of new certification applications granted:

NEW CERTIFICATIONS GRANTED						
	2004	2003	2002*	01/02	00/01	99/00
Facilities	0	0	0	0	5	3
Nurses	0	2	4	4	18	18
Communities	1	0	1	2	8	22
Paramedicals	0	0	3	1	0	6
Totals:	1	2	8	7	31	49

* 2002 data represents the 12-month period January to December 2002. Previous figures reflected the 12-month period September to August. There may, therefore, be an overlap in the 2002 statistics reported.

Also, de-certification activity slowed over the past year. Compared to the year before, during which there were 11

successful decertification applications (10 in Facilities and one in Paramedicals), in the past year, there were only four successful de-certification applications (three in Facilities and one in Communities).

ARBITRATION ACTIVITY

There were a number of arbitration awards issued since May 2004 that impacted healthcare employers across the Province. Some of the more prominent awards issued are described below:

FACILITIES COLLECTIVE AGREEMENT

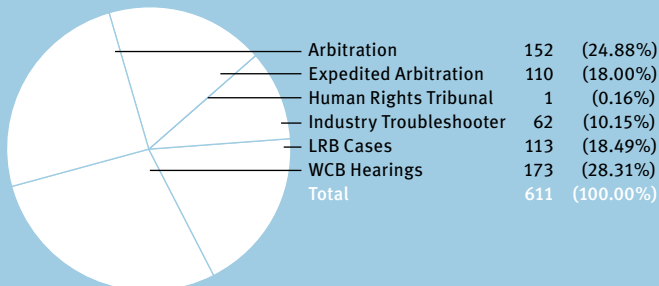
Coverage for De-listed MSP Services

Arbitrator Vince Ready issued an award addressing whether the extended healthcare plan provides for coverage of paramedical services that were originally covered by the Medical Services Plan, until they were de-listed in January 2002. He ruled that those de-listed services (physiotherapy, massage therapy, podiatry, naturopathic, and chiropractic services) are covered by the extended healthcare plan. The effective date of coverage of these services by the plan is November 1, 2004 for all eligible

Certifications and Decertifications

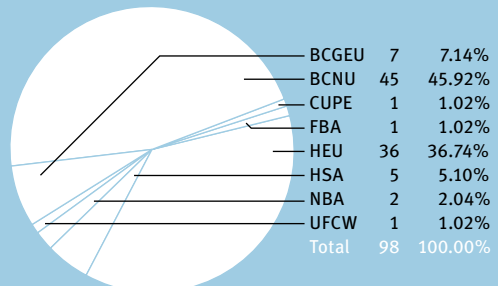
HEABC THIRD PARTY REFERRALS RECEIVED

Distribution By Type
January 1, 2004 - December 31, 2004



HEABC THIRD PARTY DECISIONS RECEIVED

Distribution By Union



employees in the Facilities Subsector. The effective date was earlier only for a limited number of employers where grievances were filed prior to November 1, 2004. The same issue was settled in the Fall of 2004 in the Paramedical Professional Bargaining Association following an earlier arbitration award in the Nurses' Bargaining Association, where the arbitrator had also granted a similar grievance.

PARAMEDICAL PROFESSIONAL COLLECTIVE AGREEMENT

Layoff in Reverse Order of Seniority

The Health Sciences Association filed a grievance alleging that a senior employee was displaced contrary to the principle of junior employees being laid off prior to senior employees. The union claimed that the junior employee in the department ought to have been displaced and all positions in the department reposted. The union's claim, if successful, would have altered long-standing practices on which employees may receive displacement notices.

Arbitrator Korbin dismissed the union's grievance. She confirmed the well understood distinction under the Paramedical Professional Collective Agreement between

displacement and layoff. With the elimination of the grievor's position, she was displaced from it. However, that displacement did not preclude her from exercising her seniority rights to bump or post into another position. As such, she was not laid off; her employment relationship was not interrupted or severed. Korbin ultimately found that the layoff article did not apply in these circumstances.

