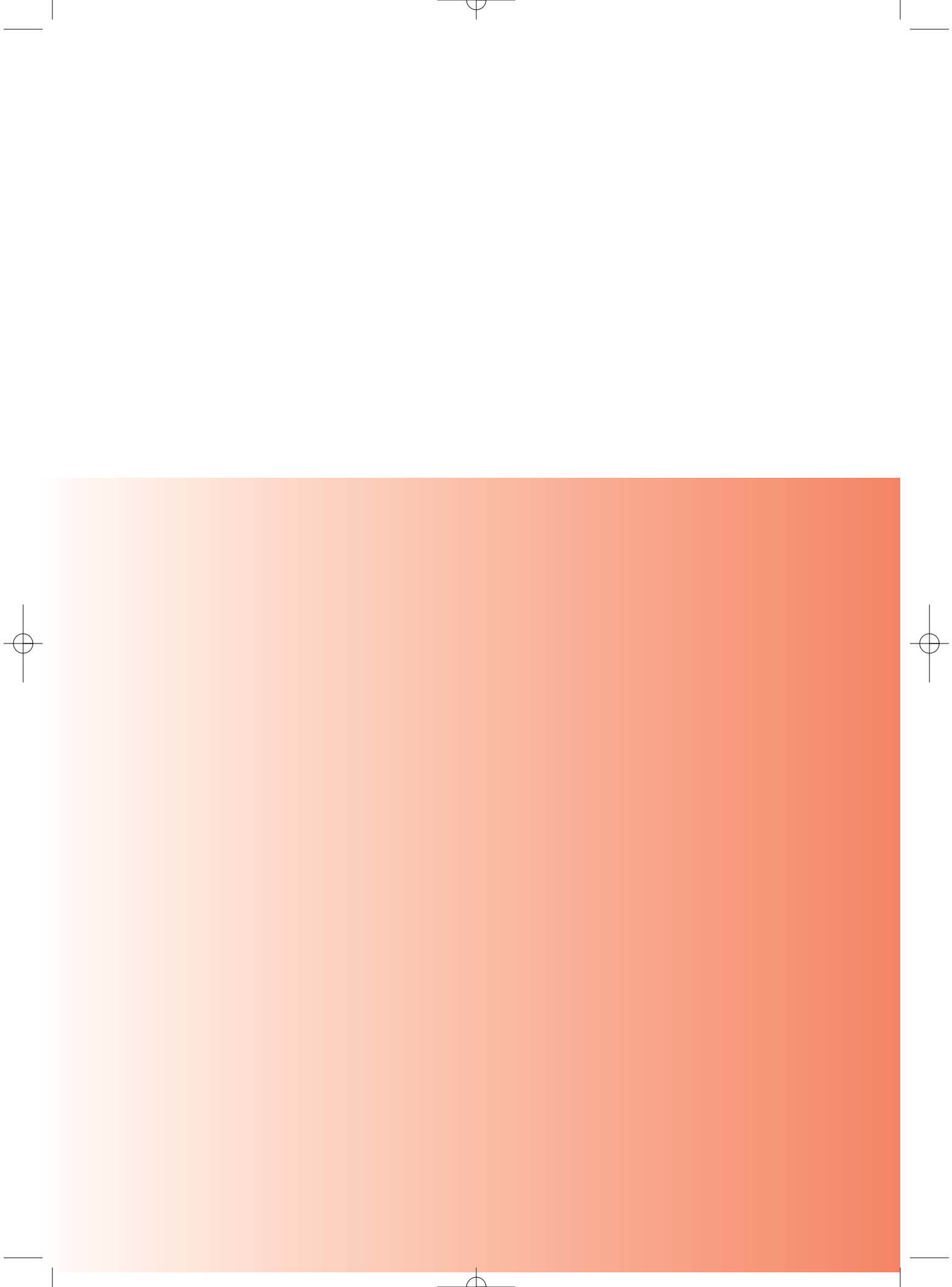


HEABC

Health Employers
Association of BC

Annual Report
2008–2009





About HEABC

HEABC was formed in 1993 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 co-ordinate the human resources and labour relations interests of healthcare employers in the province and to ensure a consistent employer approach in these areas. HEABC took on this 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).

HEABC takes a leadership role in strategic planning related to human resources and labour relations issues management for B.C.'s publicly funded health employers. Working closely with government and members, HEABC ensures that issues and solutions are identified and communicated to both. Through collective bargaining and other industry initiatives, HEABC builds constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its membership.

HEABC provides leadership and professional expertise in:

- Benefit plan strategies and design
- Collective bargaining and contract negotiations
- Contract compensation and job classification
- Education and training
- General labour relations services
- Government relations for healthcare employers
- Human resources planning
- Non-contract and management compensation
- Research, data and knowledge management
- Specialized recruitment services
- Occupational health and safety

HEABC's office is located in Vancouver, with more than 100 staff members who are dedicated to meeting the needs of its members and key stakeholders.

The Health Employers

Association of BC

represents a diverse group of more than 300 publicly funded health-care employers. This includes denominational, proprietary and non-profit affiliate organizations, as well as the province's six health authorities.

Members range in size from organizations with fewer than 25 employees to large, regional health authorities with thousands of employees.



Alice Downing

“We are always looking for ways to add value to our services and better meet the needs of our stakeholders. Over the next year, we will continue this process by engaging in consultations with our membership to learn more about which services they would like us to provide and ensure that we are structured to provide the most value-added services.”

