



**2015-2016
ANNUAL REPORT**



INTEGRITY
RESPECT
LEADERSHIP
COURAGE
EXCELLENCE
TEAMWORK
COLLABORATION

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ABOUT HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of 247 publicly funded health care employers. This includes denominational, proprietary and non-profit affiliate organizations, as well as the province's six health authorities. Our members range in size from organizations with fewer than 25 employees to large, regional health authorities with thousands of employees.

HEABC is the accredited bargaining agent for most publicly funded health employers in the province. HEABC negotiates five major provincial agreements covering more than 120,000 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 builds constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its membership.

Vision

The strategic leader in health human resources and labour relations for a sustainable health care system.

Mission

In partnership with our stakeholders, we deliver exceptional services to position health human resources in BC for the future.

Values

Integrity

- Are accountable for our actions and responsibilities
- Are consistently honest and trustworthy
- Keep confidences and commitments
- Always strive to do the right thing

Respect

- Appreciate, regard and consider others
- Are open and nonjudgmental
- Foster a culture of empowerment and diversity
- Include individuals with different backgrounds, ideas and viewpoints

Leadership

- Think critically and strategically
- Continuously look for proactive solutions
- Inspire others to reach their potential
- Promote and share best practices

Courage

- Challenge assumptions and the status quo
- Are open and are not afraid to say what needs to be said
- Stand for what is right despite the threat of adversity
- Admit when we are wrong

Excellence

- Deliver products and services that add value
- Endeavour to exceed client and colleague expectations
- Look for new ideas and goals that are ambitious and make us reach further
- Always strive to improve our systems and processes

Teamwork

- Work together to achieve common goals
- Provide support to each other
- Communicate openly and honestly
- Engage in peaceful resolution to conflict
- Do our part by participating fully

Collaboration

- Engage parties with mutual interests to achieve shared goals
- Work with stakeholders on initiatives that directly impact them
- Seek out expertise that advances health sector goals
- Exchange knowledge with other jurisdictions and sectors



HEABC Members

Health Authorities	6
Legal Entities other than Health Authorities	221
Health Regions	Number of Members
● Fraser Health Region	67
● Interior Health Region	29
● Island Health Region	37
● Northern Health Region	10
● Vancouver Coastal Health Region	75
Provincial	28

Affiliate Members by Service Type

Service Type	Number of Members	% of HEABC members in the service category
Acute Care	2	0.9%
Adult Day Care	13	5.9%
Assisted Living	7	3.2%
Child Development Centre	17	7.7%
Community Public Mental Health	15	6.8%
Diagnostic & Treatment	1	0.5%
Drug & Alcohol	12	5.4%
Home Support Agency	10	4.5%
Long Term Care	76	34.4%
Mental Health	71	32.1%
Other	6	2.7%

Notes:

- Members are counted multiple times if their business provides more than one service type.
- The service type counts do not include health authorities, which provide a wide range of health services.

MESSAGE FROM THE BOARD CHAIR

BETSY GIBBONS

We did it! With the recent ratification of the nurses' provincial collective agreement, we have concluded this round of contract negotiations and have achieved long-term agreements with all five health sector bargaining associations. For the first time in many years, we are heading into a substantial period where our efforts won't be focused on bargaining.

This is truly an impressive accomplishment, and I want to thank the bargaining committees, including HEABC staff, representatives from our health authority and affiliate members, as well as our government partners, for their hard work over the past two-plus years of non-stop bargaining.

We didn't always agree with our union counterparts, but we remained focused on improving the quality of care and working conditions for health care professionals, while also ensuring that we have a sustainable and affordable health care system. All of this was achieved without labour action or service disruptions. This is truly an accomplishment to be proud of.

The current round of bargaining was preceded by two successive two-year contracts. When you factor in pre-bargaining consultation and preparation, the bargaining process never really ended during those short cycles, so in effect, after more than six years of constant negotiations we will enjoy three years of labour stability before it all begins again.

The end of this bargaining cycle aligns perfectly with HEABC's new three-year Strategic Plan, and the adoption of our new vision, mission and values. The 2016-2019 Strategic Plan, which is the result of extensive consultations with our members, leadership team, government stakeholders and HEABC staff, focuses more than ever before on how we can strategically support health care human resource planning.

