

HEABC

HEALTH EMPLOYERS  
ASSOCIATION OF BC

2013 - 2014  
Annual Report



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# Table of Contents

Our Vision, Mission & Values	4
About Us	5
HEABC Members	6
Message from the Board Chair	8
Message from the President & CEO	9
Bargaining 2014	10
Essential Services	13
2013-2016 Strategic Plan	14
Contract Implementation Support	16
Affiliate Services	18
Education Services	19
Knowledge Management	20
Cases of Note	21
BC Care Aide & Community Health Worker Registry	24
Physician Services Secretariat	25
Health Match BC	26
Excellence in BC Health Care Awards - Hero	28
2013 Excellence in BC Health Care Award Winners	29
Enhanced Disability Management Program	30
Influenza Immunization Policy	31
Health and Safety in Action	32
Third-Party Boot Camps	33
FTEs by Bargaining Table	34
Financials	36
2013/14 Board of Directors	38

# Our Vision, Mission & Values

## VISION

A knowledge organization that stimulates innovation in BC health human resources and contributes to the sustainability of the health care system.

## MISSION

We are trusted advisors to our members and government. Using our information and knowledge, we aim to improve health human resources by:

- Delivering high-quality labour relations services
- Advancing system-wide health human resources productivity and efficiencies through the use of evidence
- Building an engaged and skilled organization attuned to members' needs and committed to providing excellent service

## VALUES

At HEABC, we believe in:

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

# HEABC

## Health Employers Association of BC

## About Us

The Health Employers Association of British Columbia (HEABC) coordinates the human resource and labour relations interests of 250 publicly funded health care employers in British Columbia. HEABC represents non-profit, denominational and proprietary health employers, as well as the province's six health authorities.

### Governance

HEABC is governed by a Board of Directors. The Board includes a cross-section of members representing the province's health authorities, non-profit care providers, denominational and proprietary care providers, as well as the provincial government.

HEABC is also a member of the Public Sector Employers' Council (PSEC) Secretariat, which coordinates the management of labour relations policies and practices in the larger public sector. Under the *Public Sector Employers Act*, HEABC coordinates compensation, benefits administration, human resource practices and collective bargaining on behalf of the diverse range of BC's health care employers.

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 builds constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its members.

The organization is centered around two key teams that deliver HEABC's core services:

**Strategic Negotiations** is responsible for bargaining, labour relations, compensation/classification, arbitrations, legal services and occupational health and safety

**Knowledge Management & Education Services** is responsible for research and data management, non-contract/executive compensation and member education

Within these teams, three branches – Health Authority Services, Affiliate Services and Labour Relations – focus on the needs of HEABC members and stakeholders as they relate to these core services.

Providing support and service to the entire organization are a Communications team and the Corporate Services team, which is responsible for information technology, human resources, finance and administration.

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.

For additional information, visit [heabc.bc.ca](http://heabc.bc.ca)

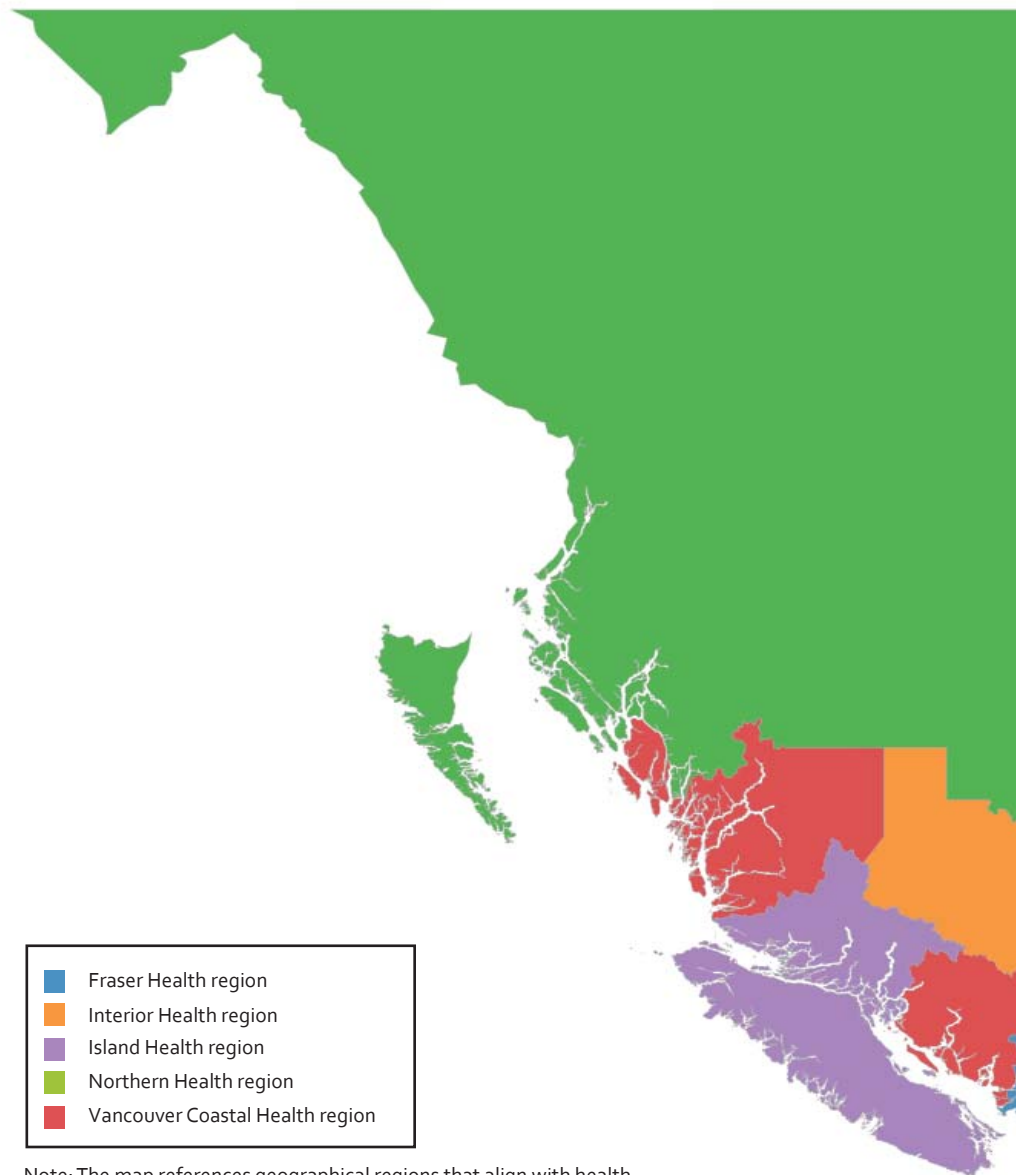
# HEABC Members

## Our Members

HEABC represents 250 health care employers across the province ranging in size from large health authorities with thousands of employees who provide a wide range of health care services at dozens of facilities and sites, to small operators who focus on one service area and have fewer than 25 employees.

HEABC members provide a wide range of health care services spanning the continuum of care, from mental health outreach services and public health promotion and prevention, to acute care services in hospitals and clinics, and care for seniors and others who require long-term care in residential settings.

For membership inquiries please email [contact@heabc.bc.ca](mailto:contact@heabc.bc.ca)



Note: The map references geographical regions that align with health authority boundaries. The Provincial Health Services Authority (PHSA) provides services province wide and is therefore not represented by a region on the map.



The map of British Columbia and the chart below show where HEABC members are located throughout the province. Some members, such as the Provincial Health Services Authority (PHSA), provide services province wide.

Health regions	Number of members
Fraser Health region	68
Interior Health region	27
Island Health region	40
Northern Health region	9
Vancouver Coastal Health region	77
Provincial & cross health region (province wide)	29
	<b>250</b>

The chart below shows the range of services HEABC members provide. Some members provide more than one health service, which is represented in the percentages. The totals below do not include health authorities, which provide a wide range of health care services spanning the continuum of care.