Message from the Board Chair

The theme of this report, “Service, Support, Solutions,” could not better describe our focus at HEABC over the past year, which has also been my first year as Board Chair. During the past 12 months, HEABC has engaged in ongoing discussion and consultation with government, stakeholders and our members to seek their input on our contribution to the healthcare system and help define how we can best provide service in the future.

As is the case with any organization, there is always room for improvement. In October 2008, HEABC’s Board and senior executive held a two-day planning session to determine and clarify the roles and responsibilities of HEABC. Discussions with representatives from the Public Service Employers’ Council (PSEC) and the Ministry of Health Services determined that there are well-established and clear roles for HEABC.

These roles include the development and implementation of the healthcare compensation plan for PSEC and leading the negotiation of pensions and benefits for member organizations and their employees. Of course, our legislated role as the collective bargaining agent for the healthcare sector is of paramount importance and with 2010 Bargaining just around the corner, we have already made great strides in this area.

We are always looking for ways to add value to our services and better meet the needs of our stakeholders. Over the next year, we will continue this process by engaging in consultations with our membership to learn more about which services they would like us to provide and ensure that we are structured to provide the most value-added services.

I would like to thank my predecessor, Linda Petch, who served HEABC admirably over her three years as Board Chair. I’d also like to welcome those Board members who joined us during the past year: Robin Ciceri, Deanie Kolybabi, Howard Johnson, Fred Di Blasio, Michael Costello and Glenn Sutherland.

With our dynamic Board and dedicated employees, I am confident that this organization will continue to deliver value-added services as it enhances its role over the coming year. I look forward to working with members, government and other stakeholders so that together we can provide solutions for B.C.’s healthcare system.

Alice Downing, *Board Chair*

Message from the President and CEO

I have truly enjoyed being at the helm of HEABC since September of 2008 and helping the organization achieve its mandate of providing superior labour relations and the highest level of service to members.

The past 12 months have been a busy time for HEABC. As you will see in the pages of our 2008–2009 annual report, we have been very active in all areas — from labour relations and human resources to compensation, education and communications.

Much of our focus has been on preparing for the next round of bargaining. We reached an agreement with the Nurses' Bargaining Association early in April 2009 and are now focusing on the Community, Facilities, Health Sciences and Resident Physicians groups.

Our formal preparations began last fall, when HEABC's senior executive team met with the health authorities to receive input for the upcoming negotiations. In early December, we co-operated with the Ministry of Health Services on a highly successful pre-bargaining conference, and in February we commenced a round of regional meetings with our affiliate members to address their specific bargaining needs.

HEABC's Board and management team have also been working towards enhancing our services by clarifying HEABC's roles and responsibilities and strengthening our internal management. In addition to attending Leadership Council, where I spoke to CEOs of the health authorities about their expectations and thoughts on the value of HEABC, we also launched a program to enhance the leadership skills of our management staff. The year-long program, which started this past spring, includes leadership seminars, staff surveys and evaluations, one-on-one discussions and group meetings.

These discussions and initiatives are critical as HEABC strives to meet and exceed the expectations of our members. By strengthening our organization from within and working with members and stakeholders to create long-term solutions, we can realize the common goal of achieving high-quality, sustainable healthcare for the people of British Columbia.



Lee Doney, *President and CEO*



Lee Doney

“HEABC’s Board and management team have also been working towards enhancing our services by clarifying HEABC’s roles and responsibilities and strengthening our internal management.”

Bargaining Update

Nurses' Agreement Extended

On March 10, 2009, HEABC and the Nurses' Bargaining Association (NBA) reached a tentative agreement that extends the current collective agreement by a period of two years, to March 31, 2012.

Preparations for 2010 Bargaining began in earnest at HEABC in 2008. With a new agreement with the Nurses' Bargaining Association (NBA) ratified in April, 2009, HEABC is now focusing on the remaining groups: Health Sciences, Facilities, Community and the Resident Physicians.

This past fall, HEABC's senior executive team met with each of the health authorities to receive their input for the negotiations. In early December, HEABC also held a highly successful pre-bargaining conference in co-operation with the Ministry of Health Services and the health authorities. In addition, HEABC began a round of regional meetings with affiliate members in the spring of 2009 to address their specific bargaining needs.

These meetings helped to identify a number of areas of concern to HEABC members, including management capacity, benefits and cost containment, recruitment and retention, new models of patient service delivery and the effective utilization of resources. In response, HEABC put together a series of working groups in these areas to identify solutions that will help develop bargaining strategies. The working groups are also a valuable tool to uncover ways in which HEABC can assist in the development of future healthcare delivery initiatives.

Members of the groups include HEABC staff, key government representatives and senior health authority representatives.

Leads for the remaining 2010 bargaining tables have been identified and this year, for the first time, two of the tables will be headed by representatives from the health authorities.

"I was actively involved in the process last round and learned a lot, so I'm looking forward to achieving a good agreement for both parties," says Michael McMillan, Chief Operating Officer for Northern Interior Health Service Delivery Area and Bargaining Lead for the Health Sciences table. "It's important for health authorities to be involved in a lead role in these discussions with the active support of HEABC staff."