The Strategic Plan and value statements also focus on partnerships, recognizing that our role is to support government and health care employers in making evidence-based decisions and developing innovative and effective health human resource strategies that will ensure that BC residents receive world-class health care services now and into the future.

Of course, bargaining with nurses wasn't the only thing we were up to this year! Over the past 12 months we have reached significant milestones in the development of the joint Health Science, Community and Facilities benefits trusts. Progress will continue in 2016-17 as we work towards full implementation by spring 2017.

Other notable accomplishments include the completion of Phase 1 of the Integrated Health Human Resource forecasting model and tool project. The forecasting model, which was developed following extensive consultations with health employers, is now complete. Phase 2, the development of a forecasting tool for health system planners, will proceed this year.

And finally, Physician Services and Health Match BC both expanded their capacity and services last year to support HEABC's strategic objective to provide leadership in physician negotiations, contract management and recruitment services. You can read more about these developments in this report.

2015-16 was a year of significant accomplishments, as well as change for HEABC. As the year ended, David Logan departed and Tony Collins stepped in as interim President & CEO while the Board conducted a search for a new President & CEO.

HEABC's strength has always been the professionalism and expertise of its staff members who work directly with our members, government stakeholders and industry groups to fulfill our goals and objectives. I want to thank HEABC staff members for their ongoing commitment and contributions that have allowed the work of our organization to continue unabated even as we experience a change in leadership.

I also want to thank Tony for his excellent management during this period of transition, and also express my gratitude to my fellow Board members for their expertise and contributions as we embark on a new Strategic Plan that will see HEABC play an increasingly important role in health system human resource planning.



MESSAGE FROM THE PRESIDENT & CEO

TONY COLLINS



HEABC is always looking for ways to improve services and offer additional value to our members. Over the past year, we re-aligned our organizational structure to better reflect our key service delivery areas: labour relations, negotiations and knowledge management. The affiliate and health authority services teams merged, creating an integrated Legal Services & Strategic Labour Relations team to increase efficiency, consistency and accountability.

We also created a Strategic Negotiations & Benefits Administration team to lead bargaining and the implementation of collective agreement provisions. Finally, we created an Absence Management & Occupational Health & Safety team to promote best practices and provide leadership and coordination for provincial initiatives related to attendance and disability management, violence prevention and workplace health, safety and wellness.

The result is that our accountability to our most important stakeholders – our members – flows across our organization rather than being focused on specific work teams. Physician Services and Health Match BC, which perform specific functions, remain as stand-alone teams focused on their specific mandates. Our hope is that these changes will allow us to even more closely align our work to support the needs of our members.

In 2015, our Industrial Relations Specialists received more than 500 referrals for labour relations assistance from our members. Some referrals included numerous individual grievances, so we know that our services are in high demand. We will continue to allocate resources so that our members have access to the labour and industrial relations advice, expertise and representation they need.

Our support for members isn't limited to arbitrations, hearings and negotiations. HEABC provided 52 education sessions (workshops and webinars) to 688 registrants last year on a range of labour relations topics. These education sessions are designed to increase labour relations capacity among our members, resulting in fewer referrals and grievances.

In addition to responding to the ongoing labour relations needs of our members, we made significant progress on several key priorities over the past year. Our research team worked with the Ministry of Health to complete Phase 1 of the Integrated Health Human Resource Planning Project, including the development of a methodology for forecasting health system human resource needs.

The roll-out of the Enhanced Disability Management Program for affiliates is now complete, and we achieved several milestones relating to the implementation of the joint Health Science, Facilities and Community benefits trusts, including the completion of trust agreements in all three sectors.

In 2015, Health Match BC supported the provincial government in launching the Practice Ready Assessment program, which provides qualified family physicians with a new pathway to obtaining a license to practice in BC, helping to ensure that our communities have the doctors they need.

In February, HEABC's Board of Directors approved our new three-year Strategic Plan. The 2016-2019 Strategic Plan builds on the previous three-year plan and contains new objectives that focus on fostering innovation and efficiencies in health human resource planning and providing leadership in physician negotiations, contract management and recruitment services. HEABC's Physician Services is well-placed to support a more coordinated approach to provincial and local physician contract negotiations and administration.

As we work towards achieving the objectives outlined in our new Strategic Plan, I want to thank our members for their ongoing support and contributions, and thank our staff for their expertise and commitment to our shared goals.