Service type	Percentage of HEABC members in the service category
Acute Care	1.7 %
Adult Day Care	6.8 %
Assisted Living	3.4 %
Child Development Centre	8.1 %
Community Public Mental Health	6.4 %
Diagnostic & Treatment	0.4 %
Drug & Alcohol	6.0 %
Home Support Agency	5.1 %
Long-Term Care	40.2 %
Mental Health	56.0 %
Other	5.1 %



## Message from the Board Chair

Betsy Gibbons

This past year was a pivotal one for HEABC as an organization and for health care human resource planning in BC. This was the first full year of HEABC's new three-year Strategic Plan (2013-2016). The goals and objectives contained in the plan relate directly and specifically to improving the processes we have in place for bargaining and contract implementation, and we are already seeing positive results.

We started the fiscal and planning year with a clear goal to be better prepared for the next round of bargaining and ended the year with early settlements at two tables and significant progress having been made at the remaining tables in terms of establishing clear, industry-driven objectives. In May, as we were putting together this report, we reached a tentative agreement at a third table. I am very proud of our accomplishments over the past year and I want to express my gratitude to the bargaining teams, including HEABC staff and industry representatives, as well as government members who have worked hard to implement the last round of collective agreement changes, complete pre-bargaining preparation and planning, and in some cases ratify renewed collective agreements all in the space of a year.

The five-year settlement pattern achieved at the tables that have reached agreements to date, working within government's Economic Stability Mandate, is no small feat. These agreements will bring stability and certainty to the sector for years to come and allow both government and health service providers to focus on the business of caring for patients, clients and residents, and operating one of the world's best health care systems.

The other major theme of our three-year Strategic Plan is modifying, sustaining, and in some cases expanding the services we provide to ensure that we understand and are in-tune with our members' priorities, and support our members in achieving their goals as best as we can. As we close the books on year-one of this three-year planning cycle, I am very proud to report that we have achieved nearly all of the key performance indicators (KPIs) developed to track our yearly progress, and are well on our way to achieving our strategic goals. We are currently working with HEABC's management team to revise and update the annual KPIs and are looking forward to a busy year that will move us another step closer to achieving our longer-term objectives.

Of course, none of this is possible without an effective, representative and responsive Board of Directors. At last year's Annual General Meeting, we welcomed the CEOs of BC's six health authorities to our Board. We are also fortunate to have affiliate, denominational and proprietary care provider representatives working at the very highest levels of their organizations. Having Board members that bear ultimate responsibility for the successful operation of their respective organizations ensures that our priorities truly reflect and support the work of our members.

We also welcomed several new government representatives to our Board this year. Their invaluable insight into government's vision for health care, financial outlook and commitments and priorities for labour relations help set the broader context for the work of our Board. We could not successfully fulfill our mandate without such committed and accomplished Board members, and I would like to thank each of them for their contributions to making BC a leader in health human resource management.



# Message from the President & CEO

## Michael Marchbank



Four seasons in one day can sometimes describe our BC weather and geography where you can go from hats and gloves to shorts and sandals in one day, depending on weather and altitude. The most recent round of contract negotiations also had that feel to it. It was just a year ago that I summarized the 2012-2014 collective agreements in this space. With some of those deals not ratified until early 2013, and early negotiations for the next round starting in the fall, it has felt as though we have experienced all four seasons of negotiations – pre-bargaining, negotiations, settlements and contract implementation – in the period we would normally dedicate to one phase!

During the first half of 2013/14, we focused on supporting members in implementing changes from the last round of bargaining. Those agreements covered two years and contained as many as 50 substantive changes for some subsectors. Following those negotiations, we heard from our members that they wanted a different approach to the next round, including an earlier start, with most bargaining objectives developed in advance; more input and information up front; and fewer changes, with benefits reform, sustainability and longer terms as key priorities.

Although the current round of bargaining is ongoing, I am very proud of what we have been able to accomplish. In early February, we announced ratification of the second health sector agreement. This is truly unprecedented in our industry – both provincially and nationally – to have reached not one, but two long-term deals well in advance of contract expiry. We were able to build on this success and announce a tentative agreement at a third health sector table in May. I'm exceedingly proud of our bargaining teams for this accomplishment. Through our pre-bargaining work and cooperative approach, we helped set the tone and mandate for negotiations in all sectors.

In addition to the bargaining teams, I want to thank all HEABC staff for their efforts over the past year. Even if not directly involved in bargaining, each and every staff member contributes to our success. Last August, I announced a minor internal restructuring to align the work that we do more closely with our strategic objectives. These changes reflect our commitment to delivering high-quality labour relations services for our members, including an increased focus on occupational health and safety and labour relations.

One key success, which encompasses both of these key areas, is the implementation of BC's health care worker influenza immunization policy. HEABC played a major role in shaping this important public health policy, the first of its kind in Canada. Firstly, by working with employers on a collaborative approach focusing on education rather than discipline, and secondly by scoring a major victory for management rights when the policy was brought to arbitration. The policy has been an undeniable success in protecting vulnerable citizens from influenza.

Another achievement I am particularly proud of is the value we provide to our industry partners through our Knowledge Management and Education Services. Over the past year, we focused on improving the quality of data we gather and ensuring the information we collect supports our members' human resource objectives. We also expanded our offering of health labour relations workshops and webinars, which were attended by 662 members.

I want to note that the achievements of the past year were made in an environment of constrained resources. HEABC funding was reduced by five per cent in 2010/11 and has remained frozen since. We could not accomplish what we have without the expertise of our staff and the support of our members, and I am grateful to both.



# Bargaining 2014

## **Economic stability mandate**

In November 2013, the BC government announced the negotiating framework for public sector bargaining, which aims to create certainty and stability throughout the public sector through longer-term negotiated agreements that are affordable to BC taxpayers. The mandate also provides public sector employees with the opportunity to share in future economic growth based conditionally on BC's economic performance.

The economic stability mandate includes three components:

- Modest general wage increases to be negotiated within a fixed fiscal envelope
- Growth sharing increases equal to half of any percentage point gain in real gross domestic product (GDP) growth above forecasted GDP growth
- Settlements are expected to be unique between sectors in recognition of industry-specific issues, and reflect government's priorities of having labour stability and affordable service delivery throughout BC

## **Industry consultation**

Last fall, HEABC completed an extensive industry consultation process to inform employer bargaining priorities heading into the next round of negotiations. In total, more than 20 consultation sessions, attended by more than 200 industry human resources/operations personnel, were held in locations across the province, including meetings with each of the six health authorities, Providence Health Care, and a variety of associations and groups representing affiliate employers.

## **Overview of negotiations**

All five health sector collective agreements expired on March 31, 2014. Early negotiations began in late 2013 resulting in the unprecedented achievement of early settlement at two health sector bargaining tables and a tentative agreement at a third table in May. Employer bargaining committees are now at various stages of working towards settlement at the remaining two tables. The following is an update on the status of all health sector bargaining units as of May 2014.

# Bargaining 2014

## Health Science Professionals

On December 23, 2013 HEABC and the Health Science Professionals Bargaining Association (HSPBA) announced ratification of a five-year tentative agreement for the period April 1, 2014 to March 31, 2019. This was the first agreement under the provincial government's mandate for 2014 public sector bargaining.

Agreement highlights:

- Modest wage increase (5.5 per cent over five years) funded by government
- Five-year agreement provides for labour stability
- Economic Stability Dividend to be paid if the province's real GDP exceeds the official forecast
- Formation of a joint benefits trust to provide cost certainty for employers and sustainable benefits for employees
- Continuation of work to streamline and modernize the classification system
- Four new Enhanced Disability Management Program (EDMP) representatives to help keep employees at work
- New Recruitment and Retention Committee to address skill shortages and keep health science professionals in BC

## Community Subsector

On February 3, 2014 HEABC and the Community Bargaining Association (CBA) announced ratification of a five-year agreement for the period April 1, 2014 to March 31, 2019.