Working collaboratively with operations, HEABC and healthcare staff and unions is critical, McMillan notes, as the system grapples with a variety of challenges, such as an aging population, recruitment issues and, of course, ongoing financial constraints. "The future pressures on the healthcare system mean that we need very good relationships with staff and unions," he says. "Such relationships are the only way we are going to help meet the changes in years to come."

Labour Relations

HEABC employs an experienced team of labour relations professionals who provide strategic and technical advice and representation to help members address their emerging labour relations issues. As the accredited bargaining agent for most of the province's publicly funded health employers, HEABC negotiates collective agreements covering nurses, health science professionals, residents and interns, and support workers in both facilities and community settings.

HEABC Labour Relations is responsible for:

- Collective bargaining
- Representing member interests during strike activity and in essential services matters
- Providing advice on the interpretation of collective agreements
- Representing members at hearings

2008 – 2009 Highlights

- **Bargaining:** Working with the Nurses' Bargaining Association (NBA) and the Ministry of Health Services, HEABC helped facilitate an agreement with the NBA to extend the current Nurses' Collective Agreement to March 31, 2012.
- **Union Grievances:** HEABC resolved 70 cases referred to hearing during the past year and hundreds of other grievances that were filed but not referred to hearing.
- **Arbitration:** HEABC successfully argued that client-specific needs (language, gender and continuity of care) are important considerations in the scheduling of community health workers under the Community Collective Agreement and successfully defended these practices after an appeal was filed by the union.
- **Court:** HEABC successfully defended a challenge launched by the BC Teachers' Federation and the Hospital Employees' Union, who claimed the definition of "strike" in Section 1 of the BC Labour Relations Code was unconstitutional and improperly restricted their ability to engage in a political protest strike during the term of the collective agreement. The court confirmed that the Charter of Rights and Freedoms does not protect mid-contract strikes.
- **Bill 29 Settlement Agreements:** HEABC hosted province-wide information sessions to discuss the settlement agreements with its members and coordinated the distribution of approximately \$70 million to claimants impacted by Bill 29 without encountering any major disputes with the unions.
- **Interpretation Manuals:** Manuals for each of the four collective agreements were updated in summer of 2008 after the Bill 29 settlement agreements were reached.

Services

- Collective bargaining
- Representing member interests during strike activity and in essential services matters
- Providing advice on the interpretation of collective agreements
- Representing members at hearings



Cyndia Cole of Richmond Community Home Support

“HEABC helped us prepare a huge amount of extremely detailed documentation that was essential to our case,” says Cole.

“More importantly, they really listened.”

MEMBER SOLUTIONS

A Victory for B.C.'s Home Support Employers

Two years ago, administrative staff at Richmond Community Home Support (RCHS) were overwhelmed. Employees of the Vancouver Coastal Health facility, which sends community health workers into clients' homes, were filing complaints, claiming that co-workers with less union seniority were receiving more hours of work.

"We had a whole series of grievances from the union related to scheduling," says RCHS manager Cyndia Cole, who turned to HEABC for help.

"The employer called to make sure they weren't misinterpreting the collective agreement," recalls Mark Slobin, HEABC's Director of Labour Relations. "Eventually, it became clear that the union had a dramatically different reading of the provisions in question."

For home support service organizations, employee scheduling can be a real challenge. Services are offered in clients' homes, and type of service, length of visits and number of visits each week are different for everybody. Schedules consider employee seniority and number of promised hours per week, but workers might arrive for their shift to find the client is away, in hospital or has cancelled.

Perhaps most importantly, schedules must consider the needs of the client. While most collective agreements stipulate that employee seniority is a paramount factor in scheduling shifts, the agreement under which RCHS and the United Food and Commercial Workers (UFCW) union operate is a little different. It allows employers to consider additional factors, such as language compatibility, gender considerations and continuity of care. "We have to provide some level of client-centred care or people will simply refuse to have home support and go without the care they need," explains Cole.

In 2007, HEABC reached an agreement with the union to send two of the grievances to arbitration. Because these provisions of the collective agreement had never before been tested under arbitration, the two parties agreed to use the decision to resolve the other grievances and settle the home support scheduling guidelines once and for all. Last year, an arbitrator ruled in favour of RCHS.

"HEABC helped us prepare a huge amount of extremely detailed documentation that was essential to our case," says Cole. "More importantly, they really listened. They understood that this case had an import beyond the grievances and that we had to get these questions clarified — not just for us, but for every other home support employer in the province."

For home support service organizations, employee scheduling can be a real challenge. Services are offered in clients' homes, and type of service, length of visits and number of visits each week are different for everybody.

The RSS initiative was implemented in 2006 to respond to the need for flexible shift scheduling that meets both group staffing requirements and patient care needs.

Policy Discussion

The following are highlights of significant 2008–2009 policy discussions and initiatives undertaken in partnership with HEABC, unions, government and employers.

Nurses

Responsive Shift Scheduling (RSS): The RSS initiative was implemented in 2006 to respond to the need for flexible shift scheduling that meets both group staffing requirements and patient care needs. In 2008:

- RSS teams surveyed 308 units and conducted 203 information sessions
- One hundred eighty-seven responsive shift schedules were implemented and more than 250 master schedules were corrected or approved
- RSS teams provided services to 25 affiliate employers on a voluntary basis
- Funding for the RSS teams was secured for a third year

Provincial Nursing Workload Committee Initiatives: HEABC is working with the Ministry of Health Services, the Nurses' Bargaining Association and health authorities to implement nurse staffing plan projects. During the past year, four demonstration sites involving workload and nurse staffing plan processes were added and are now underway (two in community health and two in community mental health), bringing the total number of sites to eight.