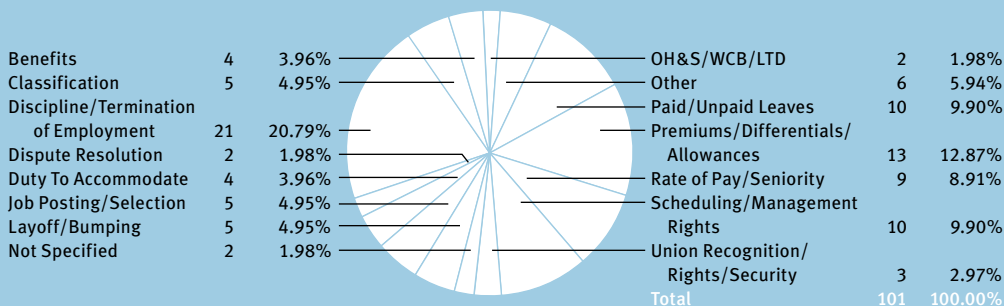
COMMUNITY SUBSECTOR COLLECTIVE AGREEMENT

Wage Protection for Casual Employees

In a series of arbitrations and a Labour Relations Board appeal, adjudicators determined that casual employees who were paid a higher classification rate of pay prior to the implementation of the Job Classification Plan (JCP) in May 2003, are to continue to be paid at the superior wage rate when called into work after the implementation of the JCP. These awards followed the rationale that provided for wage protection for regular employees who were paid at higher wage rates prior to the implementation of the JCP.

HEABC THIRD PARTY DECISIONS RECEIVED

Distribution by Key Issue





Health Match BC

PHYSICIAN RECRUITMENT

Since launching Health Match BC's rural physician recruitment services in 1999, a total of 708 physician placements have been facilitated with 155 vacancies filled in 2004. This represents an 18% increase over the 131 vacancies filled the previous year.

In this past year, Health Match BC continued to focus on recruiting family practitioners, internal medicine specialists, anesthesiologists, obstetricians and gynecologists, psychiatrists, and radiologists. Health Match BC, in collaboration with Provincial Health Services Authority, also actively recruited psychiatrists, because of the impending impact of the devolution of Riverview Hospital.

Key Health Match BC marketing initiatives included increased participation in national and international conferences; a highly successful recruitment mission to Edinburgh and London that produced 113 family practitioner and specialist prospects; and, an extensive print media campaign targeting Canada, the United States, the United Kingdom, Australia and New Zealand.

In 2004/2005, Health Match BC developed a comprehensive employer's physician recruitment guide that was distributed through educational sessions at 52 rural communities throughout the province.

NURSE RECRUITMENT

During 2004, Health Match BC continued to collaborate with the province's health authorities, focusing on the recruitment of critical care, emergency, OR, rural, mental health and leadership nurses. Over the year, Health Match BC nurse consultants with the health authorities attended 21 conferences, career fairs, and university/college campuses across Canada and one event in the United States to raise awareness of nursing opportunities in British Columbia and to target candidates. These efforts resulted in the filling of at least 162 rural and urban vacancies which represents a 14% increase over last year.



PHARMACIST AND PHYSICIAN SPECIALIST RECRUITMENT

In August 2004, Health Match BC's mandate expansion was approved to include the recruitment of pharmacists for publicly funded facilities throughout the province and physician specialists for urban BC communities. Health Match BC in partnership with the health authorities, the College of Pharmacists of BC, and the University of British Columbia commenced the development of recruitment strategies for qualified hospital pharmacists. Health Match BC attended four pharmacy recruitment venues with health authority representatives in Ontario, Alberta and at UBC to increase awareness of hospital pharmacy careers in BC and to recruit graduating pharmacists. Pharmacy specific marketing materials were developed for Health Match BC's outreach activities.

The expanded physician specialist mandate was phased into the Interior, Vancouver Island and Fraser Health, with Vancouver Coastal and Provincial Health Services authorities to follow shortly. The expanded physician specialist mandate enabled the health authorities to reduce their advertising costs and administrative burden through the use of Health Match BC's

website as a recognized Human Resources Skills Development of Canada authorized advertising vehicle. Given the inherent difficulty experienced by rural BC communities seeking family practitioners and specialists, these communities remained Health Match BC's primary focus.

PROVINCIAL NOMINEE PROGRAM

Health Match BC continued to support the health employers and employed nurses interested in the Provincial Nominee Program. A total of 71 nurse candidate applications were processed by Health Match BC in 2004 of which 67 candidates have been nominated.