Agreement highlights:

- Modest wage increase (5.5 per cent over five years) funded by government
- Five-year agreement provides for labour stability
- Economic Stability Dividend to be paid if the province's real GDP exceeds the official forecast
- Movement towards wage and benefits comparability with the Facilities Bargaining Association (FBA) through comparability adjustments for eligible employees to be determined by a joint Occupation Comparability Review Committee
- Formation of a joint benefits trust to provide cost certainty for employers and sustainable benefits for employees
- Continuation of language that protects employers' right to contract out
- Additional funds for EDMP to help keep employees at work



# Bargaining 2014

## Facilities Subsector

On May 12, 2014 HEABC and the Facilities Bargaining Association (FBA) reached a tentative agreement for the period April 1, 2014 to March 31, 2019. At the time of writing, the agreement was out for ratification by both FBA and HEABC members.

### Agreement highlights:

- Modest wage increases (5.5 per cent over five years) funded by government
- Five-year agreement provides for labour stability
- Economic Stability Dividend to be paid if the province's real GDP exceeds the official forecast
- Formation of a joint benefits trust to provide cost certainty for employers and sustainable benefits for employees
- Renewal of EDMP funding
- A 500 full-time equivalent (FTE) cap on contracting out
- Establishment of a joint committee on health and safety to review risks associated with shift work
- Establishment of a Joint Recruitment and Retention Committee
- Renewal of the FBA Education Fund
- New classifications for paramedics and regular part-time BC Emergency Health Services (BCEHS) employees, revised station standards and universal hourly wage rates for paramedics and dispatchers that represent the first significant changes to the BC Ambulance Service (BCAS) contract in several rounds of bargaining
- Changes to the BCAS contract that allow for the implementation of a community paramedicine program
- A process that allows for significant changes to the BCAS scheduling system to better match services to demand

## Nurses

The employer bargaining committee started meeting in early 2014 to develop bargaining priorities for this table and preliminary conversations with the Nurses' Bargaining Association (NBA) began in mid-May. The NBA Provincial Collective Agreement expired March 31, 2014; however, the terms and provisions of the agreement remain in effect until a renewed agreement is negotiated. Negotiations to reach a settlement are ongoing.

## Residents

Negotiations for a renewed collective agreement between HEABC and the Professional Association of Residents of BC (PAR-BC) got underway in January 2014. The current four-year collective agreement expired March 31, 2014; however, the terms and provisions of the collective agreement remain in effect until a renewed agreement is negotiated. Negotiations to reach a settlement are ongoing.



# ← Emergency

## Essential Services

### **Essential services ensure safe patient and resident care**

In the labour relations family, essential services is the sometimes-overlooked sibling of the more glamorous and high-profile negotiations child. Health employers are required to establish essential services levels in the event of job action resulting from collective bargaining, but if all goes well, essential services orders are never used and bargaining gets all the glory when a new collective agreement is achieved.

Starting last October, HEABC's essential services team led our members through negotiation, mediation and adjudication of 485 essential services plans covering every unit or program in every health care facility in the province, as required by the Labour Relations Board (LRB). This process included coordinating local negotiations through industry calls and written guidance to members, and representing members through more than seven weeks of regional mediations and several LRB hearings.

For the first time ever, the LRB issued a process order with strict deadlines for all aspects of essential services. The commitment to the process demonstrated by employers by their organized approach allowed us to complete this process in less than half the time it took in 2012. The fact that all parties used HEABC's Essential Services Database, and that HEABC's database now forms part of the LRB's process, was critical to this success.

This was also the first time that the LRB required essential services levels for medical residents, adding another layer of complexity. Most essential services orders for residents had to be achieved through adjudication as we were not able to reach agreement with the residents' union on any sites until very late in the process.

The essential services process can be tedious and inherently frustrating, but it is a crucial part of our role in ensuring there are no interruptions to safe patient and resident care. In the event of a strike or lockout, essential services levels outline the staffing levels required to ensure the continued provision of safe patient care. Employers are required to provide those services deemed to be essential, and the union is required to supply its members to perform those services. It may not be glamorous, but it is essential.

# 2013-2016 Strategic Plan

HEABC's 2013-2016 Strategic Plan acts as a three-year road map outlining where we are going as an organization and how we are going to get there. The plan includes four broad objectives to solidify HEABC's role as a leader in health human resources and labour relations, and increase the value provided to our members as a knowledge organization. The objectives are supported by 18 key performance indicators (KPIs), which are reviewed and updated on an annual basis. The KPIs support our strategic objectives by giving us specific, tangible and measurable goals to work towards and report back on.

As we close the books on year-one of this three-year plan, we achieved or exceeded the targets for over 70 per cent of our annual KPIs and have made significant progress on the rest. The following is a summary of some key highlights in support of our strategic objectives from the past year.

***Objective 1: In collaboration with our members and government, conduct efficient collective bargaining, contract interpretation and administrative processes that align with the mid- and long-term goals of our members and government***

In 2013, HEABC developed an enhanced bargaining consultation framework, including more than 20 pre-bargaining sessions attended by more than 200 health care employer representatives. This feedback was used to develop overarching principles and guidelines for the 2014 bargaining cycle and specific industry-driven bargaining goals for individual tables. This up-front work helped us to achieve early settlements at two tables and a settlement at a third table in May. The settlements were all reached within the government's Economic Stability Mandate. Negotiations at the remaining two tables are ongoing.

Other key accomplishments in support of this strategic objective included reviewing and improving our process for measuring and tracking our dispute resolution success rate, and completing service satisfaction surveys for both Health Authority and Affiliate Services to set baselines to improve member services.

In addition, the Physician Services Secretariat completed analysis and reporting on physician compensation, supply, productivity and related matters to assist the Ministry of Health in preparing for the next round of negotiations with physicians. All reports were submitted on schedule.



# 2013-2016 Strategic Plan

***Objective 2: Leverage our system-wide knowledge and the strength of our relationships with our members and government to be a catalyst for health human resources productivity efforts***

In 2013/14, HEABC's Knowledge Management and Education Services group held several consultation sessions with key user groups to ensure that industry reports and member education sessions align with our members' health human resources needs and objectives. Knowledge Management also reviewed and improved its data-gathering process with a goal of improving the quality of health sector data shared with members. Follow-up surveys showed that 80 per cent of members were satisfied with the Difficult-to-Fill Vacancy Report and new HR Metrics Report, and that 90 per cent of participants were satisfied with member education sessions. Information gathered through consultation sessions and follow-up surveys will be used to make further improvements to our Knowledge Management and Education Services products.

In addition, Health Match BC completed enhancements to the Care Aide and Community Health Worker Registry and achieved all targets related to updating registrant information. Health Match BC met most of its recruitment targets for the year, with physician recruitment 10 per cent below expected levels due to a stricter regulatory environment, more stringent immigration requirements and a lack of a practice-ready assessment program.

***Objective 3: Improve access to a full range of human resource services with and for affiliate members***

In 2013, HEABC completed a gap analysis of the services we provide to affiliate members and an affiliate member services survey to measure satisfaction with current services. This information was used to develop an enhanced affiliate services work plan, which was initiated in 2013/14 and will be completed in 2014/15. The survey shows that the service areas accessed most often by our affiliate members are collective agreement interpretation and administration, human resources/labour relations resource materials and compensation and classification support services. The enhanced work plan focuses on these areas identified by our members as the highest priority. A second survey is planned for the end of 2014 to measure progress.

***Objective 4: Invest in our people and our systems to build an effective and highly regarded organization for our employees to work in and our members to work with***

HEABC employees completed the Gallup employee engagement survey for the second time in June 2013 with both participation rates and survey results showing significant improvement from the last time we administered the survey in June 2011. Work team action plans and other engagement activities ongoing in 2014/15 support our goal of improving upon these results when employees take the survey again in June 2015.

Other key accomplishments include achieving a small budget surplus with constrained resources. HEABC funding was reduced by five per cent in fiscal 2010/11 and has remained frozen at that level since.

