



HEABC

HEALTH EMPLOYERS
ASSOCIATION OF BC

new beginnings

Annual Report 2011-2012

Vision, Mission, Values and Strategic Objectives

Vision:

The leader of strategic human resources in health care.

Mission:

To deliver expertise and innovation in human resources to health care in British Columbia.

Values:

At HEABC, we believe in:

- Integrity
- Respect
- Leadership
- Courage
- Excellence
- Teamwork

Strategic Objectives:

1. Ensure financial sustainability for HEABC services.
2. Create and deliver services that align with and support the priorities and goals of the provincial human resources framework, its customers and the BC health care system.
3. Enhance the value of HEABC's role to the membership, potential membership and government.
4. Implement systems, programs and services that support strategic human resources in BC's health sector.
5. Build a culture of accountability and continuous improvement.
6. Create and sustain a high performance organization.



About HEABC

The Health Employers Association of British Columbia (HEABC) coordinates the human resource and labour relations interests of more than 270 publicly funded health care employers in British Columbia. HEABC represents denominational, proprietary and affiliate health employers, as well as the province's six health authorities.

HEABC is also the accredited bargaining agent for most publicly funded health employers in the province. HEABC negotiates five major provincial agreements covering more than 100,000 unionized health care employees. These agreements cover nurses, health science professionals, physician residents and support workers in both facilities and community settings.

HEABC takes a provincial leadership role in strategic planning related to human resources and labour relations issues management for BC's publicly funded health employers. Through collective bargaining and other industry initiatives, HEABC endeavours to build constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its membership.

HEABC's structure consists of two functional vertical dimensions that are centred around the services that HEABC delivers:

- Strategic Negotiations & Contract Administration
- Knowledge Management & Education Services

Three horizontal dimensions focus on the needs of HEABC members and stakeholders as they relate to these core services:

- Health Authority Services
- Affiliate Services
- Special Projects

Legal Services meets the ongoing strategic, litigation and interpretation challenges in health human resources by providing legal advice and representation.

Also part of HEABC are Health Match BC, which recruits physicians, registered nurses and allied health professionals on behalf of BC's publicly-funded health care facilities, and the Physician Services Secretariat, which provides support to the Ministry of Health's Medical Services and Health Human Resources divisions and to the health authorities in the areas of physician compensation, negotiations, and contract administration.

HEABC's office is located in Vancouver, BC.

For additional information, visit www.heabc.bc.ca.

Message from Betsy Gibbons, Board Chair

It has been a year of transition and new beginnings at HEABC. In June 2011 following the annual general meeting, I was pleased to be elected to Board Chair after serving as a Board Director for three years. HEABC's Board also welcomed several new members, who have made valuable contributions in the past several months: Dale Bumstead, representative from Northern Health; Robert Forrest, who represents Fraser Health; Catherine Kohm, the Affiliated Care representative; and most recently, Lucas Corwin from the Public Sector Employers' Council, who is one of two government representatives on the Board.

In July 2011, we were pleased to have Michael Marchbank join the organization as President & CEO. Under Michael's leadership, the organization underwent a successful transformation in the fall of 2011 and is now operating under a matrix-based structure, which should ensure greater cross-functionality between our teams so that we can continue to enhance and improve services that are of the greatest value to our members, government and the BC health care system. I would also like to acknowledge the hard work and extensive preparation by Michael and the rest of the senior leadership team as we entered into another challenging round of negotiations this year.

As you may recall, our 2010-2011 Annual Report focused on our progress in meeting the strategic objectives that we developed in late 2009. Since



that time, there has been a change in leadership, the implementation of a new organizational structure and of course the continual evolution of BC's health system. As such, it is now time for the organization to develop new strategic objectives and organizational goals to ensure that we continue to align HEABC with the needs of our member organizations and government, and that we continue to contribute positively to the future of BC's health system. To this end, HEABC's Board will be meeting in the fall of 2012 for a strategic planning session to develop these goals and objectives, which we hope to announce to our members soon after.

On a final note, it is my great privilege to be part of the celebration of the many successes and heroes in health care each year at the *Excellence in BC Health Care Awards* (www.BCHealthCareAwards.ca). You will find information about last year's winners and event on page 11 of this report and I hope to see many of you at this year's awards luncheon on June 25. It never fails to be an inspiring event, and is always an honour to see so many deserving individuals being saluted for their commitment and dedication to improving health care for the people of British Columbia.

A handwritten signature in black ink that reads "Betsy Gibbons". The signature is written in a cursive, flowing style. A decorative green line with a leaf-like shape at the end extends from the bottom of the signature.

Betsy Gibbons
Board Chair

Message from Michael Marchbank, President & CEO

It was my pleasure to join HEABC in July 2011. Having been involved in BC's health care system for many years, I came on board with a great amount of respect for the work that is done by HEABC and for its staff.