2013-2016 STRATEGIC PLAN

HEABC's 2013-2016 Strategic Plan covered the period of April 1, 2013 to March 31, 2016. As the final year of this plan has come to a close, we pause to reflect on our accomplishments in fiscal year 2015-16. These accomplishments are highlighted under each of our anchoring strategic objectives below.

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

On May 11, 2016, HEABC announced the ratification of a renewed Nurses' Bargaining Association Provincial Collective Agreement—the last of the health sector agreements to be reached under the Economic Stability Mandate. With the completion of this agreement, the 2013-2016 Strategic Plan has concluded with five-year agreements in place for all health sector bargaining units. These agreements will help the province achieve long-term labour stability within the health sector.

With most of these collective agreements ratified by 2014, we consulted with internal and external stakeholders in 2015 to gather their feedback on the processes related to 2014 negotiations. We asked for feedback on pre-bargaining planning and consultation, our bargaining team orientation, employer bargaining proposal development, caucus discussions, communications and costing coordination, and interpretation sessions. Feedback was collected from HEABC staff members, the Affiliate Advisory Committee, a sample of employer bargaining team representatives, the Labour Relations Advisory Council, and government. HEABC is in the process of reviewing the results of the consultation and developing a list of priority areas for improvement.

Also this year, HEABC realigned some areas of the organization to integrate our talent in a way that best serves our members. The affiliate and health authority servicing teams merged, creating an integrated Legal Services & Strategic Labour Relations team to increase efficiency, consistency and accountability. This has given our staff exposure to more varied labour relations work and learning experiences, while continuing to build and expand upon their relationships with our members, industry partners and health sector unions. We also created a Strategic Negotiations & Benefits Administration team, which is responsible for bargaining, as well as the implementation of collective agreement provisions. Finally, we created an Absence Management & Occupational Health & Safety team to promote best practices and provide leadership and coordination for provincial initiatives related to attendance management, disability management, violence prevention and workplace health, safety and wellness.

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

Our Research team continued to work with the Ministry of Health on the Integrated Health Human Resource Planning Project. The focus of this project is to develop and implement an integrated health human resource forecasting model and interface tool.

We also provided considerable data collection, analysis and costing support to the health sector to facilitate health human resource decision support and compliance monitoring related to contract negotiations and implementation. In particular, HEABC played a lead role in coordinating the data collection and reporting required by the *April 1, 2015 Settlement Agreement Re: Replacement Grievance Settlement and Future Implementation*.

Adding to these knowledge transfer activities, our Education Services, Legal Services & Strategic Labour Relations, and Strategic Negotiations & Benefits Administration teams jointly provided 52 education sessions (a combination of workshops and webinars) to 688 registrants.

In addition to our standard labour relations offerings, Education Services also provided support to a number of Enhanced Absence Management Program (EDMP) education sessions that were delivered by HEABC's Absence Management and Occupational Health & Safety team in November/December.

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

An Affiliate Services Improvement Work Plan was put in place after the 2013-14 affiliate member survey. Of the 26 affiliate member priorities identified, 23 of the 26 action plans were completed; two action plans are still in progress as they are long-term projects and one action item, dealing with the Compensation Reference Plan, has been deferred. Feedback from the May 2015 Affiliate Survey has been incorporated into the servicing goals of our Legal Services & Strategic Labour Relations division.

HEABC has also continued to support affiliate employers with implementing the EDMP. In November 2015, we hired a manager to oversee this implementation. In November/December 2015, we held several consultation sessions with affiliate members who have been using a third-party disability management service provider to deliver the EDMP. The purpose of consultation was to collect employer feedback on services received to date, and to identify areas requiring improvement. Finally, HEABC continues to review and revise resources, such as education sessions and supportive materials, which will help members maximize the benefits of EDMP.

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

In early 2015, HEABC launched a new cross-department initiative called the HEABC Electronic Information Records System (HEIRS). HEIRS is a continuation of the 2012 Labour Relations and Negotiations Information Access (LRNIA) project, which reviewed, assessed and improved the management of organizational knowledge relating to labour relations and collective agreement matters. HEIRS will expand on the LRNIA project through: a) the development of policies and procedures for managing the life cycle of labour relations and negotiations information; and b) the implementation of a fully searchable electronic document management system. The project will continue into fiscal year 2016-17.