# Contract Implementation Support

Negotiating BC's five major provincial public health care collective agreements is a core HEABC responsibility, but our support for members doesn't end when the contracts are signed. Following a collective bargaining cycle, HEABC offers ongoing support for members in implementing the terms and provisions of the new collective agreements. Ensuring that employers have the tools and information they need to successfully implement a new agreement is critical to successful labour relations and can set the tone for the next round of bargaining.

A good part of the past year has been spent working with our members on resolving contract implementation issues stemming from the last round of bargaining, with very little time to spare. The 2012-2014 health sector contracts weren't ratified until late 2012 or early 2013, leaving only a few months between ratification of one set of deals, and preparations for the next round of bargaining. To make things even more challenging, some of the collective agreements reached in 2012 contained as many as 40 or 50 substantive changes.

HEABC issued numerous Contract Interpretation Updates (CIUs) throughout the year providing information and guidance on implementation issues, and HEABC Industry Leads offered individual guidance to employers on specific transition issues arising in their respective organizations. The following is a summary of some of the contract implementation support provided over the past year.

## **Contract implementation sessions**

Following the ratification of a new collective agreement, HEABC holds in-person contract implementation sessions for members as well as webinars for those who are not able to attend the in-person sessions. At these sessions, Industry Leads provide an overview of collective agreement changes and offer specific information on areas that are expected to present the most significant challenges for implementation. Following the last round of bargaining, HEABC held seven to eight in-person sessions and four to five webinars for each agreement.





### **PharmaCare tie-in**

The last round of negotiations with the Nurses, Facilities and Health Science Professionals bargaining associations resulted in changes to benefit plans that require lower-cost generic and alternate drugs to be used instead of brand name drugs under government's BC PharmaCare program. The collective agreement for employees covered under the Community Bargaining Association has contained a PharmaCare provision for a number of years.

Following the implementation of PharmaCare in 2013, both the Facilities and Nurses bargaining associations filed industry-wide grievances. Over the past year, HEABC has worked with employers to resolve grievances and worked with the insurance provider to ensure that member inquiries were being handled efficiently.

### **37.5-hour work week**

As part of the 2012-2014 collective agreements, the work week for Nurses and Health Science Professionals was increased from 36 to 37.5 hours. Adjusting work schedules involving thousands of employees doesn't happen overnight and HEABC has worked with members to ensure as smooth a transition as possible. Support has included weekly conference calls with labour relations personnel to ensure that employers understand their obligations and the transition process, meetings with staffing directors to provide guidance and assistance, and hosting implementation sessions with employers and full-day meetings with the Nurses' Bargaining Association regarding the transition to the new work week.

### **Leave replacements for nurses**

The 2012-2014 Nurses collective agreement included three memoranda of understanding (MOUs) in which employers agreed, in specific circumstances, to replace nurses who are off on short-term absences or long-term leaves; and provide at least two weeks of vacation replacement cover each year for nurses working in community nursing.

The BC Nurses' Union (BCNU) filed Single Employer Policy Disputes at several health authorities alleging failure to comply with the terms of the 2012-2014 collective agreement relating to leave replacement.

Policy disputes are a standard process for the union to identify areas where it believes the collective agreement is not being followed. Where there are areas of concerns, HEABC worked with employers to resolve roadblocks and ensure that the terms of the agreement are honoured.



# Affiliate Services

## Enhanced work plan strengthens services for affiliate members

One of HEABC's Strategic Plan goals is to "assume a greater role in enabling our affiliate members to access the human resource assistance and expertise they require." The first step in fulfilling this goal was to ask members what human resource services they required the most. To help determine this, HEABC conducted an affiliate members services survey in September 2013. The response rate to the survey was tremendous, allowing HEABC to identify current member needs and the areas of our servicing model that should be modified to provide more value. HEABC shared the modified affiliate services work plan in December 2013 and has implemented a number of changes in the first half of 2014.

Highlights of the work plan include:

- More visits with members to develop stronger relationships, better understanding of operations and better sharing of emerging issues and developments.
- Update the online sample HR policies and procedures, particularly on topics such as occupational health and safety and respectful workplaces.
- Improve the usability of the essential services database and work with unions and the Labour Relations Board to reduce local disputes on essential services planning.
- Improve disability management advisory services by retaining in-house expertise and making more online resources available. Design, coordinate and implement the Enhanced Disability Management Program (EDMP) included in the collective agreements for affiliate members.
- Provide more education sessions and new courses.
- Improve consultation processes for collective bargaining, secure funding for settled collective agreements and update the interpretation manuals as quickly as possible after bargaining is over.

Implementation of the enhanced services will continue throughout the year, and a follow-up survey will be administered at the end of 2014 to assess progress.

# Education Services

## **Workshops & webinars expanded**

HEABC supports our member organizations by providing a variety of health labour relations workshops and webinars. These courses offer current, industry-specific skills and knowledge. In 2013/14, HEABC Education Services offered a fall and spring series of workshops and webinars, including six different full-day workshops and a two-day workshop called "Labour Relations 101." In addition, 15 new webinar sessions were offered for members who find it difficult to attend in person.

Workshop and webinar topics included discipline process, performance management, general labour relations, management rights, grievance process, selection process, coaching, duty-to-accommodate and workplace bullying and harassment. In total, 662 members participated in our education programs last year with over 90 per cent indicating in follow-up surveys they were completely satisfied with the session. HEABC uses this feedback from members to develop future workshops and webinars that meet members' educational needs.

In 2013, HEABC also partnered with the BC Health Leadership Development Collaborative to convert its two-day Labour Relations 101 workshop into various e-learning modules which will be offered to those participating in the CORE LINX program. CORE LINX is a comprehensive leadership and management development program designed for managers in the first 18 months of their first formal management role in a BC health authority. These e-learning modules will also be made available to members on HEABC's member website in 2014.



# Knowledge Management

## Good decisions start with good data

Labour relations and health human resource management is an increasingly complex business and having comprehensive, reliable and current data is critical for employers and government to make evidence-based decisions. HEABC's vision is to be "a knowledge organization that stimulates innovation in BC health human resources and contributes to the sustainability of the health care system." Knowledge Management supports that vision in preparing data publications that offer an additional layer of analysis and interpretation to ensure members, provincial government and other organizations within the health sector are equipped to make informed decisions on health human resource planning. The following are some key accomplishments from the past year.

## Collective bargaining preparation and costing

Knowledge Management helps employers and government prepare for collective bargaining by providing data trends and analytics on labour cost information, bargaining unit profiles and health human resource metrics. This data provides evidence to support positions and decisions on labour relations and health human resource issues.

The department also provides accurate and timely costing of collective bargaining scenarios and settlements. This is important to the bargaining process as all monetary changes to the collective agreements must fall within the public sector bargaining mandate established by the provincial government.

## Publications that align with industry needs

With HEABC's data analytics and costing expertise, Knowledge Management prepares publications that provide health human resource information and metrics for members to make informed decisions for health human resource planning. Publications include:

- Annual BC Health Employer Report
- Bi-annual HR Metrics Report
- Quarterly Difficult-to-fill Vacancy Report

## Health human resource planning

In close collaboration with the Health Human Resources Data Group, HEABC and the Ministry of Health developed a health human resource information document for selected occupations in British Columbia. The document includes information on workforce demographics, historic trends and projections for 26 select occupations for all unionized and non-unionized employees working in the BC public health sector.

## Labour productivity data

Over the past year, Knowledge Management increased its capability to connect data between labour input and health system output on various databases. The department also expanded its analytic capacity to highlight the key relationships between the different data. These analyses provide valuable information to map out BC's current health human resources situation.



## Cases of Note

### **Vacation for part-time employees is pro-rated [Interior Health Authority and BCGEU and UFCW (Stubbe et al.) (January 30, 2014)]**

Two separate employers within Interior Health changed their practice with respect to vacation leave for community health workers working less than 40 hours per week. The employers implemented a new practice which prorated the amount of vacation leave based on the employee's full-time equivalent (FTE) or hours worked. The change in practice was consistent with the requirement under the Community subsector collective agreement to calculate vacation pay as a percentage of total straight-time paid wages.