After getting oriented by meeting with staff members and key external stakeholders, including affiliate and health authority members, government and the Healthcare Benefit Trust, the organization embarked on a restructuring last fall to better position HEABC to continue to provide leadership in our core areas:

negotiations and knowledge management. It is a more adaptive structure, designed to enhance and improve our services now and over time. We have now settled in to our new structure, and while there is still some work to be done, we are already seeing it benefit our members, staff and other stakeholders.

In the months since joining the organization, and through the conversations with our staff and stakeholders, we have identified some priorities for the organization. Our first priority, of course, is negotiations. When I arrived at HEABC, preparations for 2012 bargaining were already underway. In the fall of 2011, Government announced the mandate for 2012 public sector negotiations. The cooperative gains mandate provides public sector employers with the ability to negotiate modest wage increases made possible by productivity improvements within existing budgets and through changes to collective agreements. With this mandate framing negotiations, HEABC's bargaining efforts have been focused on achieving system sustainability while ensuring that care for patients remains at the forefront.



The employers' bargaining objectives were developed in consultation with our members and government. As such, the key strategic goals for this round of bargaining were to ensure collective agreements provisions align with and contribute to the overall health system objectives, and to ensure sustainability of the health system.

Another priority area for HEABC is enhancing our knowledge and data sharing services. We have developed significant expertise through our costing exercises related to the collective agreements and believe this knowledge and expertise can add

much value to BC's health system. Labour relations and human resources in health care have become increasingly complex and the ability to collect and utilize data to facilitate informed decision-making is essential.

Needless to say it has been an incredibly busy year and I would like to thank HEABC's Board and staff for their outstanding support. Their commitment and efforts have been key to our many accomplishments and achievements. I would also like to thank our members for their support and participation in many of our initiatives including bargaining preparation, representation on our employer bargaining teams, Health & Safety in Action, and many other committees and working groups.

I look forward to the year ahead where we will continue to work collaboratively with all who care about health care in our province and support our members in delivering the best possible service to the people of British Columbia.

A handwritten signature in black ink, appearing to read 'Michael Marchbank'. The signature is fluid and cursive, written over a white background.

Michael Marchbank
President & CEO

New Organizational Structure

In the fall of 2011, HEABC implemented a matrix structure as the first step of several in the process of shifting from a traditional hierarchical organization to a more collaborative one. It was a logical evolution of HEABC that allows improved delivery of core services to members and other stakeholder groups. The structure is centred around two functional vertical lines – one responsible for bargaining, labour relations, compensation, arbitration and occupational health and safety (OH&S) and the other responsible for knowledge management, research, non-contract compensation and education services. Three horizontal dimensions – Health Authority Services, Affiliate Services and Special Projects – focus on the needs of members and stakeholders as they relate to these two functional vertical lines. Another area, Corporate Services, provides internal services such as finance, administration, human resources and information technology. Communications, Legal Services, the Physician Services Secretariat and Health Match BC did not change in structure and continue to report directly to the President & CEO.

Core Service Areas:

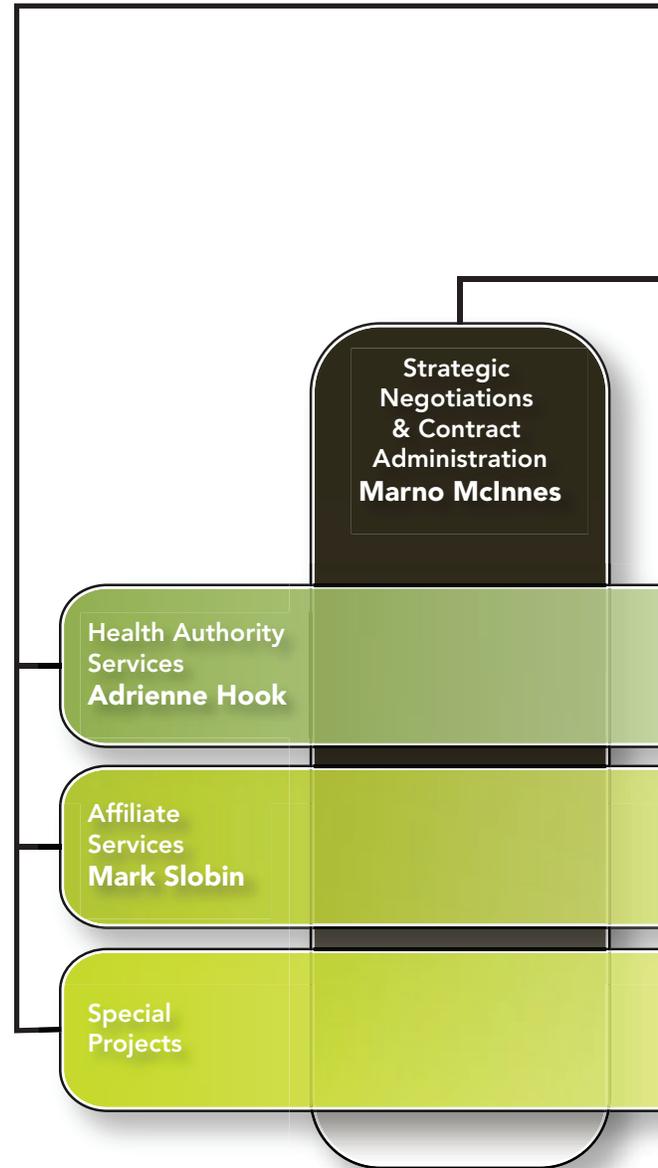
Strategic Negotiations & Contract Administration