In March 2005, with the partnership of the Ministry of Community, Aboriginal, Women Services, Ministry of Health Services, the College of Physician and Surgeons of BC and Health Match BC, the Provincial Nominee Program for physicians was launched. Of the 195 eligible physicians residing in BC, Health Match BC has processed 24 completed applications and has assisted another 39 physicians whose applications are in various stages of completion.

Actions and Outcomes

UPDATE ON COLLECTIVE AGREEMENTS

In Spring 2004, five collective agreements expired covering Community, Facilities, Nurses, Paramedicals and Residents.

COMMUNITY

The Community Collective Agreement was ratified resulting with employer savings in total compensation of 10.1% in the first year, and 12.9% in the second year, for an average savings of more than 11% annually.

Since the conclusion of the Collective Agreement, the parties in a joint committee have been working on developing innovative home support scheduling pilot projects. In April 2005, the parties agreed to the terms of two pilot projects which home support employers would, at their discretion, be able to adopt. One of the pilot projects provides for split shift scheduling to meet changing demand for home support services, and the other pilot project provides for shift scheduling of community health workers as an option to scheduling by assignment.

FACILITIES

In the Facilities Subsector, the provincial government passed Bill 37-2004 allowing for the continuation of the previous agreement with changes to five areas:

- ▶ A move to the thirty-seven and one-half (37.5) hour work week;
- ▶ A revision to the temporary job posting process in Article 16.01 (c);
- ▶ An addition to Article 19.01 to avoid the payment of overtime in certain scheduling circumstances;
- ▶ A revision to the bumping process;
- ▶ A 15% reduction to wages.

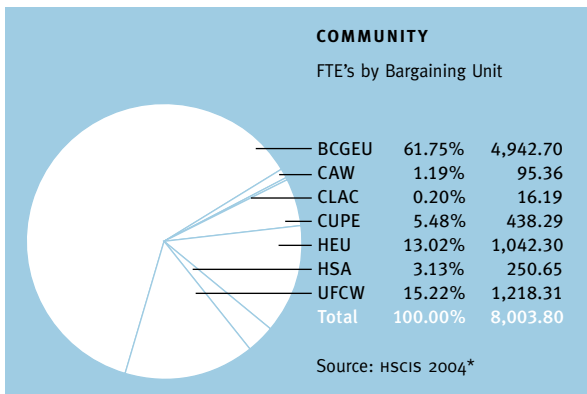
BMET's Application to Move to the Paramedical Sector.

Certain Biomedical Engineering Technologists (BMETs) applied under Section 139 of the Labour Relations Code to transfer from the Health Services and Support – Facilities Subsector to the Paramedical Professional Bargaining Association.

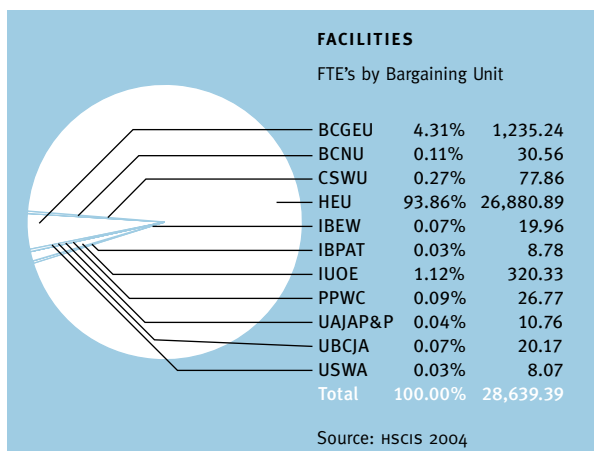
In consultation with the health authorities and Providence Healthcare Society, HEABC agrees that the BMETs now meet the paramedical professional criteria that they did not meet in 1996 when this matter was decided by the Labour Relations Board (BCLRB Decision No. B219/96).

However, HEABC has taken the position that the BMETs must be represented by HSA in the Paramedical Sector. HEU initially opposed the application, but now supports the BMETs application to transfer to the Paramedical Professional Bargaining Association while insisting they continue to be represented by HEU.

The Labour Relations Board issued its decision based on the written submissions filed by the parties on the union representation issue on May 6, 2005. The Board agreed with HEABC's (and HSA's) position that the BMET's should be represented by HSA. The transfer of the BMET's to the Paramedical Professional Bargaining Association took place in early May 2005.