Provincial Violence Prevention Strategy: In co-operation with employers, unions, WorkSafeBC and the Occupational Health and Safety Agency for Healthcare in BC (OHSAH), HEABC is helping to implement violence prevention initiatives through its participation in the Provincial Violence Prevention Steering Committee (PVPSC). Over the past year, the PVPSC:

- Published the "Elements of a Best Practice Violence Prevention Program for BC Healthcare"
- Developed the "Safety Chat Guidebook: A Risk Assessment Component" and the "Behaviour Observation Toolkit," violence prevention resources for healthcare staff, managers and supervisors, which were presented for feedback at a stakeholder workshop in February 2009
- Supported completion of a violence in healthcare survey, results of which were published in June 2009

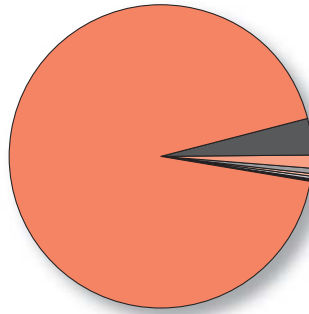
Facilities

As a result of the 2006 policy discussions, the Facilities Bargaining Association (FBA) has been working on a number of initiatives. Highlights for 2008–2009 include:

- **Responsive Shift Scheduling and Structured Communication:** These trial projects were completed and reports are being prepared and finalized.
- **LPN and Care Aide Report:** The FBA Joint Policy Committee completed the report, “Effectively Utilizing B.C.’s Licensed Practical Nurses and Care Aides,” which was released by the Nursing Directorate.
- **Residential Care Policy Committee:** Reports are being prepared on the topics of quality care and staffing and meeting minimum healthcare assistant program delivery standards.

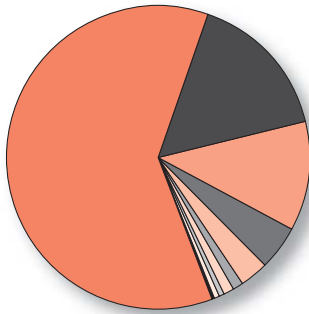
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FTEs by Bargaining Table



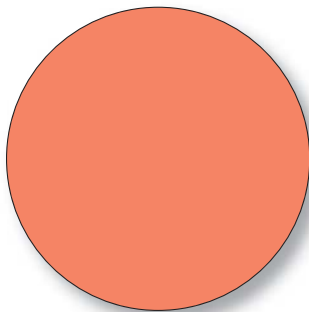
Facilities

UNION	FTEs	%
HEU	27,273	93.40%
BCGEU	1,174	4.02%
IUOE	417	1.43%
BCNU	149	0.51%
CSWU	102	0.35%
UBCJA	24	0.08%
IBEW	21	0.07%
IBPAT	18	0.06%
UAJAP&P	9	0.03%
USWA	7	0.03%
HSA	6	0.02%
Total	29,200	100.00%



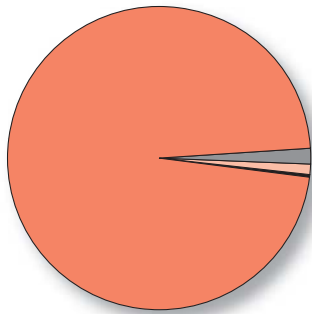
Community

UNION	FTEs	%
BCGEU	5,538	61.34%
HEU	1,421	15.74%
UFCW	1,054	11.67%
CUPE	421	4.67%
HSA	277	3.07%
PEA	110	1.22%
CAW	105	1.17%
CLAC	47	0.52%
USWA	42	0.47%
IWA	10	0.11%
BCNU	2	0.03%
Total	9,028	100.00%



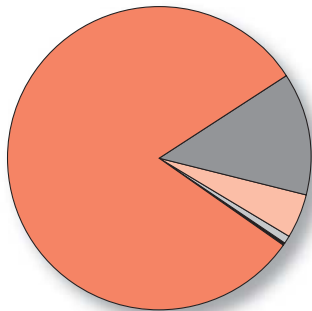
Residents

UNION	FTEs	%
PAR-BC	870	100.00%
Total	870	100.00%



Nurses

UNION	FTEs	%
BCNU	21,075	97.21%
UPN	344	1.58%
HSA	225	1.04%
HEU	36	0.17%
CLAC	1	0.00%
BCGEU	0	0.00%
Total	21,680	100.00%



Paramedical

UNION	FTEs	%
HSA	9,155	81.20%
BCGEU	1,479	13.12%
CUPE	516	4.58%
PEA	100	0.89%
HEU	24	0.21%
Total	11,274	100.00%

- BCGEU BC Government and Service Employees' 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 International Woodworkers of America
- PAR-BC Professional Association of Residents in BC
- PEA Professional Employees Association
- 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 Steelworkers of America



Marcia Klassen (left) and Barbara Valois at South Fraser Home Support

“ HEABC acted as a link from other employers to us,” says Valois. “Now we in turn can support others going through the same thing. ”

MEMBER SOLUTIONS

Helping Injured Employees Safely Return to Work

After receiving an alarming call from WorkSafeBC in November 2007, Marcia Klassen and Barbara Valois of South Fraser Home Support (SFHS) knew they had a big problem. According to WorkSafeBC, SFHS's employee injury rate was so high that, if left unchecked, the organization could be forced to shut down.