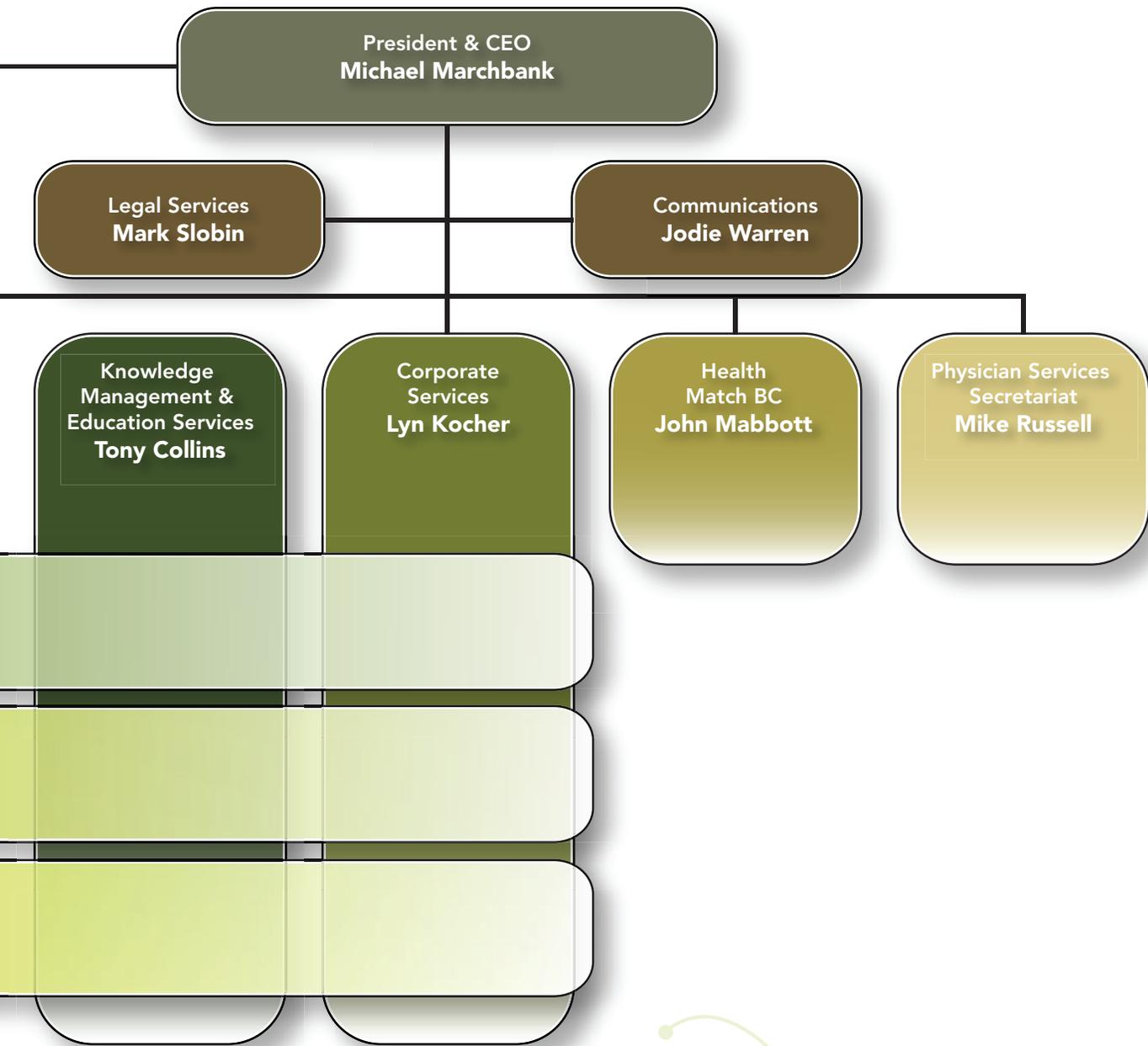
This area is responsible for negotiating and administering the industry's five major provincial collective agreements which cover more than 100,000 unionized health care employees. The department strategically negotiates agreements that will support health care service delivery over the longer term. Its strategy is informed by the latest demographic and labour market data, as well as projected labour relations and operational challenges in health service delivery. It requires the formation and maintenance of strategic, consultative and collaborative relationships

with both health employers and union representatives—relationships that engage industry stakeholders in finding long-term, effective solutions to industry labour relations problems. HEABC's ongoing collective agreement administration efforts also serve to guide and inform future rounds of negotiations.