*Health Sector Compensation Information System 2004



NURSES

An innovative approach to bargaining was introduced in the Nurses negotiations. It began with the Framework Agreement, which established a net zero mandate with respect to total compensation and provided for a rollover of the collective agreement regardless of the outcome of policy discussions and negotiations.

The Framework Agreement also established two phases for the negotiation process – the first involved policy discussions and addressed five issues. The bargaining phase followed second, and addressed four main issues and a number of miscellaneous items. During the policy discussions, the parties agreed to a number of issues including:

- ▶ A Phased-In Retiree / New Graduate Partnership Program allowing for increased retirement options for experienced nurses and enhanced recruitment of new graduates from BC Nursing Schools;
- ▶ A commitment to review shift scheduling in order to establish work schedules responsive to both operational requirements and nurses' preferences;
- ▶ A review of casual and overtime utilization to identify where more regular positions could be established.

During the bargaining phase, the parties agreed to the following:

- ▶ A new bumping system effective January 1, 2006 which minimizes the disruptive effects of restructuring and bumping;
- ▶ Ability to post vacancies and provide pay stubs electronically;
- ▶ Increased mileage allowance for nurses that use their cars for work;
- ▶ A mechanism to adjust the level of supplemental long term disability benefits increasing the amount received by LTD recipients with a disability date prior to 1999.

Both parties ratified the agreement in September 2004.

Article 59 – Professional Responsibility Process

In addition, HEABC and the Nurses' Bargaining Association (NBA) have agreed to form a committee to discuss resolution of the many disputes involving the Professional Responsibility process (article 59) of the Nurses Collective Agreement. Discussions took place in late May 2005.

Nurse Education Leave: Letter of Understanding

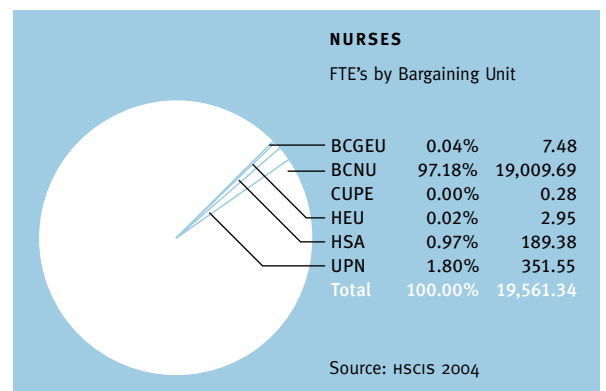
In February 2005, the BCNU and HEABC reached an agreement in principle on a Letter of Understanding which addressed a number of issues concerning nurse education leave. The LOU covered the six health authorities and Providence Healthcare Society, and allowed for the resolution of grievances concerning education leave, avoiding the need to go to arbitration.

The major issues in the LOU were:

- ▶ the inclusion of 100% funding of education programs applied to full-time, part-time and casual employees;
- ▶ the definition of unpaid study time outside of a structured educational program;
- ▶ the payment of reasonable expenses associated with paid education leave (ie: mileage);
- ▶ the limit of premiums employees can claim while on paid education leave;
- ▶ work scheduling when an employee is in full-time education.

Perhaps the most significant element of the agreement for employers, is the clause recognizing that the decisions regarding access to this paid education leave are at the employers' discretion.

Discussions concerning the complex issues of distance education are still underway between HEABC and the BCNU.



PARAMEDICALS

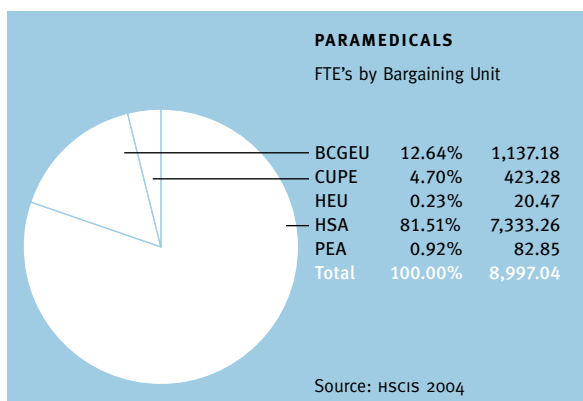
HEABC was successful in achieving a Framework Agreement with the Paramedical Professional Bargaining Association on June 10, 2004. The Framework Agreement provided for a rollover of the collective agreement and the identification of the following list of issues for further discussions:

- ▶ Posting and Bumping;
- ▶ Long-term Disability;
- ▶ Hours of Work;
- ▶ Off-duty Hours;
- ▶ Classification Issues;
- ▶ Mileage;
- ▶ Recruitment and Retention;
- ▶ Administrative and Housekeeping Issues.