Both the United Food and Commercial Workers Union (UFCW) and the BC Government and Service Employees' Union (BCGEU) filed grievances claiming that the entitlement to vacation leave should be based only on an employee's years of service, providing full-time and part-time employees with the same number of days off. HEABC maintained that the language in Article 18 of the Community collective agreement expressly permitted the employer to prorate vacation leave for part-time employees. Arbitrator Gordon accepted HEABC's argument and dismissed the grievance.

Vacation leave for part-time employees should be prorated based on their FTE/hours of work, and not based on their years of service. This reduces the number of days of vacation leave employers must grant to part-time employees, and decreases the challenges faced by employers to cover the absences of vacationing employees.

### **Seniority calculated as of the date the job posting closes [Northern Health Authority (G.R. Baker) and HEU (Wheeler) (August 6, 2013)]**

In this decision, two casual employees applied on a posting. As the qualifications of the employees were the same, seniority was the determining factor. The employer's practice was to update the seniority ranking of all employees on a bi-weekly basis to coincide with the pay period. Using this method, Employee A was ranked first in seniority and Employee B was ranked second, so the employer awarded the position to Employee A. However, when the posting closed, six days after the bi-weekly calculation was done, Employee B had picked up one more shift and was now senior to Employee A. Employee B grieved, claiming to be more senior.

The union disputed the employer's use of the bi-weekly seniority calculation and argued that when seniority is close, a manual calculation should be done. HEABC, on behalf of the employer, argued that it was a reasonable exercise of management discretion to use the bi-weekly seniority calculation in selection decisions. The Facilities collective agreement is silent with respect to when seniority must be calculated. The Arbitrator allowed the grievance and held that seniority must be given a plain meaning, rejecting the employer's argument relating to administrative efficiency.

# Cases of Note

## **Lieu day for union leave on a scheduled day off [Surrey Memorial Hospital and HEU (Wolfhorst) (August 8, 2013)]**

The Hospital Employees' Union (HEU) filed a grievance under the Facilities agreement for a grievor who was denied a "lieu day" for union leave. The grievor conducted union business on a scheduled day off, and requested a day off in lieu from the employer. Arbitrator Vince Ready found that the collective agreement language did not provide for lieu days, but that there was a longstanding practice between the parties of allowing employees to take them. On that basis, the arbitrator decided that the lieu day should have been granted.

HEABC appealed this decision at the Labour Relations Board (LRB). On February 3, 2014, HEABC's appeal was successful, in part. The LRB remitted the matter back to the arbitrator for clarification as to whether the extrinsic evidence of past practice was applied as a tool for collective agreement interpretation or in support of a finding of estoppel. The parties are now awaiting that clarification from the arbitrator and HEABC has provided notice to the union that employers will no longer grant lieu days in the event that the arbitrator confirms that his decision was based on a finding of estoppel.

## **Arbitration awards regarding implementation of the 37.5-hour work week [HEABC and HSPBA (Policy Grievance) (April 21, 2014)]**

The Health Science Professionals Bargaining Association (HSPBA) and its constituent unions filed more than 1,600 grievances at various employers relating to the implementation of the 37.5-hour work week. Arbitrators Vince Ready and Corinn Bell recently provided the parties with two awards which addressed, respectively:

- Issues in dispute concerning whether the reduction of regular part-time employees' hours of work when implementing the 37.5-hour work week amounted to a "layoff" or was otherwise precluded or restricted by the parties' agreements in respect of the transition to a 37.5-hour work week (the "layoff award"); and,
- Grievances relating to the process requirements under the parties' agreements in respect of the transition to a 37.5-hour work week (the "process award").

In the layoff award, the arbitrator agreed with HEABC's position that the reduction of hours of work of a regular part-time employee upon implementation of the 37.5-hour work week is not a layoff prohibited under the Memorandum of Understanding – Transition to the 37.5 Hour Work Week.

The process award provides further guidance with respect to the implementation process, including that employers can eliminate earned day off and nine-day fortnight schedules, but must do so in compliance with the agreed process. The agreed process (among other things) afforded employees with an opportunity to understand the reasons for change and respond with alternative schedules.

# CONTRACT



The process award also addressed specific grievances respecting the implementation process at three employers/ departments and directs all employers and unions to engage in a process for expedited resolution of all outstanding process-related disputes.

HEABC is currently working with all employers to determine the number of outstanding grievances following the two awards and which of them may be vulnerable to process concerns as outlined by Arbitrators Ready and Bell.

## **Labour Relations Board highlights**

### **Transition of Licensed Practical Nurses to the Nurses' Bargaining Association**

In April 2013, legislation was enacted moving Licensed Practical Nurses (LPNs) from the Community and Facilities subsectors to the Nurses sector. In the months that followed, HEABC represented its members at the LRB to address both representation rights and other issues arising from the transition.

With respect to representation rights, a process was engaged through the LRB to determine which union would represent LPNs and Registered Nurses (RNs) in the newly integrated bargaining unit. That process involved examining on an employer or worksite basis the relative composition of the newly integrated Nurses' Bargaining Association (NBA) to determine which union, either the incumbent union representing LPNs or the BC Nurses' Union (BCNU), would represent both RNs and LPNs at that worksite. As this process continued into the fall, the BCNU also filed a number of raid applications to both regain representation of nurses it had lost during the process described above, or to clarify its representation rights at worksites that had yet to be determined. At the conclusion of this process, updated certifications were issued reflecting the changes in representation rights.

While these processes for determining representation rights were underway, the LRB also assisted the parties with resolving the issues arising with respect to seniority and service as a result of the transition to the Nurses sector.

### **Other raiding activity**

HEABC represented members in responding to raiding applications in both the Nurses sector and Facilities subsector. Approximately 80 raid applications were filed throughout the province in 2013. In addition to the BCNU raids mentioned above, in the Nurses sector, both the Union of Psychiatric Nurses (UPN) and the BCNU filed applications with a number of employers to represent Registered Psychiatric Nurses then represented by the Health Sciences Association of BC (HSA).

In the Facilities subsector, the Pulp, Paper & Woodworkers of Canada (PPWC) filed applications to expand their existing representation rights to include certain employees represented by HEU and the International Union of Operating Engineers (IUOE). HEABC on behalf of the employers successfully objected to these applications on the basis that the resulting bargaining units would not be appropriate because they would increase complexity for employers in administering the collective agreement.

# BC Care Aide & Community Health Worker Registry

## Registry improves standards

Established in 2010, the BC Care Aide & Community Health Worker Registry is responsible for serving and protecting vulnerable residents and clients receiving care in publicly funded health care facilities. It also works with Care Aides and Community Health Workers – now called Health Care Assistants (HCA) – their employers and their unions to improve standards of HCA education and practice.

There are over 52,000 HCAs currently registered. The registry is in a process of verifying how many are currently working or seeking work as an HCA. Over 25,000 HCAs have already verified their account with the registry. Soon, HCAs who do not verify their account will be archived with the option to be reactivated upon verification.

The registry has received 262 alleged abuse reports from employers since 2010. All reported HCAs were immediately removed from the registry. Of these, 146 were terminated by their employers with another 116 temporary suspensions.

Of the 146 terminations, 51 employees have been removed from the registry indefinitely for alleged abuse without an investigation by the mutual agreement of all parties. In 13 other cases, the employees were returned to the registry and their positions by mutual agreement of all parties. In 17 cases, employees were de-registered after an investigation found abuse and remediation was not appropriate. In another 35 cases, employees were temporarily de-registered, but allowed to re-register after conditions placed on them by the investigator were met. In 22 cases, employees were re-registered after an investigation was completed and no abuse was attributed to the employee. The remaining eight cases are in various stages of review.