Knowledge Management, Research, Non-contract Compensation & Education

This area provides leadership and support to further HEABC's role as a knowledge organization. Acting as the centre of BC's health sector human resource data, it adds value by providing human resource data management, analysis, labour costing and human





resource forecasting to members and stakeholders. During bargaining, KM & Research develops detailed costings of collective agreement settlements and researches inter-provincial data for the most up-to-date information.

This area also provides non-contract compensation services that give advice regarding appropriate compensation levels for management and excluded staff employed by members. The area's education services offer professional leadership and management education services as well as labour relations and human resource publications to assist member managers in meeting day-to-day employee relations issues.

Horizontal Service Delivery Areas:

Health Authority & Affiliate Services

Drawing on the extensive expertise from HEABC's two core service areas, the Health Authority Services and Affiliate Services teams deliver sustainability, innovation and service excellence to BC health care organizations through the coordination of human resource and labour relations services. Services include human resource and labour relations assistance, OH&S consultation, third party representation, disability management and job classification.

Operational Achievements

Bargaining 2012 underway

After close to a year of preparation, which saw HEABC consulting with members and government to identify specific priorities for each table and some overarching priorities for health sector negotiations, discussions with unions formally began in early 2012. Talks with the Community and Nurses bargaining associations began in January, followed by Facilities and Health Science Professionals in February. Talks with the Professional Association of Residents are ongoing.

For this round of negotiations, a cross-section of member representatives from operations, service delivery and human resources geographically represent our diverse membership at the bargaining table. HEABC staff ensure continuity and bring appropriate subject matter expertise to each team. Guiding 2012 health sector bargaining are three overarching goals:

- To reach collective agreements that fall under the cooperative gains mandate set by government (see sidebar) with the five bargaining associations without any disruption in service.
- To make changes to the collective agreements that align with and contribute to the overall health system objectives.
- To ensure the agreements contribute to the sustainability of the health system.

At time of printing, negotiations were ongoing at all tables.

Cooperative Gains Mandate

In the Throne Speech in the fall of 2011, Government introduced the cooperative gains mandate for 2012 negotiations, which set up a process for working with ministries and employer groups to find savings through collective agreement changes or through improved workflow practices and processes that will reduce costs.

The cooperative gains mandate is a framework for health authorities to identify opportunities that fall within their managerial rights to achieve efficiencies and cost reductions. Similarly, this mandate allows bargaining associations to contribute through changes to the collective agreements that achieve a comparable level of efficiencies and cost reductions and/or savings.

There is no additional funding provided by Government under the cooperative gains mandate. Any costs associated with negotiated improvements will need to be offset with equivalent cost reductions and/or savings generated by the employer and matched by the bargaining associations.

Collective agreements reached under the cooperative gains mandate must not add pressure to Government's bottom line, must not add costs for taxpayers and ratepayers, and must not sacrifice services to British Columbians.

Essential Services

During collective bargaining, under Section 72 of the Labour Relations Code, health employers are required to establish essential services levels in the event of job action.

For 2012 bargaining, HEABC developed an online tool that allows members to create essential services plans in the format accepted by the Labour Relations Board (LRB). The tool collects and stores essential services information so that essential services plans can be developed quickly and efficiently. It largely replaces the need to become familiar with the essential services handbook as many of the guiding principles have been incorporated into the new database. Feedback on the new tool has been favourable and it will continue to evolve for use in future rounds of bargaining.

Health Match BC helps to bring family doctors to underserved communities

In 2011, Health Match BC arranged 218 physician matches. Of these, family physicians (106) formed the single largest group – more than half (57) went to underserved remote communities while the remainder went to underserved regional urban communities such as Abbotsford, Kelowna and Nanaimo. Of the 111 specialists placed, the majority selected urban centres; still 35 per cent (39) chose to serve rural communities.

By December 2011, about 2,200 physician candidates had registered for assistance; 400 of whom were referred to the 800 health authority vacancies posted throughout the year. More than 1,500 referrals were made in 2011, on average four per physician.

In the area of nursing and allied health services, during the 2011 calendar year Health Match BC processed 2,723 new applications from registered nurses globally. Of these, 73 were rejected as ineligible for licensure. Most were general duty international educated nurses (IENs), currently not a priority for health authority recruitment. Health Match BC referred 234 registered nurses (RN) with specialty training and readiness to relocate to health authorities in rural areas with expressed needs. As well, 101 BC-based RN students were registered for assistance in finding employment upon graduation.

Health Match BC:
Addressing the human resources challenges of the province's rural and urban communities:
(from left) Catherine Omueti, Jacqueline McGuire, Margaret Kennedy, Daisy Sahota.