Discussions continued under the Framework Agreement. HEABC and the Paramedicals were successful in achieving improvements to a number of issues. Improvements include:

- ▶ A new bumping system;
- ▶ A revised posting process;
- ▶ Option for electronic statement of wages;
- ▶ Several housekeeping and administrative changes.

The rolled-over collective agreement was ratified by members on September 30, 2005. Employers and employees received a printed copy of the new Collective Agreement in May 2005.



HEABC PUBLICATIONS FOR MEMBERS

- ▶ British Columbia Health Employer Report 2004
- ▶ Assess and Intervene: A Report to the Minister of Health on the Recruitment and Retention of Registered Nurses and Registered Psychiatric Nurses in British Columbia
- ▶ Catalogue of Human Resource Practices that Work
- ▶ Contract Interpretation Manual for the HEABC/ Facilities Subsector Collective Agreement
- ▶ Contract Interpretation Manual for the HEABC/ Nurses' Provincial Collective Agreement
- ▶ Contract Interpretation Manual for the HEABC/ Paramedical Professionals Collective Agreement
- ▶ Contract Interpretation Manual for the HEABC/ Communities Subsector Collective Agreement
- ▶ Contract Interpretation Update Bulletins
- ▶ Employer Rights on Managing Claims and Attendance
- ▶ Framework for Partnership in Human Resource Management Services
- ▶ Framework for Personnel Policies and Procedures for Non-Contract Employees
- ▶ General Information Update Bulletins
- ▶ Guide to An Effective wcb Health & Safety Program including Frequently Asked Questions
- ▶ HEABC's WCB Consultation Service — Summary of Frequently Asked Questions & Answers
- ▶ Guide to Implementing the Compensation Reference Plan
- ▶ Guide to wcb Claims Management including Frequently Asked Questions
- ▶ Guide to Writing and Evaluating Job Descriptions
- ▶ Guidelines for Employers on Service, Seniority, and Benefits for Employees on Unpaid Leaves of Absence in Excess of 20 Workdays
- ▶ HEABC Essential Service Orders and Strike Contingency Planning Handbook
- ▶ Essential Services Designation and Strike Response Handbook – 2004
- ▶ HEABC Roadmaps (explaining how to deal with key human resource challenges)
- ▶ HEABC Services Update
- ▶ Human Resource Policies and Procedures
- ▶ Mergers and Amalgamations
- ▶ Personnel Policies & Procedures for Executives
- ▶ Personnel Policies & Procedures for Non-Contract Employees
- ▶ Physician Recruitment Guide for Rural and Remote Communities in British Columbia
- ▶ Senior Executive Compensation in the Health Sector (Compensation Reference Plan)
- ▶ Shift Rotation Manual
- ▶ The Principles and Practice of Attendance Management
- ▶ Licensed Practical Nurses and Care Aides in BC – Research on Roles and Utilization

RESIDENTS

A two-year agreement was reached and subsequently ratified with the Professional Association of Residents in late 2004. The collective agreement does not change monetary items. The changes relate to administrative issues, guidelines regarding mandatory rural rotations (Distributive Learning), and a committee to review on-call and shift work.

PHYSICIANS

In July 2004, the provincial government and the British Columbia Medical Association (BCMA) ratified a three-year agreement for the physicians. Highlights of this deal include no compensation increases for the first two years, but for the third year negotiations can take place on compensation rates. If negotiations are unsuccessful, the terms regarding binding arbitration are specified.