"The first thing we did was contact HEABC," says Valois, who is Director of Human Resources at SFHS. "We wanted to know where we stood in relation to other employers."

With 325 employees providing at-home seniors' care to nearly 1,000 clients in Surrey, Langley and White Rock, SFHS faced the challenge of preventing staff injuries caused by slips, trips, falls and patient handling. Compared to similar agencies, SFHS's rate of such incidents was troublingly high, and employees were out between six and 12 weeks before returning to work after an injury.

"Our HEABC occupational health, safety and wellness advocates attended a number of meetings with us to assuage the enormous anxiety we felt," says Klassen, SFHS's Manager of Human Resources. Adds Harry Gray, Director of Human Resources at HEABC, "We were able to help them pinpoint some of the causes for their high injury rates, and then work together to develop a plan to improve the situation."

One of HEABC's first recommendations was to create a formal 'light duties' offer. Under such a system, injured workers consult with a doctor to identify tasks they can safely complete, such as answering phones or shadowing a co-worker on home visits. To help Klassen and Valois create their offer, HEABC provided anonymous samples so the two could see what other employers had done. "From these samples we chose what was suitable for us," Klassen explains.

HEABC also helped the home support agency meet relevant WorkSafeBC regulations. "They told us to expect a visit from a WorkSafe prevention officer and advised us on what to have ready so we were in great shape when he arrived," says Valois.

Less than two years after that fateful call, SFHS has dramatically reduced both the frequency of injuries and the duration of time spent away from work. Today, workers typically return to modified duties just days after an injury and the agency has achieved a commendable 59 per cent decrease in overall claims costs.

"HEABC acted as a link from other employers to us," says Valois. "Now we in turn can support others going through the same thing."

"The first thing we did was contact HEABC. We wanted to know where we stood in relation to other employers."

Services

- Human resources planning
- Facilitation of evidence-based best practices
- Education
- Early Intervention Program
- Occupational health and safety
- Pandemic planning

Human Resources

HEABC provides expert and strategic advice to members and brings a provincial perspective to healthcare's unique human resource needs and issues.

Services provided by HEABC's Human Resources team include:

- Human resources planning
- Facilitation of evidence-based best practices
- Education
- Early Intervention Program
- Occupational health and safety
- Pandemic planning

2008 – 2009 Highlights

- **Collective Bargaining Preparation:** In preparation for 2010 Bargaining, Human Resources analyzed benefit trends and developed presentation materials for senior leaders and negotiators.
- **Education:** HEABC offers eight education course topics. In the past year, "Performance Management in a Unionized Environment" and "Effective Occupational Health & Safety Programs" were added. Approximately 708 people attended the 51 day-long courses offered in fiscal 2008-2009.
- **Occupation Health and Safety/Wellness:** In November 2008, HEABC and WorkSafeBC co-sponsored the first Home Support OHS conference. Based on the high attendance and excellent feedback, a second conference was held on Vancouver Island in the spring of 2009.
- **WorkSafeBC Appeals:** HEABC represents employers in WorkSafe BC appeals, both on industry-related matters and individual employee assessments. In 2008-2009 there were 134 appeal submissions, 82 per cent of which were ruled in favour of HEABC employers.
- **Early Intervention Program (EIP):** EIP helps injured employees return to work in a safe and timely manner. Over the past year, HEABC co-ordinated and represented its members at steering committee and working committee meetings and developed, reported and reviewed EIP metrics.

Research and Knowledge Management

HEABC tracks emerging trends in human resources and labour relations, providing data and analysis to support evidence-based decisions for member employers, the provincial government and other organizations within the health sector.

Among the specific research services offered at HEABC are:

- Health human resources forecasting
- Collective bargaining support
- Periodic reports on health sector human resources
- Inter-provincial wage and benefit comparisons
- Data and analysis on human resources and labour relations issues
- Supporting key commitments flowing from collective bargaining

2008 – 2009 Highlights

- **Collective Bargaining Preparation:** HEABC Research produced labour cost information, bargaining unit profiles, and analytical and summary reports on human resources and labour relations issues.
- **Health Human Resources Forecasting:** In close collaboration with the Health Human Resources Data Group, HEABC developed and released the “2008 Human Resources Forecast for Selected Health Occupations in British Columbia.” This is the first of a series of reports that will be produced annually for the Ministry of Health Services and will project future health human resources requirements to 2015.
- **Recruitment and Retention Survey:** This new survey gathers information on health employers’ current recruitment and retention trends, staffing experiences and strategies. Results provide a greater understanding of labour market issues in the health industry.
- **HR Performance Metrics:** These metrics cover sick leave, overtime and vacancy rates for selected healthcare occupations and help the industry make evidence-based HR decisions. Over the past year, new definitions were implemented to produce more meaningful and reliable metrics.
- **Data Collection Enhancements:** HEABC worked closely with the Ministry of Health Services and health employers to ensure that Health Sector Confirmation Information System (HSCIS) data generates reliable information, such as the human resources performance metrics.
- **Difficult-to-Fill Vacancy Survey Report:** HEABC added more detailed analysis of occupations with high vacancy rates to this quarterly report, which tracks vacancies that remain unfilled after 90 days of recruitment.