BC Care Aide and Community Health Worker Registry has more than 39,000 registered

Launched in January 2010, the BC Care Aide and Community Health Worker Registry, led by Health Match BC, has surpassed its goal to register 25,000 care aides and community health workers in publicly funded facilities with more than 40,000 currently registered. New graduates of health assistant training programs in BC are the primary source of new registrations. Further registrations must now meet new competency requirements. Discussions are underway with stakeholders to implement a new health assistant training curriculum and assessment process for out-of-province applicants. An industry advisory committee including health employer, union and government representation has also been established.

As of January 30, 2012 there were 80 cases of alleged abuse reported with 45 cases resulting in an employee's termination. In 31 cases of termination, a registry-appointed investigator was requested – 25 cases were completed and led to the permanent deregistration of six employees, while 19 were deregistered until conditions (e.g. further education) are met. The remaining six are deregistered until their investigations are completed.



Operational Achievements Continued

Special Projects launched through new matrix structure

HEABC has been active in a number of special projects this past year. Some of these initiatives were aimed at improving internal processes while others had a more external focus. All projects, however, had the shared goal of increasing the organization's operational efficiency and effectiveness as part of HEABC's ongoing effort to improve services and add value to its membership.

The **Human Resources Policies & Practices Review (HRPPR)** project team, launched in the summer of 2011, reviewed how HEABC can better operationalize its human resource function in order to maximize its value as a knowledge-based organization. Among the objectives were to enhance HEABC's HR function through revisions to current policies or practices or through the creation of new policies and practices and to ensure alignment with the rest of the health sector. A second objective was to review the current policy review/development and administration processes and to make recommendations for improvement. The project is now completed and recommendations have been reviewed and approved by HEABC's senior leadership team and Board of Directors. Implementation of the recommendations is expected to be completed by mid-2012.

The **Labour Relations & Negotiations Information Access (LRNIA)** project team was formed in August 2011 to review, assess and improve the management of organizational knowledge relating to labour relations and collective agreement matters to enable HEABC consultants to provide the best possible advice to members. The project focused on reviewing current business processes and practices for capturing, filing, searching, retrieving and retaining labour relations file materials. The team also assessed the performance of these current practices. Following the review and assessment, the project team submitted recommendations for improvement to HEABC's leadership team. These recommendations outlined enhanced business processes, policies and guidelines for efficient and effective management of labour relations file materials. The recommendations were approved by HEABC's leadership with implementation to take place following the conclusion of bargaining.

Part of LRNIA is the Records Retention Committee, which has been reviewing the length of time HEABC's documents (e.g., meeting minutes, administrative files,

case files, inventory logs, essential services plans, etc.) should be stored. The project goal is to dispose of the majority of unnecessary offsite storage and eliminate unnecessary costs.

The **Essential Services** project team developed an online tool to assist members in creating essential services plans in the format accepted by the Labour Relations Board (LRB). This tool largely replaced the need to refer to the essential services handbook as many of the guiding principles were incorporated into the new database.

Health & Safety in Action (HSIA) projects up and running

All four HSIA projects were implemented in early 2011. A fifth initiative, absence notification, launched in the spring of 2012. During the first year of implementation, the project has determined best practices for safe patient handling in residential care; rolled out a provincial curriculum for violence prevention at pilot sites; implemented a provincial health sector database and workplace health call centre; and improved data quality, management and employee reporting systems for incidents and injuries. Absence notification will enhance absence tracking and enable early intervention to reduce the number of employees who access long-term disability (LTD). All current initiatives are within budget and are scheduled for completion between mid-2012 and early 2013.

Detailed business cases endorsed by the HSIA Steering Committee and health authority Chief Financial Officers show the HSIA Project and underlying initiatives are sustainable, drive ongoing value and deliver significant broader health care goals. Initiatives are now on their way to delivering the direct return on investment defined in each business case by 2015. As each initiative is completed, the next step is to measure benefits, assess outcomes and leverage foundational infrastructure to help foster a culture of safety and drive further benefit.

This initial investment by WorkSafeBC (WSBC) into provincial health, safety and disability management initiatives focused largely on foundational initiatives to improve workplace health and safety. Further investments into HSIA projects are subject to decision by the funding partners (WSBC, Healthcare Benefit Trust and HEABC), health authorities, Providence Health Care and the HSIA Steering Committee.

Enhanced Disability Management Program (EDMP) introduced for Nurses and Health Science Professionals

EDMP is being jointly implemented by the Nurses' Bargaining Association (NBA), the Health Science Professionals Bargaining Association (HSPBA) and HEABC. Program goals include early, safe return to work and a corresponding reduction in long-term disability (LTD) premiums and sick leave utilization.

The program is governed by a joint Provincial Steering Committee which includes representatives from the NBA, HSPBA, HEABC and all health authorities. This marks the first time that a collaboration of this nature – between two bargaining associations and employers – has taken place in BC's health sector. The Provincial Steering Committee held its first meeting in April 2011, then the parties traveled around the province to introduce the program to health authority staff and union stewards in April and May 2011.