### **Registry review**

An independent third-party review of the registry has been completed and was released by the Ministry of Health on February 1, 2013. As part of the review, the Ministry has laid out a Registry Action Plan that covers four broad areas of improvement: the enabling framework; governance; gaps in the protection model; and, the funding model. The recommendations are intended to strengthen registry processes and extend its mandate.

### **HCA education recognition processes**

In the 2013/14 year, the registry has advanced its mandate to improve standards of care within the sector through an education recognition program and by ensuring that all public and post-secondary institutions in BC are adhering to approved HCA provincial training guidelines. Furthermore, the registry is developing a qualification assessment/prior learning assessment and recognition process for HCAs who do not hold a certificate from a recognized HCA program in BC.

## Physician Services Secretariat

The Physician Services Secretariat (PSS) supports the Ministry of Health 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). PSS staff members were actively involved in planning for the reopener negotiations for 2014-2016 as provided for under the PMA. With the possibility of conciliation proceedings being an outcome of these negotiations, the planning also included completion of various activities and projects related to conciliation readiness.

PSS staff members continue to support the work of the Physician Services Strategic Advisory Committee (PSSAC) including projects for which PSSAC has assumed an executive oversight. Staff members also participate as government representatives on various joint committees established under the PMA or arising from other agreements between government and the BC Medical Association such as the Laboratory Medicine Workload Agreement.

# Health Match BC

## Health Match BC responds to recruitment challenges

Physician recruitment in 2013 declined from an all-time high in 2012, to about the same level achieved in 2011. The decline is due to changes in physician regulation that has eliminated many internationally trained physicians from consideration. BC does not yet have a Practice Ready Assessment program for recognizing internationally trained family physicians, although one is being developed for possible implementation later this year. Stricter immigration and temporary work permit requirements also had a negative effect.

Despite these challenges, Health Match BC was successful in matching physicians to 207 positions. There were twice as many matches to permanent positions compared to fee-for-service locum positions. There were 717 positions posted with Health Match BC during the period. In many other cases, health authorities and/or local clinics were able to fill their vacancies without assistance.

Health Employers/Regions	Vacancies Posted	Permanent Matches	Locum Matches	Total Matches
Fraser Health	181	40	8	48
Interior Health	126	31	20	51
Island Health	139	29	15	44
Northern Health	83	12	5	17
Providence Health Care	11	3	0	3
Provincial Health Services	69	5	2	7
Vancouver Coastal Health	106	16	20	36
UBC/Gov't	2	1	0	1
<b>Total</b>	<b>717</b>	<b>137</b>	<b>70</b>	<b>207</b>

## Nurses and allied health professionals

Registered Nurses with specialty training in areas such as critical care, emergency and operating room practice are still in demand. Health Match BC registered and screened over 2,220 candidates in 2013. Of these, 262 candidates with appropriate qualifications were referred to health authority recruiters. Health authorities have reported that at least 80 of these candidates were hired. This is a 43 per cent improvement over the number of hires reported in 2012.

More than 1,000 allied health professionals were registered and screened by Health Match BC in 2013. Of these, 62 candidates with appropriate qualifications were referred to health authority recruiters. Health authorities have reported that at least eight of these candidates were hired. This is a slight (14 per cent) improvement over 2012.

## Rural family practice on Vancouver Island a perfect fit for physician and young family

When Dr. Carrie Marshall and her family moved to Tofino last summer, they quickly learned that dressing for the rain was important. In Hawaii, where Dr. Marshall had lived since 2001, you stay inside until the rain stops. But on the western shores of Vancouver Island, you can't wait that long.

"It rains so much here you just have to embrace it," she said.

Dr. Marshall and husband Matt Dyer now make a regular habit of putting the rain cover over the stroller to

protect six-month-old Samuel, and decking two-year old Julian out in rain gear before heading off for a hike on the beach.

Dr. Marshall's clinic is in Ucluelet, about a half-hour drive from Tofino. The family lives in Tofino to be near the hospital, where Dr. Marshall is an on-call physician in the emergency department.

At the clinic, her patients range in age with a diverse assortment of needs. In the emergency department, she mostly sees "run-of-the-mill" injuries.

"Tourists injuring themselves with surfboards is pretty common," she said. There can also be very

sick patients and even emergency deliveries. She praised a system where physicians in Tofino have telephone access to specialists on call.

Dr. Marshall grew up in Vancouver, but Dyer is from Victoria and spent time surfing and camping in Tofino. After completing their undergraduate degrees the couple moved to Hawaii, where Dr. Marshall earned a master's degree in public health from the University of Hawaii before entering medical school. There, she and some fellow medical students started a medical clinic at a nearby homeless shelter. The experience helped her develop skills important for a family physician in a small town, where "you have to do a lot of things yourself."

"When people have so many barriers to care you see a lot of pathology you wouldn't normally see and get to do a lot of procedures you might not get to do in a well-funded, financially well-off patient population," she explained.

After finishing her residency, Dr. Marshall and Dyer, with baby Julian in tow, were searching for a place to lay down roots. There was a job opening in Tofino and given Dyer's enthusiasm for surfing and fishing, it seemed the right fit for the young family.



# Excellence in BC Health Care Awards - Hero

## 2013 Excellence in BC Health Care Award winners inspire and enthuse

HEABC presents the annual Excellence in BC Health Care Awards to recognize outstanding health care employees and reward innovation and best practices within our member employers. The awards shine a spotlight on health employees who are improving the provincial health care system and delivering outstanding care to the people of British Columbia. The 2013 awards were presented at a luncheon on June 24 in Vancouver. Eleven Gold Apple winners and seven Award of Merit recipients were honoured.

One winner that stands out is Cheryl Ward, an award recipient in the Health Care Hero category, and a woman whose colleagues describe her as “a visionary and a trailblazer.” Ward spearheaded the creation of the Provincial Health Services Authority’s Indigenous Cultural Competency online training program – the first of its kind in Canada. The program increases employees’ Aboriginal-specific knowledge, enhances individual self-awareness and strengthens skills of those who work both directly and indirectly with Indigenous people.

The goal is to provide cultural safety for Aboriginal people seeking health care – something that has been a barrier for many. More than 14,000

employees have taken the training and many say that it has made a positive impact in all areas of their practice.

“Being recognized at the Excellence in BC Health Care Awards meant a lot to me because I was nominated by my peers,” said Ward. “I know that our program is breaking new ground, but it’s also great to receive affirmation that your work is improving care on the frontlines where it really matters.”

Visit [BCHealthCareAwards.ca](http://BCHealthCareAwards.ca) to learn more about the award winning projects and the achievements of the inspiring Health Care Hero award winners.

*Health Care Hero Cheryl Ward (right) with Leslie Varley (left) at the 2013 Excellence in BC Health Care Awards luncheon*



# 2013 Excellence in BC Health Care Award Winners



EXCELLENCE IN  
BC HEALTH CARE AWARDS

## Gold Apple winners:

### Provincial Health Care Hero & Health Care Hero – Northern Health

Dr. Bill Clifford – Chief Medical Information Officer

### Health Care Hero – Affiliate

Lourdes Bolinas – Care Aide & Senior Mental Health Worker (The Bloom Group Community Service Society)

### Health Care Hero – Fraser Health

Dr. Robert McCormack – Orthopedic Surgeon (Royal Columbian Hospital & Eagle Ridge Hospital)

### Health Care Hero – Interior Health

Tracey Third – Home Health Nurse (Barriere Health Centre)

### Health Care Hero – Provincial Health Services Authority

Cheryl Ward – Provincial Lead, Indigenous Cultural Competency Training Program

### Health Care Hero – Vancouver Island Health Authority (now Island Health)

Allison Cutler – Executive Director, Population & Community Health

### Top Innovation – Affiliate

Canadian Mental Health Association, BC Division – For My Health! Program

### Top Innovation – Health Authority

Fraser Health – Psychosis Treatment Optimization Team

### Workplace Health Innovation

The Fair Haven United Church Homes – Building a Safety Culture: Violence Prevention Program

### Collaborative Solutions

Northern Health – STOP HIV/AIDS Pilot Project Campaign

## Awards of Merit recipients:

### Top Innovation – Affiliate

Beacon Community Services – Joint Occupational Health & Safety Committee

### Top Innovation – Health Authority

- BC Children's & Women's Hospitals – Site Redevelopment Project: Integrated Facility Design
- Northern Health – Men's Health Program

### Workplace Health Innovation

- Tabor Village – Quality of Worklife Program
- Vancouver Island Health Authority – Violence Prevention Task Force

### Collaborative Solutions

- Penticton Integrated Health Centre (Interior Health) – Contract Pharmacy Integration into a Chronic Kidney Disease Clinic
- BC Women's Hospital & Health Centre (Provincial Health Services Authority) – Cesarean Task Force

# Enhanced Disability Management Program

## **Enhanced Disability Management Program achieving its goals**

Patients, employees and employers all benefit from a healthy workforce. Employees who are provided appropriate, caring and professional case management when affected by illness or injury, or struggling in their personal lives, are more likely to remain at work, or return to work sooner. They use less sick leave, WorkSafeBC leave and long-term disability (LTD); and, are more productive and satisfied when they are at work. It's a win-win-win.