Services

- Health human resources forecasting
- Collective bargaining support
- Reports on health sector human resources
- Inter-provincial wage and benefit comparisons
- Data and analysis on human resource and labour relations issues
- Supporting key commitments



Pam Edwards of the Capital Mental Health Association

“Some of the meetings were difficult and emotionally draining, but our HEABC consultants kept things objective,” says Edwards. “It wasn’t a case of ‘them and us,’ it was about collecting information. I really appreciated that approach.”

MEMBER SOLUTIONS

Reorganization Helps Mental Health Association Resolve Classification Concerns

As part of Vancouver Island Health Authority's steps to improve mental health services, Victoria's Capital Mental Health Association (CMHA) recently underwent a progressive redesign of its programs. The changes, though ultimately of benefit to the organization's clients, were met with initial resistance from the community and left some staff members dissatisfied with their job classifications.

"We were up against a very difficult background with a limited budget and some pretty upset staff," recalls Pam Edwards, Executive Director of CMHA, which provides community integration services for mentally ill clients. "I can't express how important it was to resolve this happily."

HEABC became involved when two of the workers filed a grievance, claiming their job classifications no longer reflected their duties.

"The employees felt that they were using additional skills and wanted to be reclassified from activity workers to activity co-ordinators," says Mark Bolton, Director of Compensation at HEABC. "The easy solution would have been to just pay the employees a lump sum, but we wanted to find a solution that would provide long-term benefits for CMHA's clients and community."

HEABC consultants met with Edwards and her staff several times to discuss employee roles, work duties and CMHA's future programming goals. "Some of the meetings were difficult and emotionally draining, but our HEABC consultants kept things objective," says Edwards. "It wasn't a case of 'them and us,' it was about collecting information. I really appreciated that approach."

After researching CMHA's needs and staff concerns, a solution was found. Both of the employees who filed grievances were compensated for the duties they had performed that were beyond their classifications. However, after looking at the program's needs, it was clear that CMHA did not require two activity co-ordinators. Instead, one of the employees was advanced to the position of activity facilitator while the other remained classified as an activity worker.

Since the changes were made, life is slowly getting back to normal at CMHA. "The environment is a lot better now," says Edwards. Best of all, with classification problems behind them, she and her staff are free to focus on what they do best: enriching the quality of life of those with mental illness and promoting their integration back into the community.

HEABC consultants met with Edwards and her staff several times to discuss employee roles, work duties and CMHA's future programming goals.

Services

- Classification advice
- Reference materials
- Advice on using the “Executive, Management & Non-Contract Compensation Reference Plan for Healthcare”
- Advice on management and executive reporting compliance obligations
- Conduct of third-party disputes
- Classification system changes
- Training and orientation for healthcare employers

Compensation Services

HEABC’s Compensation Consulting Services team develops, modifies and maintains all classification systems related to unionized, management and executive employees of HEABC’s member organizations. The department provides interpretive advice, dispute advocacy, system modification and development, related research and work design analysis to help healthcare employers recruit, reward and retain appropriate and effective human resources. Working closely with employers, government and unions, the team seeks sustainable classification solutions that respond to the evolving needs of healthcare service delivery.

Specific Compensation services include:

- Classification advice
- Reference materials on work design, crafting job descriptions and classifying jobs
- Advice on using the “Executive, Management & Non-Contract Compensation Reference Plan for Healthcare”
- Advice on management and executive reporting compliance obligations arising from legislation and regulations
- Conduct of third-party disputes
- Development and negotiation of classification system changes
- Training and orientation for healthcare employers

2008 – 2009 Highlights

- **Facilities Subsector Benchmarks:** HEABC worked closely with healthcare employers and the bargaining association on a major industry review of the facilities subsector classification benchmarks.
- **Paramedical Classification Disputes:** Working closely with healthcare employers and the union, HEABC is in the final stages of a special project to resolve more than 70 outstanding paramedical classification disputes between health authorities and the Health Sciences Association.
- **Professional Registration Policy Dispute:** In co-operation with healthcare employers and the bargaining association, HEABC successfully resolved an industry-wide policy dispute concerning professional registration among health science professions.
- **Management/Executive Compensation System:** Working closely with healthcare employers, HEABC completed a review and update of benchmark definitions for management and executive leadership roles within healthcare.

Physician Services Secretariat

The Physician Services Secretariat (PSS) supports the Ministry of Health (Medical Services Division) and health authorities by providing consulting, analytical and legal services related to physician compensation, negotiations, contract administration and dispute resolution under the Physician Master Agreement (PMA).

2008 – 2009 Highlights

- **Medical On-Call Availability Program (MOCAP):** The PSS was active in the implementation of new PMA provisions related to the distribution of funds by health authorities under the MOCAP. These provisions include a new dispute process available to physicians; the PSS provides legal services to health authorities in all disputes.
- **Physician Service Contracts:** The PSS concluded negotiations with the BC Medical Association on amendments to the PMA concerning physicians who wish to change their form of compensation from fee-for-service to a service contract or salary agreement.
- **Physician Strategic Services Advisory Committee (PSSAC):** The PSS supports the mandate and work of the PSSAC, which includes representation from all health authorities.

The Physician Services Secretariat was active in the implementation of new Physician Master Agreement provisions related to the distribution of funds by health authorities under the MOCAP.