Disability management for affiliates launched

Affiliate Services continues to work with the eight long-term care facilities collaborating to share a disability management advisor under contract with HEABC. The project commenced in February 2011 and is currently focusing on implementing a key metrics report to track progress with each of the employers. Initial feedback from employers regarding the value of the project is positive.

Affiliate Services has also met with the affiliate Enhanced Disability Management Program (EDMP) advisory group and union representatives to discuss how the EDMP for Nurses and Health Science Professionals will be implemented for affiliate employers. Unions and employers agreed that minor changes are required to ensure affiliate organizations, which typically lack internal HR resources, can carry out the requirements of the program.

Longstanding grievances resolved by Health Authority Services

In October 2011, HEABC helped to facilitate a resolution to a number of longstanding grievances between Interior Health and the BC Nurses' Union.

Originally, the union had filed over 120 grievances relating to rate of pay with some seeking years of back pay. After more than 18 months of discussions, a resolve was reached during mediated sessions with Arbitrator Vince Ready at HEABC. All but 53 grievances were dismissed, and of these 53, just 31 were placed at the rate of pay originally sought for all grievors by the union.

Affiliate Services: Providing practical and strategic consultation to member employers: (from left) Joyce Ng, Kevin Commerford.



Operational Achievements Continued

Physicians Services Secretariat focuses on Physician Master Agreement negotiations

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). Staff also provide support to various joint committees established under the PMA.

In 2011, PSS staff allocated significant time towards provision of direct and indirect support to the Ministry of Health (MoH) in respect of negotiations for a renewed PMA. PSS developed and implemented two formal learning sessions related to contract law and dispute resolution processes for health authority and MoH staff working in physician contracts, compensation and medical administration. The learning sessions were well received and further courses are under development for implementation in 2012.

Legal Services team successful in numerous cases

Legal Services provides a broad range of legal services including providing legal opinions, advice and strategies on health sector labour relations matters, and acting as counsel in a variety of hearing forums on cases whose outcome has industry impact.

Highlights from the past year include advocacy before the Labour Relations Board and successfully representing the industry in arbitrations concerning the interpretation of the collective agreements. The latter include the interpretation of Appendix Q of the Nurses Collective Agreement regarding premium pay for working in the emergency department, whether compassionate leave is prorated under the Facilities Collective Agreement and whether the employer must pay Municipal Pension Plan contributions for an employee on unpaid leave under the Health Sciences Professionals Collective Agreement. The Legal Services team has also been taking a lead role in the essential services and strike planning process.



Legal Services: Providing legal opinions, advice and representation: (from left) Jennifer Lamont, Ilan Burkes, Kaedra Kirilenko, Mark Slobin.

The 5th Annual Excellence in BC Health Care Awards recognizes heroes in health care

The *Excellence in BC Health Care Awards* is an annual gathering of BC's health care industry to applaud the efforts of those dedicated individuals and teams that work so hard to improve our health care system and provide exceptional care and quality health services to the people of British Columbia.

Emceed by CTV's Dr. Rhonda Low, the 2011 awards took place in Vancouver on June 20. Among those acknowledged were a director who developed an initiative to help children and their families receive treatment for mental health and substance abuse; a medical director who expanded a local geriatric program health authority-wide; and a program manager in a remote BC community whose collaborative efforts helped bring together mental health clients with caregivers and professionals. Projects and teams were also recognized. For example, BC Cancer Agency's Chemo SmartBook project took the top award in the Top Innovation – Health Authority category for its work in substantially reducing waitlist times.

Glenda Phillips of Bella Coola General Hospital was the Provincial Health Care Hero for 2011, recognized for her tireless efforts in improving seniors care with limited resources in a remote area of the province.

Thank you to the sponsors, judges and to members who submitted nominations. To learn more about the 2011 winners and for more information, visit www.BCHealthCareAwards.ca, www.twitter.com/BCHealthAwards or www.facebook.com/BCHealthCareAwards.

In all, 12 Gold Apples were presented to the following teams and individuals at the June 20 luncheon:

Top Innovation – Affiliate

Providence Health Care – Partners in Care, Rapid Access to Consultative Expertise (RACE) project

Top Innovation – Health Authority

BC Cancer Agency – Chemo SmartBook project

Workplace Health Innovation

Vancouver Coastal Health & Vancouver Island Health Authority – Safety Coaching project

Collaborative Solutions

Northern Health – RoadHealth project

Provincial Health Care Hero & Health Care Hero – Affiliate

Glenda Phillips, Manager, Home & Community Care (Bella Coola General Hospital)

Health Care Hero – Affiliate

Carole Clark, Programs Manager, Mental Health Services (Bella Coola General Hospital)

Health Care Hero – Fraser Health

Cindy Gagne, Recreational Therapist Supervisor (Langley Memorial Hospital)

Health Care Hero – Interior Health

Debbie Morgan, Team Leader, Public Health Nursing (Interior Health)

Health Care Hero – Northern Health

Loretta Robinson, Manager, Medical Imaging Manager (Prince Rupert Regional Hospital)