HEABC also held several forums to engage our employees in a number of topics, such as change management and planning for our new 2016-2019 Strategic Plan.

Looking Forward

In February, HEABC's Board of Directors approved our new 2016-2019 Strategic Plan, which covers the period of April 1, 2016 to March 31, 2019. The new plan will build on the progress made during the implementation of the 2013-2016 plan and will ensure that HEABC services continue to align with the needs of its member organizations and of government and have a positive impact on the future of BC's health system.

BARGAINING AND LABOUR RELATIONS UPDATE

With the ratification of the Nurses' Bargaining Association Provincial Collective Agreement in May, HEABC has achieved long-term agreements with all five health sector/subsectors under the province's Economic Stability Mandate. The five agreements, which collectively cover more 120,000 unionized health care employees, expire March 31, 2019. These long-term agreements provide labour stability that will allow health care employers to focus on other priorities, including improving patient care while also restructuring services where necessary to ensure long-term affordability and sustainability.

Following the province's public sector bargaining mandate, each agreement is unique and addresses the specific needs and priorities of the sector/subsector, working within the fiscal framework provided.

Over the past year, HEABC worked with employers to complete implementation of the four collective agreements achieved earlier in the bargaining cycle, while at the same time working with employers to reach an agreement with the Nurses' Bargaining Association.

HEABC implementation activities include holding contract interpretation sessions, issuing sector-specific Contract Interpretation Updates (CIUs) and participating in working committees established as part of the collective agreements.

Nurses' collective agreement

On May 11, 2016, HEABC and the Nurses' Bargaining Association (NBA) announced ratification of a five-year collective agreement for the period April 1, 2014 to March 31, 2019.

Highlights of the agreement include:

- Modest wage increases (5.5 per cent over five years)
- Economic Stability Dividend to be paid if the province's real gross domestic product exceeds the official annual forecast
- Provisions to support the sustainability of employee benefits
- Integration of Licensed Practical Nurses into the NBA Provincial Collective Agreement
- Provisions to address the issue of staff turnover
- The development of provincial frameworks to address workplace violence and promote psychological health and safety in the workplace
- Commitments to address specialty nursing, rural and remote recruitment and retention, and nursing scope of practice issues
- A mechanism for overseeing the implementation of provisions related to nurse staffing and replacement
- A mechanism for improving health care labour relations dispute management in BC

HEABC is currently working with employer representatives and the NBA on a detailed and collaborative implementation plan for the collective agreement.

LABOUR RELATIONS BY THE NUMBERS

576

ADJUDICATION files opened*

*Defined as third-party adjudication processes initiated
– e.g., arbitration referral or Labour Relations Board application

BREAKDOWN OF HEALTH AUTHORITY AND AFFILIATE FILES

Health authority or multi-employer = **438** Affiliate = **138**

BY FORUM

Industry Troubleshooter = 42
Expedited Arbitration = 309
Full Arbitration = 168
Labour Relations Board = 49
Judicial Review = 6
Human Rights Tribunal = 2

BY BARGAINING ASSOCIATION

(does not include Labour Relations Board or Judicial Review files)

Health Science Professionals Bargaining Association = 126

Nurses' Bargaining Association = 84*

Facilities Bargaining Association = 131

Community Bargaining Association = 180

*This data does not fully reflect all BCNU grievances. In many cases, one referral includes multiple grievances.

TOP 5 TOPICS:

1. Discipline & discharge (128)
 2. Hours of work (79)
 3. Leaves (70)
 4. Posting/Selection (53)
 5. Classification & Rate of Pay (47)
-

LABOUR RELATIONS BOARD HIGHLIGHTS/CASES OF NOTE

Board clarifies law with respect to Section 54 notice requirements

Recently, the Hospital Employees' Union (HEU) filed a complaint with the Labour Relations Board (LRB) alleging that Northern Health Authority had not provided adequate Section 54 notice pursuant to the *Labour Relations Code*, and seeking an order that the Employer provide notice providing an enumerated list of detailed information, including all affected positions, type of services provided, planned restructure, and employers' rationale. The HEU argued that such detailed and specific information was necessary in order to satisfy the notice requirement of Section 54(1)(a).