Dr. Abdul Halim (left) and Dr. Anwar Khan

“

The recruitment of doctors Khan and Halim marks a first and significant step as work continues to attract additional physicians to Ashcroft,” notes Maryann Simpson of Interior Health. “We couldn’t be happier.

”

MEMBER SOLUTIONS

Ashcroft Residents Welcome New Physicians

Residents of Ashcroft can sleep more easily thanks to the efforts of Health Match BC, which recently recruited two new physicians to this village of 1,800 on the Thompson River.

In the summer of 2008, Ashcroft and District General Hospital's last two physicians announced their resignations, sparking fears that residents would be left without access to emergency medical care. Like many rural communities, Ashcroft has found itself in a recruitment crunch as it deals with a country-wide shortage of general practitioners, the retirement of baby boomer physicians and competition from larger urban centres.

"The situation Ashcroft faced is not unusual for rural communities in B.C.," says John Mabbott, Executive Director of Health Match BC. "Our recruitment efforts offer these small communities the chance to attract qualified professionals both from within Canada and around the world."

As soon as Health Match BC was notified of the vacancies in Ashcroft, its experienced team of physician recruitment consultants used all of its resources to help fill the positions, including online job postings, social media networking, and overseas career fairs and physician information sessions. Working in partnership with Ashcroft's local recruitment committee and Interior Health, Health Match BC referred 15 physicians to the openings in Ashcroft. One of these was Dr. Anwar Khan, who arrived in town on November 17, 2008 to start his new job — less than three months after Ashcroft's previous physicians indicated their intention to resign. He was soon joined by Dr. Abdul Halim, who began work in April 2009.

The new physicians have been warmly welcomed by residents of Ashcroft and nearby Cache Creek, who contributed more than \$3,000 to the local physician recruitment committee and provided an apartment to help the two doctors move to the community.

"The recruitment of doctors Khan and Halim marks a first and significant step as work continues to attract additional physicians to Ashcroft," notes Maryann Simpson, Manager of Health Services for Ashcroft, Clinton and Logan Lake at Interior Health. "We couldn't be happier with our new doctors — or with the fantastic work done by Health Match BC."

As soon as Health Match BC was notified of the vacancies in Ashcroft, its experienced team of physician recruitment consultants used all of its resources to help fill the positions.

Services

- Promotion of employer vacancies
- Matching candidates to communities
- Facilitating contact between prospective candidates and employers
- Immigration, registration and licensing guidance
- Education, housing and spousal employment information for candidates
- Processing Provincial Nominee Program applications
- Recruitment strategy resources

Health Match BC

Health Match BC helps address the human resource challenges of the province's rural and urban communities and increases the visibility of British Columbia as a location of choice for physicians, registered nurses, hospital pharmacists and other allied health professionals. Its experienced consultants recruit on behalf of more than 100 healthcare facilities across the province. Health Match BC provides health employers with qualified candidates from within Canada and around the world, while facilitating health authority recruitment efforts. More information can be found at www.healthmatchbc.org.

Specific services that Health Match BC provides include:

- Promotion of employer vacancies online and through networking, advertising, conferences and career fairs
- Assessing qualifications and lifestyle interests to match candidates to communities
- Facilitating contact between prospective candidates and employers
- Immigration, registration and licensing guidance for candidates and communities
- Education, housing and spousal employment information for candidates
- Processing physician and registered nurse Provincial Nominee Program applications
- Recruitment strategy resources for B.C.'s health authorities and communities

2008 – 2009 Highlights

Physician Services: Health Match BC had its most successful year ever, filling 235 family practitioner and specialist physician vacancies in 2008 — a 15 per cent increase over the previous year. In addition, 46 applications from physicians for the Provincial Nominee Program were processed.

Pharmacist Services: Thirteen pharmacists were hired in 2008, bringing the total to 40 since Health Match BC expanded its portfolio to include hospital pharmacist recruitment in 2005.

Nursing Services: Health Match BC processed 170 applications from registered nurses for the Provincial Nominee Program in 2008 and continued to assist nurses through the Third Party Status CRNBC Registration project.

Communications

HEABC's Communications department oversees all internal, external and member information exchanges on behalf of the Board of Directors and HEABC's senior management.

Communications' areas of responsibility include:

- Strategic communications planning
- Issues management
- Communications support for bargaining
- Media management
- Government relations
- Web co-ordination and content management
- Internal communications
- Event planning and co-ordination
- Visual identity standards
- Internal and external publications, including newsletters and annual reports

2008 – 2009 Highlights

- **HEABC Annual Conference:** HEABC presented its 15th Annual Conference and AGM in June, 2008, with the theme of *Leading & Succeeding: Keeping Pace With the Changing Healthcare Workforce*. The conference was expanded to two days and, for the first time, included three concurrent education tracks.
- **Excellence in BC Healthcare Awards:** in conjunction with its annual conference, HEABC hosted the 2nd annual Excellence in BC Healthcare Awards, which recognize outstanding contributions to publicly funded healthcare.
- **Collective Bargaining Preparation:** HEABC Communications is currently developing and implementing a comprehensive communications strategy to support 2010 Bargaining.