Health Care Hero – Provincial Health Services Authority

Dr. Connie Coniglio, Director, Health Literacy & Clinical Director, Provincial Specialized Eating Disorders Program for Children & Adolescents and the Provincial Mental Health Metabolic Program (BC Mental Health & Addiction Services)

Health Care Hero – Vancouver Coastal Health

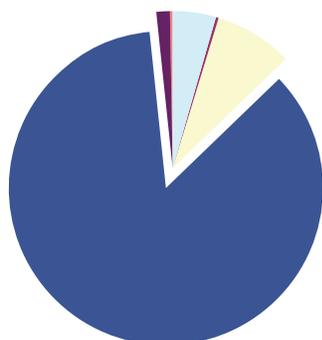
Amanda Brown, Director, Re:Act Adult Abuse & Neglect Response Resource (Vancouver Coastal Health)

Health Care Hero – Vancouver Island Health Authority

Dr. Marilyn Bater, Medical Director, Older Adult Mental Health & Geriatrics (Vancouver Island Health Authority)

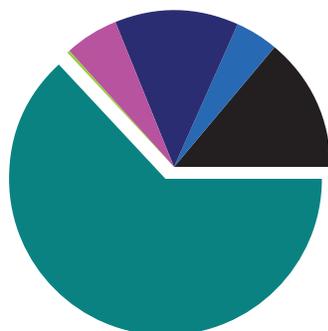
Full-Time Equivalents by Bargaining Table

Facilities Table FTEs by Union



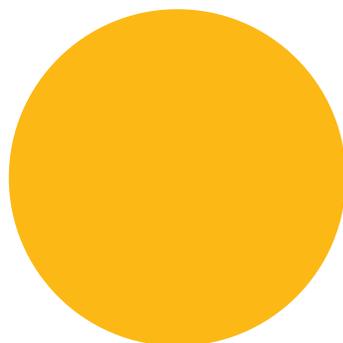
Union	FTEs	%
BCGEU	1,508	4.62%
BCNU	107	0.33%
CUPE	2,570	7.88%
HEU	27,975	85.76%
IUOE	409	1.25%
PPWC	43	0.13%
USWA	9	0.03%
Total	32,621	100.00%

Community Table FTEs by Union



Union	FTEs	%
BCGEU	5,663	63.17%
BCNU	8	0.09%
CLAC	23	0.25%
CUPE	498	5.55%
HEU	1,152	12.85%
HSA	389	4.34%
UFCW	1,233	13.75%
Total	8,965	100.00%

Residents Table FTEs by Union

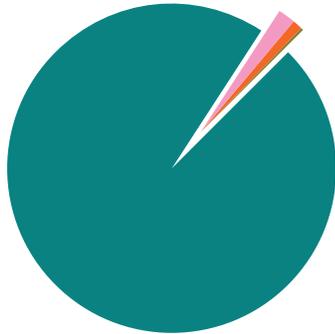


Union	FTEs	%
PAR-BC	1,048	100.00%
Total	1,048	100.00%

Notes:

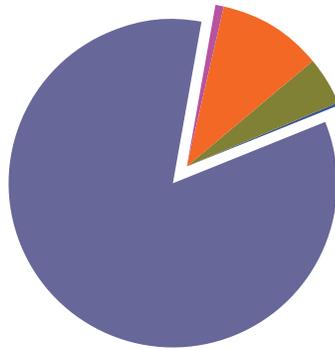
1. FTEs reflect data as reported in HSCIS 2011-Q4 & Web entry except for EHSC CUPE, BCGEU and BCNU FTEs. No adjustments made to account for non-reported FTEs.
2. EHSC CUPE, BCGEU and BCNU FTEs are based on data provided by EHSC.
3. The following unions have active certifications in the HEABC membership database, but are not shown in the graphs: Community – CAW, USWA, PEA (not reported in HSCIS); Facilities – IBEW, IUPAT, UAPP, UBCJA (less than 1 FTE reported in HSCIS).
4. Where a union was reported incorrectly in HSCIS, the total FTEs were redistributed proportionately to the other unions reported in HSCIS.

Nurses Table FTEs by Union



Union	FTEs	%
BCGEU	6	0.03%
BCNU	22,279	96.71%
CLAC	1	0.00%
HSA	484	2.10%
UPN	268	1.16%
Total	23,038	100.00%

Health Sciences Table FTEs by Union



Union	FTEs	%
BCGEU	1,271	10.55%
CUPE	555	4.61%
HEU	22	0.18%
HSA	10,139	84.10%
PEA	68	0.56%
Total	12,056	100.00%

Legend

- | | | | |
|-------|--|--------|---|
| BCGEU | BC Government and Service Employees' Union | PAR-BC | Professional Association of Residents of British Columbia |
| BCNU | British Columbia Nurses' Union | PEA | Professional Employees Association |
| CLAC | Christian Labour Association of Canada | PPWC | Pulp, Paper, & Woodworkers of Canada |
| CUPE | Canadian Union of Public Employees | UFCW | United Food and Commercial Workers Union |
| HEU | Hospital Employees' Union | UPN | Union of Psychiatric Nurses |
| HSA | Health Sciences Association of BC | USWA | United Steelworkers of America |
| IUOE | International Union of Operating Engineers | | |

Source: Health Sector Compensation Information System (HSCIS) 2011-Q4.