Recognizing that workplace health is a shared priority, unions and health care employers worked together to develop and implement an Enhanced Disability Management Program (EDMP). Negotiated and developed in partnership with employers and unions, the province-wide program now forms part of the health sector collective agreements. The EDMP provides early, appropriate and ongoing support so that ill/injured employees are able to return to work in a safe and timely manner. The program is mandatory and comprehensive, and supports a reduction in LTD premiums, WorkSafeBC premiums and sick leave utilization.

Over the past 18 months, EDMP was launched in phases for all health authority and Providence Health Care bargaining unit employees: Nurses in January 2013; Health Science Professionals in November 2013; Facilities employees in January 2014; and Community employees in March 2014. The program is supported by an EDMP website and resource centre.

The first evaluation was done for Nurses in January 2014 – one year after launch. Early findings show that the program is achieving its goals. The number of grievances and disputes relating to disability management and return-to-work processes is significantly down, employees are getting the support and case management they need, and survey feedback shows that there is strong support for the program among employers and employees. The cost of disability claims is also down; however, a longer evaluation period is needed to confirm this trend.

Evaluations will be conducted for the other collective agreements one year after the launch for each, and annually thereafter. With the program underway for health authorities, HEABC and the unions are now working on launching the EDMP for unionized affiliate employers in 2014.



# Influenza Immunization Policy

## **HEABC supports employers in protecting most vulnerable from the flu**

Among vaccine-preventable diseases, the flu causes by far the most deaths and illness, outpacing all other vaccine preventable diseases combined. Health employers know that patients and residents in their care are more vulnerable to the flu than the general population. What's more, health care workers are one of the most common sources of flu transmission in health care settings.

The most effective strategy to prevent the flu is the annual flu shot. Yet despite years of concerted effort to encourage health care workers to receive the flu shot – benefitting themselves, their families at home and the patients they care for – rates of immunization remained low (less than 50 per cent).

Acting on the advice of BC's Provincial Health Officer, health authorities decided to implement a mandatory policy requiring health care workers to either get vaccinated or wear a mask during the flu season. HEABC worked with health authorities and our affiliate members, as well as government and the unions to develop and implement the policy.

"We wanted a policy that protects patients by reducing the risk of transmission of influenza in health care settings while respecting the rights of employees, other health care professionals and members of the public," said Matt Prescott, HEABC Director of Labour Relations.

The policy was implemented in late 2012 and shortly thereafter, several health care unions filed grievances against the policy. The case was brought forward to arbitration where Arbitrator Robert Diebolt considered whether the policy violated the collective agreement, human rights legislation and the privacy rights of employees.

During the 14-day hearing, HEABC presented extensive expert medical evidence on influenza and its transmission and the efficacy of vaccination and masking. In his decision, Diebolt found the policy to be a lawful and reasonable exercise of management rights. Diebolt reasoned "the fact that (1) influenza can be a serious, even fatal disease; (2) immunization reduces the probability of contracting the disease ; and, (3) the immunization of health care workers reduces transmission of influenza to patients all militates strongly in favour of a conclusion that an immunization program that increases the rate of healthcare immunization is a reasonable policy."

Following the arbitration decision, HEABC continued to provide support to its members in the implementation and administration of this important patient safety policy. Each year across Canada up to 8,000 people die from the flu and its complications. British Columbia is the first to implement a provincial policy protecting its most vulnerable citizens from the flu and it is expected that other Canadian provinces will follow suit.

# Health and Safety in Action

## **Phase 1 Health and Safety in Action initiatives complete**

Health and Safety in Action (HSIA) is aimed at reducing the number of workplace injuries, and the number and duration of short- and long-term disability (LTD) claims. Launched in 2011 and completed over the past three years, "Phase 1" included five HSIA initiatives undertaken by health authorities and Providence Health Care (PHC) in partnership with HEABC, WorkSafeBC and Healthcare Benefit Trust (HBT). Funding for HSIA came from an acute care contribution surplus identified by WorkSafeBC, which was used to invest in health and safety initiatives at the health authorities.

All "Phase 1" initiatives have now been completed and evaluated. The results show promise relative to measurable goals identified in each of the initiative business cases and all initiatives were completed within budget (\$11.6 million). These best practices are now being promoted and extended within the health care industry.

Key successes achieved in "Phase 1" include the development and implementation of provincial standards in safe resident handling in residential care; rolling out the new provincial violence prevention curriculum and the training of violence prevention facilitators throughout BC; implementation of a provincial call centre for employees experiencing workplace illnesses and injuries; the establishment of a common data collection platform (WHITE.net) to support employees in need of disability management services; and an employee absence reporting phone line for all health authorities and PHC.

These changes are already showing measurable results and benefits for employees, including faster response to WorkSafeBC claims and quicker treatment for injuries, resulting in a decrease in the length of time employees are off work; a 30 per cent decrease in musculoskeletal injury rates at pilot sites; and a reduction in claims related to workplace violence compared with non-pilot sites.

The HSIA Provincial Steering Committee is now considering possible "Phase 2" initiatives focusing on further expansion of the violence prevention program.





# Third-Party Boot Camps

## **Boot camp training puts tools for success in members' hands**

Military and fitness boot camps are known for using high-intensity training to get quick results, and that's exactly what HEABC's labour relations boot camp delivered for more than 60 Fraser Health human resources (HR) and labour relations (LR) staff who took part in series of "third-party boot camps" led by HEABC experts Erin Cutler, Koml Kandola and Dean Levangie in the fall of 2013.

These boot camps, which allow human resources and labour relations professionals to practice what they learn and put their HR/LR tool kit to work, support HEABC's strategic objective to deliver high-quality labour relations services that help our members achieve their goals. Furthermore, a number of provisions around expedited arbitrations were negotiated into the 2012-2014 agreements and these sessions give members the knowledge and skills to both avoid and resolve disputes at the local level – a goal under HEABC's 2013-2016 Strategic Plan. The boot camps show HR/LR staff how to prepare for and represent their organizations at informal troubleshooting hearings, expedited arbitrations and alternate dispute resolution forums. Boot camp participants also take part in mock hearings to practice what they learn.

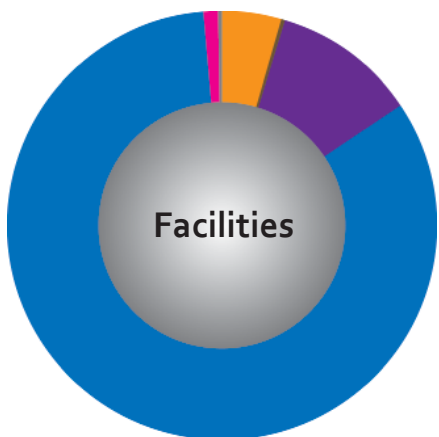
After hearing about the success of these sessions, the BC Post-Secondary Employers' Association asked HEABC to present the boot camp to their member employers resulting in around 20 post-secondary HR and LR professionals benefitting from this learning opportunity and another session scheduled for fall 2014. Other HEABC members are interested in offering third-party boot camps to their staff and there are plans to hold more sessions once 2014 bargaining concludes.