Services

- Strategic communications planning
- Issues management
- Communications support for bargaining
- Media management
- Government relations
- Web co-ordination and content management
- Internal communications
- Event planning
- Visual identity standards
- Internal and external publications

Health Employers Association of British Columbia


Balance Sheet as at March 31, 2009

	2009	2008
	\$	\$
Assets		
Current assets		
Cash and restricted cash (Note 3)	1,410,668	1,582,361
Short-term investments (Note 2 [b])	27,853,470	20,922,687
Accounts receivable	199,638	655,973
Prepaid expenses	156,715	117,408
	29,620,491	23,278,429
Leasehold improvements and equipment (Note 4)	961,807	918,550
	30,582,298	24,196,979
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	1,897,193	1,748,522
Deferred contributions (Note 5)	24,520,691	18,364,495
	26,417,884	20,113,017
Tenant inducements	868,931	749,225
Retirement liability	321,409	354,775
	27,608,224	21,217,017
Net assets		
Net assets invested in leasehold improvements and equipment	961,807	918,550
Internally restricted net assets (Note 6)	642,996	438,765
Unrestricted net assets	1,369,271	1,622,647
	2,974,074	2,979,962
	30,582,298	24,196,979


Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statement. Complete Audited Financial Statements are available at the offices of HEABC or in the members' section of HEABC's website at heabc.bc.ca.

Commitments and contingencies (Note 9)

Approved by the Board



 Director



 Director

Health Employers Association of British Columbia

Statement of Revenues and Expenses year ended March 31, 2009

	2009	2008
	\$	\$
Revenues		
Government funding	10,713,489	10,454,490
Interest and other revenue	370,483	368,178
Benefits and administration fees (Note 8)	227,071	257,577
Member assessment	161,038	156,641
Annual general meeting/conference fees	100,519	84,765
Member training fees	63,635	20,063
Fee for service	8,037	5,059
	11,644,272	11,346,773
Funding from deferred contributions – operations (Note 5)	3,532,925	2,498,727
	15,177,197	13,845,500
Expenses		
Compensation and benefits	7,198,924	7,165,275
Rental – office and equipment	1,176,402	1,347,917
Legal and professional	987,439	799,722
Office, printing and reproduction	362,927	504,249
Travel and meetings	355,872	190,472
Staff training, research and memberships	203,451	162,283
Amortization	194,684	132,314
Annual general meeting/conference	169,399	170,553
Recruiting and relocation	153,751	92,744
Member training	96,641	11,373
GST – unrecoverable	87,171	98,895
Arbitration and hearing costs	45,596	23,767
Expenses from core operations	11,032,257	10,699,564
Physician services	1,729,917	1,072,932
Recruitment services – Health Match BC	1,531,815	1,503,869
Nurse policy section	408,103	292,473
Healthcare cross jurisdictional database	254,108	94,084
Pandemic preparedness	95,590	17,528
Care aide registry	53,298	—
Bill 29	41,240	370,527
Total expenses from operations	15,146,328	14,050,977
Excess (deficiency) of revenues over expenses from operations	30,869	(205,477)
Funding from deferred contributions – administrative (Note 5)		
Revenue	2,345,890	3,650,741
Expenses	2,345,890	3,650,741
	—	—
Excess (deficiency) of revenues over expenses	30,869	(205,477)

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statement. Complete Audited Financial Statements are available at the offices of HEABC or in the members' section of HEABC's website at heabc.bc.ca.

HEABC

Health Employers
Association of BC

Board of Directors

(left to right)

Alice Downing

Deanie Kolybabi

Glenn Sutherland



Betsy Gibbons

Fred Di Blasio

Michael Costello



Darrell Burnham

Howard Johnson

Al Jina



Valerie St. John

Robin Ciceri



HEABC Board of Directors 2008 – 2009

Health Authority Representatives

Alice Downing, HEABC Board Chair
Director, *Northern Health*

Deanie Kolybabi
Director, *Fraser Health*

Glenn Sutherland
Director, *Interior Health*

Betsy Gibbons
Director, *Provincial Health Services Authority*

Fred Di Blasio
Director, *Vancouver Coastal Health*

Michael Costello
Director, *Vancouver Island Health Authority*

Provincial Representatives

Affiliate Care Provider:

Darrell Burnham, HEABC Vice-Chair
Executive Director, *Coast Foundation Society*

Denominational Care Provider:

Howard Johnson
President and CEO, *Baptist Housing Ministries*

Proprietary Care Provider:

Al Jina
President, *Park Place Seniors Living*

Government Representatives

Valerie St. John
Assistant Deputy Minister,
Human Resources Strategic Planning,
Ministry of Health Services

Robin Ciceri
CEO, *Public Sector Employers' Council Secretariat*

HEABC Strategic Goals 2009 – 2010

1. Excellence in Labour Relations
2. Contribute to Sustainable Human Resources in Healthcare
3. Constructive Relationships with Members, Government, Unions and the Public
4. Operational Excellence

Vision

To excel in leadership, expertise, collaboration and innovation in health system labour relations and human resource practices.

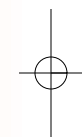
Mission

The Health Employers Association of British Columbia provides professional, accountable labour relations, human resources and related services that contribute to sustainability, innovation and service excellence in healthcare.

Values

HEABC believes in:

- An accountable organization that conducts its affairs with integrity in an environment of mutual respect in all of its relationships.
- The highest possible quality healthcare guided by the needs of members within the government's strategic and financial priorities.
- Working co-operatively and constructively with healthcare employers, government and unions.



HEABC

Health Employers
Association of BC

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