Health Employers Association of British Columbia

Statements of operations and accumulated surplus

years ended March 31, 2012 and March 31, 2011

	2012 Budget \$ (Unaudited)	2012 Actual \$	2011 Actual \$ (Restated)
Revenues			
Government funding	10,503,215	10,503,215	10,503,215
Benefits and administration fees	100,000	190,214	237,342
Member assessment	225,000	235,292	185,825
Interest and other revenue	120,000	222,209	150,340
Fee for service	100,000	51,837	42,165
	11,048,215	11,202,767	11,118,887
Funding from deferred contributions - operations	4,177,163	3,397,427	3,741,603
	15,225,378	14,600,194	14,860,490
Expenses			
Strategic negotiations and contract administration	4,769,366	4,031,312	4,241,129
Knowledge management and information technology	2,500,084	2,648,521	2,181,049
Legal services	1,175,591	872,183	786,136
Executive services and board governance	824,217	647,664	655,725
Finance and administration	694,853	762,000	658,361
Communications	540,527	589,964	562,666
General	225,000	416,553	447,781
Expenses from ongoing operations	10,729,638	9,968,197	9,532,847
Contracted operations			
Recruitment services - Health Match BC	2,020,000	2,338,597	2,361,997
Physician services	1,693,500	1,028,500	1,078,850
Health cross jurisdictional labour relations database	553,663	608,789	876,985
Care aide registry	250,000	183,321	191,081
Pandemic preparedness	-	142,859	242,138
Total expenses from contracted operations	4,517,163	4,302,066	4,751,051
Total expenses from operations	15,246,801	14,270,263	14,283,898
(Deficiency) surplus of revenues over expenses	(21,423)	329,931	576,592
Accumulated surplus, beginning of year		2,856,983	2,280,391
Accumulated surplus, end of year		3,186,914	2,856,983

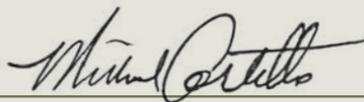
Health Employers Association of British Columbia

Statements of financial position

as at March 31, 2012, March 31, 2011 and April 1, 2010

	March 31, 2012	March 31, 2011	April 1, 2010
	\$	\$	\$
		(Restated)	(Restated)
Financial assets			
Cash	819,677	332,320	1,109,806
Short-term investments	11,527,560	13,183,208	14,720,885
Accounts receivable	567,986	418,883	172,149
	12,915,223	13,934,411	16,002,840
Liabilities			
Accounts payable and accrued liabilities	1,458,796	1,611,246	1,895,727
Deferred contributions	8,011,022	9,328,943	11,689,390
Tenant inducements	774,688	803,910	842,428
Retirement liability	274,575	292,009	291,396
	10,519,081	12,036,108	14,718,941
Net financial assets	2,396,142	1,898,303	1,283,899
Non-financial assets			
Tangible capital assets	717,815	822,917	883,164
Prepaid expenses	72,957	135,763	113,328
	790,772	958,680	996,492
Accumulated surplus	3,186,914	2,856,983	2,280,391

Approved by the Board



Director



Director

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 www.heabc.bc.ca.

Board of Directors



Betsy Gibbons
Glenn Sutherland
Robert E. Forrest



Dale Bumstead
James C. Hsieh
Michael Costello



Catherine Kohm
Howard Johnson
Susan Emmons



John Bethel
Lucas Corwin



HEABC Board of Directors 2011 - 2012

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Provincial Health Services Authority Representative

Glenn Sutherland, Vice-Chair
Interior Health Representative

Robert E. Forrest
Fraser Health Representative

Dale Bumstead
Northern Health Representative

James Hsieh
Vancouver Coastal Health Representative

Michael Costello
Vancouver Island Health Authority Representative

Provincial Representatives

Catherine Kohm
Executive Director, Haro Park Centre
Affiliated Care Provider Representative

Howard Johnson
CEO, Baptist Housing Ministries
Denominational Care Provider Representative

Susan Emmons
Executive Director, Northcrest Care Centre
Proprietary Care Provider Representative

Government Representatives

John Bethel
Chief Administrative Officer (CAO), Associate Deputy Minister
Ministry of Health

Lucas Corwin
Acting Assistant Deputy Minister, Labour Relations
Public Sector Employers' Council

HEABC

HEALTH EMPLOYERS
ASSOCIATION OF BC

200 - 1333 West Broadway
Vancouver, BC V6H 4C6
T 604.736.5909
F 604.736.2715

www.heabc.bc.ca