In dismissing the application, the LRB agreed with the Employer that the level of detail provided when Section 54 notice is given will vary depending on whether the employer is communicating an intention to make a change (i.e., decisions not finalized) or communicating notice only after the decision is finalized; either is permissible under the Code.

The LRB determined that Section 54(1)(a) did not require the employer to provide the information itemized by the Union to satisfy the notice requirements, and that the case law did not support the type of formal checklist advocated by the HEU, particularly in situations where the employer communicates an intention to make a change as Northern Health had done.

Organizing activity

In the fall of 2016, the BC Nurses' Union (BCNU) filed numerous applications pursuant to section 19 of the *Labour Relations Code* to represent all psychologists and/or psychometrists at seven health sector employers. The incumbent unions, the Health Sciences Association of BC (HSA) and the Professional Employees Association (PEA), opposed the applications on a number of grounds, the majority of which related to the appropriateness of the units applied for and concerns of industry instability.

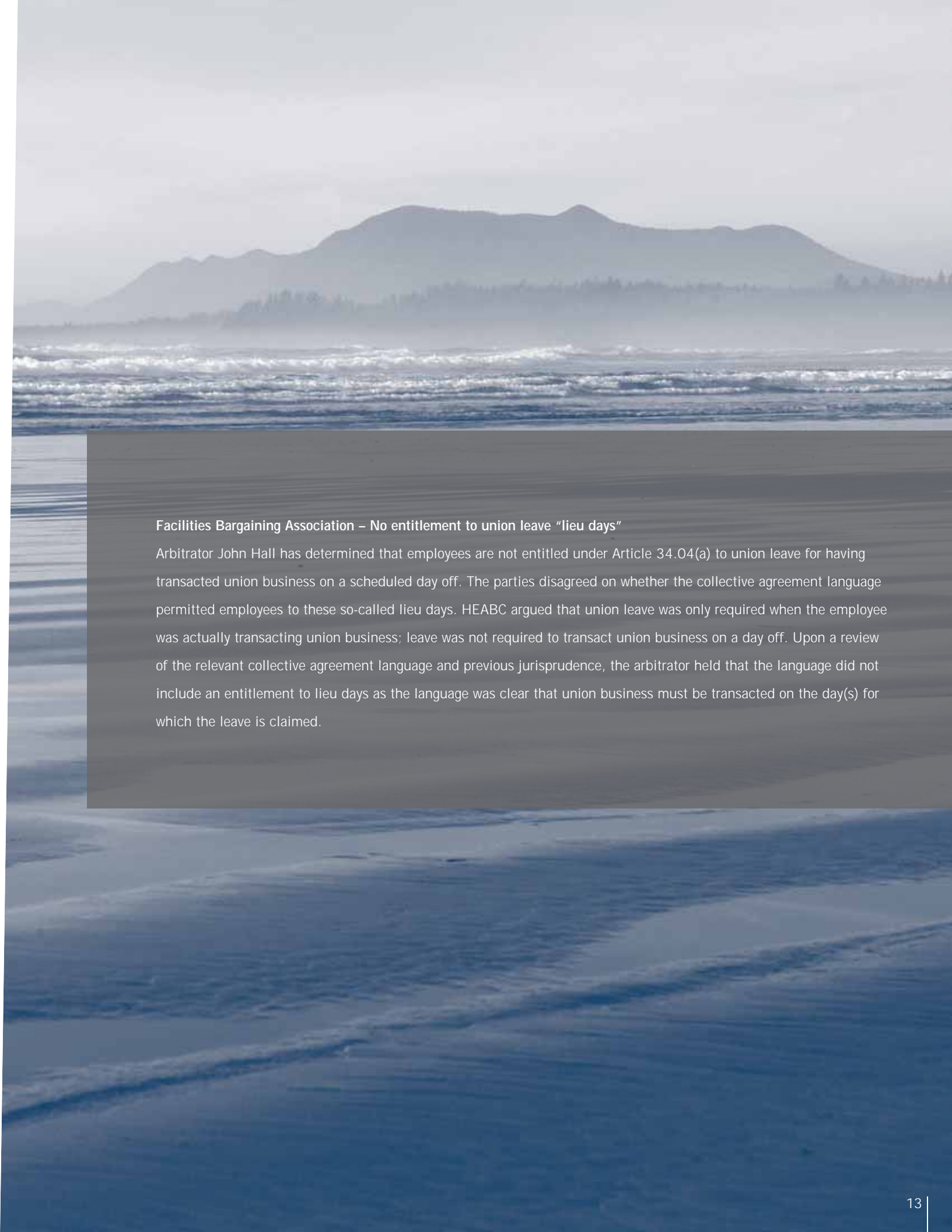
The Canadian Union of Public Employees (CUPE), BC Government Service Employees' Union (BCGEU) and HEU were granted interested party status and each provided submissions also objecting to the applications. The BCNU argued that the units were appropriate based on the individual facts and argued that the Board's policies concerning partial/classification-specific raids were dated and should no longer be applied "in the context of modern labour relations in the health care sector." The Board Vice-Chair reviewed the jurisprudence concerning raids in the health sector and confirmed the established Board policy against proliferation of the bargaining unit, in furtherance of industry stability. As partial raids and classification-specific raids, by definition, lead to fragmentation of the existing bargaining unit, she held that the BCNU must establish compelling reasons to justify an exception to Board policies. Since the BCNU failed to establish compelling circumstances, its applications were dismissed.