BCGEU	BC Government and Service Employee's Union
BCNU	BC Nurses' Union
CAW	Canadian Auto Workers – Canada
CLAC	Christian Labour Association of Canada
CSWU	Construction and Specialized Workers' Union
CUPE	Canadian Union of Public Employees
HEU	Hospital Employees' Union
HSA	Health Sciences Association
IBEW	International Brotherhood of Electrical Workers
IBPAT	International Brotherhood of Painters and Allied Trades
IUOE	International Union of Operating Engineers
IWA	Industrial, Wood and Allied Workers of Canada
PAR-BC	Professional Association of Residents in BC
PEA	Professional Employee Association
PPWC	Pulp, Paper and Woodworkers of Canada
UAJAP&P	United Association of Journeymen and Apprentices of the Plumbing, Pipefitting and Sprinklerfitting Industry of the US and Canada
UBCJA	United Brotherhood of Carpenters and Joiners
UFCW	United Food and Commercial Workers' Union
UPN	Union of Psychiatric Nurses
USWA	United Steel Workers' of America

PARTNERS IN HEALTHCARE

Recognizing that being a part of the larger labour relations and human resource community enables HEABC to more fully represent its membership. Staff and board members participate on numerous committees devoted to healthcare.

HEABC is represented on the following committees/task forces/Boards:

- ▶ Benefits Working Group
- ▶ BC Academic Health Council Health Professions Education Committee
- ▶ Business Council of British Columbia
- ▶ Canadian Healthcare Association
- ▶ CHA Task Force on Health Human Resource Issues
- ▶ Health Human Resource Development Standing Committee
- ▶ Health Match BC Nurse Recruitment Committee
- ▶ Health Sector Compensation Information System Advisory Committee (HSCIS)
- ▶ Healthcare Benefit Trust (HBT) Board of Trustees
- ▶ Healthcare Advisory Council on OH&S

- ▶ Interprofessional Education for Collaborative Patient-Centred Practice (IEPCP)
- ▶ Labour Relations Advisory Group (LRAG)
- ▶ Ministry of Health, Nurse Advisory Committee
- ▶ Ministry of Health, cNAC Review Committee
- ▶ Municipal Pension Board
- ▶ Occupational Health and Safety Agency for Healthcare
- ▶ OH&S Leaders Group
- ▶ OR Technician Project Steering Group
- ▶ Organizational Development Leaders Collaborative
- ▶ Physician Contract Administration Committee
- ▶ Practice Education Committee
- ▶ Public Sector Employers' Council
- ▶ Senior Human Resource Practitioners' Group (SHRP)
- ▶ wcb Employers' Forum
- ▶ wcb Health & Safety Committee
- ▶ wcb Occupational Disease Advisory Committee (ODAC)

Balance Sheet

March 31, 2005


	2005	2004
ASSETS		
CURRENT		
Cash	\$914,626	\$841,883
Restricted cash	1,844,425	1,661,217
Short-term investments	4,920,777	4,111,922
Accounts receivable	191,571	176,078
Prepaid expenses	59,968	55,337
	<u>7,931,367</u>	<u>6,846,437</u>
PROPERTY AND EQUIPMENT	319,035	345,748
	<u>\$8,250,402</u>	<u>\$7,192,185</u>
LIABILITIES		
CURRENT		
Accounts payable	\$941,182	\$1,221,849
Deferred contributions		
Operations	2,402,585	2,287,509
Administrative	1,844,425	1,661,217
	<u>5,188,192</u>	<u>5,170,575</u>
DEFERRED INDUCEMENT	89,907	119,876
ACCRUED RETIREMENT LIABILITY	223,140	256,818
	<u>5,501,239</u>	<u>5,547,269</u>
NET ASSETS		
Net assets invested in property and equipment	319,035	345,748
Unrestricted net assets	2,430,128	1,299,168
	<u>2,749,163</u>	<u>1,644,916</u>
	<u>\$8,250,402</u>	<u>\$7,192,185</u>

COMMITMENTS AND CONTINGENCIES

APPROVED BY THE DIRECTORS:



Director



Director

Statement of Revenues and Expenses

Year ended March 31, 2005

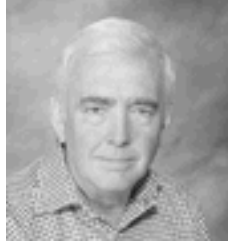
	2005	2004
REVENUES		
Government funding	\$9,950,000	\$9,894,882
Member assessment	140,248	140,458
Fee for service	9,581	5,146
Benefits fee	278,212	296,364
Annual general meeting / conference fees	14,509	21,011
Member training fees	22,546	32,032
Interest and other revenue	145,069	151,063
	10,560,165	10,540,956
Funding from deferred contributions - operations (Note 4)	852,262	689,033
	11,412,427	11,229,989
EXPENSES		
Salaries and benefits	5,687,943	6,073,995
Recruiting and relocation	58,506	104,796
Staff training – research and memberships	108,571	89,808
Travel and meetings	210,927	235,532
Rental - office and equipment	1,259,200	1,301,556
Office, printing and reproduction	306,907	382,818
Legal and professional	882,030	1,143,994
Arbitration and hearing costs	80,811	172,808
Strategic planning initiatives	54,188	-
Annual general meeting / conference	14,455	16,438
Member training	13,295	21,298
GST – unrecoverable	100,684	117,748
Amortization	123,251	142,720
Recruitment services - Health Match BC	1,407,412	1,375,002
TOTAL EXPENSES FROM OPERATIONS	10,308,180	11,178,513
EXCESS OF REVENUES OVER EXPENSES		
FROM OPERATIONS	1,104,247	51,476
FUNDING FROM DEFERRED CONTRIBUTIONS –		
Administrative		
Revenues	1,329,724	432,456
Expenses	1,329,724	432,456
	-	-
EXCESS OF REVENUES OVER EXPENSES	\$1,104,247	\$51,476

HEABC Board of Directors 2004 – 2005

HEALTH AUTHORITY REPRESENTATIVES



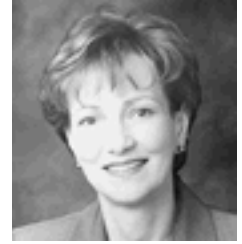
FRASER HEALTH AUTHORITY
Glen Grant, *Governor*



INTERIOR HEALTH AUTHORITY
Roger Sharman, *Governor*
HEABC Vice-Chair



NORTHERN HEALTH AUTHORITY
Jeff Burghardt, *Governor*



PROVINCIAL HEALTH SERVICES AUTHORITY
Lynda Cranston, *President and Chief Executive Officer*
HEABC Board Chair



VANCOUVER COASTAL HEALTH AUTHORITY
Andrew Smith, *Governor*



VANCOUVER ISLAND HEALTH AUTHORITY
Linda Petch, *Governor*

PROVINCIAL REPRESENTATIVES



AFFILIATE CARE PROVIDER
Darrell Burnham, *Executive Director, Coast Foundation Society (1974)*



DENOMINATIONAL CARE PROVIDER
Gerald Herkel, *Executive Director, St. Michael's Centre*



PROPRIETARY CARE PROVIDER
Neil Stuart, *Owner/Administrator, Acacia Ty Mawr Holdings Ltd.*
HEABC Honorary Secretary-Treasurer

GOVERNMENT REPRESENTATIVES



Bob de Faye, *Deputy Minister and Chief Executive Officer, Public Sector Employers' Council Secretariat, Ministry of Finance*



Anne Sutherland Boal, *Assistant Deputy Minister and Chief Nurse Executive, Clinical Innovation and Integration, Ministry of Health Services*

HEABC Strategic Goals: 2005 – 2006

1 EXCELLENCE IN LABOUR RELATIONS

We must produce collective agreements that lead to a sustainable healthcare system.

We must build new and better LR relationships with unions and partners.

We must strengthen HEABC's role as an accredited bargaining agent.

2 CONTRIBUTE TO SUSTAINABLE HUMAN RESOURCES IN HEALTHCARE

We must determine what HEABC's role is in HR Planning.

We must provide provincial coordination where there is a gap and at the request of the stakeholder.

We must update the industry compensation plan and seek government's timely approval.

3 CONSTRUCTIVE RELATIONSHIPS WITH MEMBERS, GOVERNMENT, UNIONS AND THE PUBLIC

We must determine interest in, and parameters for, IBB with each of the unionized groups.

We must explore the concerns of the affiliates related to
a) bargaining,
b) HR/LR issues, and work with them to develop appropriate strategies.

We must work with members to identify challenges and solutions in HR/LR and communicate with government and key audiences about these challenges and solutions.

4 OPERATIONAL EXCELLENCE

We must develop and implement an organizational design that reflects the functions of the organization.

We must establish an HR function in order to support HEABC employees.

We must not exceed Board approved budget.

We must align allocation of resources with functions of the organization.

We must continue to improve knowledge and organizational productivity.

We must provide appropriate funding levels to meet the mandate of HEABC.

HEABC

Health Employers
Association of BC

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