*\* Photo by Tyler J. Bolken*

# Full-Time Equivalents by Bargaining Table



Union	FTEs	%
BCGEU	6,046.0	64.2%
BCNU	21.0	0.2%
CLAC	7.0	0.1%
CUPE	325.0	3.5%
HEU	1,145.0	12.2%
HSA	321.0	3.4%
UFCW	1,552.0	16.5%
<b>Total</b>	<b>9,417.0</b>	<b>100.0%</b>



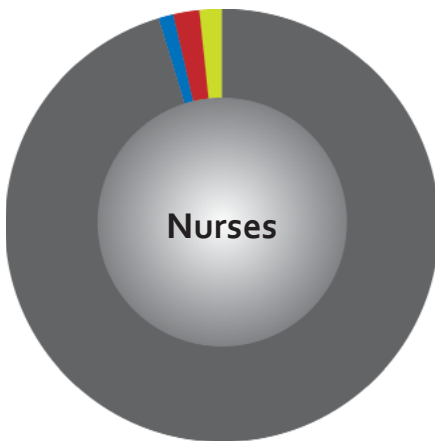
Union	FTEs	%
BCGEU	1,351.0	4.5%
BCNU	112.0	0.4%
CUPE	3,234.4	10.8%
HEU	24,893.0	83.1%
IUOE	305.0	1.0%
PPWC	62.0	0.2%
USWA	7.0	0.0%
<b>Total</b>	<b>29,964.4</b>	<b>100.0%</b>

Notes:

1. Data are annualized to 365 days.
2. Community and Facilities LPN and LPN supervisors are included in Nurses' Bargaining Association.
3. FTEs reflect data as reported in HSCIS 2013-Q4 payroll extract & web entry except for BC Emergency Health Services (BCEHS) CUPE FTEs.
4. BCEHS CUPE FTEs are based on 2012 data provided by BCEHS.
5. No adjustments were made to account for non-reported FTEs.
6. The FTE calculation for Nurses is based on 1950 hours due to the implementation of the 37.5 hour work week.
7. The following unions have active certifications in the HEABC membership database, but are not reported in HSCIS: Community - CAW, USWA ; Facilities - IBEW, IBPAT, UAJAP&P, UBCJA; Health Science Professionals - BCNU.
8. An effort has been made to redistribute FTEs with no valid union certifications to other valid unions based on the latest information available at the time of printing.



Union	FTEs	%
BCGEU	1,464.0	11.8%
CUPE	366.0	2.9%
HEU	47.0	0.4%
HSA	10,513.0	84.4%
PEA	65.0	0.5%
<b>Total</b>	<b>12,455.0</b>	<b>100.0%</b>



Union	FTEs	%
BCGEU	68.0	0.2%
BCNU	26,825.0	95.1%
CLAC	1.0	0.0%
HEU	352.0	1.2%
HSA	513.0	1.8%
IUOE	25.0	0.1%
UPN	418.0	1.5%
<b>Total</b>	<b>28,202.0</b>	<b>100.0%</b>



Union	FTEs	%
PAR-BC	1,115.0	100.0%
<b>Total</b>	<b>1,115.0</b>	<b>100.0%</b>

**Legend**

- BCGEU** BC Government and Service Employees' Union
- BCNU** British Columbia Nurses' Union
- CLAC** Christian Labour Association of Canada
- CUPE** Canadian Union of Public Employees
- HEU** Hospital Employees' Union
- HSA** Health Sciences Association of BC
- IUOE** International Union of Operating Engineers

- PAR-BC** Professional Association of Residents of BC
- PEA** Professional Employees Association
- PPWC** Pulp, Paper, & Woodworkers of Canada
- UFCW** United Food and Commercial Workers Union
- UPN** Union of Psychiatric Nurses
- USWA** United Steelworkers of America

# Health Employers Association of BC

## Statement of operations and accumulated surplus year ended March 31, 2014

	2014 Budget	2014 Actual	2013 Actual
	\$	\$	\$
<b>Revenues</b>			
Government funding	9,068,215	9,068,215	9,068,215
Benefits and administration fees (Note 5)	50,000	28,786	33,678
Member assessments	180,000	180,804	224,259
Interest and other revenue	150,000	178,619	250,767
Fee for service	100,000	50,646	313
	<b>9,548,215</b>	<b>9,507,070</b>	9,577,232
Funding from deferred contributions - operations (Note 3)	5,185,763	4,776,060	5,672,909
	<b>14,733,978</b>	<b>14,283,130</b>	15,250,141
<b>Expenses (Note 8)</b>			
Strategic negotiations and contract administration	4,216,530	3,681,977	5,087,822
Knowledge management and information technology	2,563,620	2,433,360	2,499,322
Legal services	1,077,650	1,344,827	1,142,275
Finance and administration	868,300	836,297	812,390
Executive services and board governance	740,625	749,228	657,533
General	180,000	421,479	387,163
Communications	427,020	366,709	367,134
Expenses from ongoing operations	<b>10,073,745</b>	<b>9,833,877</b>	10,953,639
<b>Contracted operations</b>			
Recruitment services - Health Match BC	2,197,000	2,064,850	2,002,649
Physician services	1,319,000	993,175	1,047,020
Health cross jurisdictional labour relations database	619,363	545,785	545,733
Care aide registry	503,000	554,882	424,260
Pandemic preparedness	-	-	163
Total expenses from contracted operations	<b>4,638,363</b>	<b>4,158,692</b>	4,019,825
Total expenses from operations	<b>14,712,108</b>	<b>13,992,569</b>	14,973,464
<b>Surplus of revenues over expenses</b>	<b>21,870</b>	<b>290,561</b>	276,677
Accumulated surplus, beginning of year	-	3,463,591	3,186,914
<b>Accumulated surplus, end of year</b>		<b>3,754,152</b>	3,463,591

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.

# Health Employers Association of BC

Statement of financial position  
as at March 31, 2014

	2014	2013
	\$	\$
<b>Financial assets</b>		
Cash	1,102,296	17,810
Short-term investments	8,134,965	11,198,692
Long-term investments	1,700,000	-
Accounts receivable	481,265	625,156
	<b>11,418,526</b>	<b>11,841,658</b>
<b>Liabilities</b>		
Accounts payable and accrued liabilities	1,416,625	2,080,811
Deferred contributions (Note 3)	6,112,350	6,195,193
Tenant inducements	596,368	745,466
Retirement liability	260,854	248,849
	<b>8,386,197</b>	<b>9,270,319</b>
Net financial assets	<b>3,032,329</b>	<b>2,571,339</b>
<b>Non-financial assets</b>		
Tangible capital assets (Schedule 1)	581,000	714,705
Prepaid expenses	140,823	177,547
	<b>721,823</b>	<b>892,252</b>
<b>Accumulated surplus (Schedule 2 and 3)</b>	<b>3,754,152</b>	<b>3,463,591</b>

Commitments (Note 6)

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.

# 2013-2014 Board of Directors



**Betsy Gibbons**  
*Board Chair*



**Catherine Kohm**  
*Affiliated Care Provider representative*



**Howard Johnson**  
*Denominational Health Care Provider  
representative*



**Dr. Nigel Murray**  
*Fraser Health representative*



**Elaine McKnight**  
*Government representative*



**Lee Doney**  
*Government representative*



**Dr. Brendan Carr**  
*Island Health representative*



**Gavin McIntosh**  
*Proprietary Care Provider representative*



**Dr. David Ostrow**  
*Vancouver Coastal Health representative*

**Dr. Robert Halpenny**  
*Interior Health representative*



**Cathy Ulrich**  
*Northern Health representative*



**Carl Roy**  
*Provincial Health Services Authority representative*



# HEABC

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