Threshold to be applied in essential services designations

Many of HEABC's member employers rely on patient transport services provided by SN Transport. On May 22, 2015 the LRB issued a decision (the Original Decision) that determined only cancer and dialysis patient transfer services performed by SN Transport were essential. None of the other patient transfer services provided by SN Transport were designated essential, such as transfer from acute care hospitals to other sites for treatment, or providing discharged patients with transportation home.

HEABC disagreed with the outcome of the Original Decision and applied for reconsideration on the basis that the approach taken with respect to designating essential services was fundamentally flawed, namely that the test applied to designate essential services was incorrect and the decision included factual errors.

On reconsideration the LRB confirmed its unique responsibilities to protect the public in its essential services designations and identified fundamental errors in the approach to essential services taken in the Original Decision. These errors included the assumption that other health sector employers had the capacity and willingness to take on services that were being provided by SN Transport. As well, the Original Decision did not adequately recognize the critical nature of many health care services, the complexity of the health care system and the fiscal and workload pressures within the system. The LRB also found the "immediate impact" threshold adopted in the Original Decision was wrong and inconsistent with the Board's critical responsibilities when designating essential services. In doing so, the LRB confirmed that the threshold to be applied in essential services designations is the prevention of "immediate and serious danger." The Original Decision was overturned.



Facilities Bargaining Association – No entitlement to union leave “lieu days”

Arbitrator John Hall has determined that employees are not entitled under Article 34.04(a) to union leave for having transacted union business on a scheduled day off. The parties disagreed on whether the collective agreement language permitted employees to these so-called lieu days. HEABC argued that union leave was only required when the employee was actually transacting union business; leave was not required to transact union business on a day off. Upon a review of the relevant collective agreement language and previous jurisprudence, the arbitrator held that the language did not include an entitlement to lieu days as the language was clear that union business must be transacted on the day(s) for which the leave is claimed.

KNOWLEDGE MANAGEMENT

Delivering a sustainable health care system in the face of challenges such as an aging workforce and growing population requires evidence-based decision making that is based on reliable, relevant and comprehensive data. HEABC's Knowledge Management team focuses on building knowledge networks and enhancing the breadth and integrity of the health human resource data available to support this work.

In 2015-16, HEABC's Knowledge Management team expanded its efforts to deliver relevant and timely information to our members. By leveraging new technologies, the team is exploring ways to deliver more data interaction and deeper insights into health human resource issues throughout the province.

Closely linked to this work, progress is also being made on the Integrated Health Human Resources forecast modeling project. The project, which will provide health system planners with a tool to determine what mix of health care professionals is needed now and into the future, was launched last year. The first iteration of the forecasting model, which was developed based on extensive consultation with health authorities and other stakeholders, was completed in April.

The Knowledge Management team and the Ministry of Health are now reviewing the results and developing products to communicate the findings to end users. Our plans are to continue to build and refine the model so that it's a useful decision support tool for long-term health sector planning and policy analysis.

EDUCATION SERVICES

HEABC's member education program offers current, health care specific workshops and webinars that provide managers, supervisors, and human resources staff in public health care settings with the information, processes and tools they need to effectively deal with various workplace labour relations issues. Taught by HEABC staff, the courses are designed to provide opportunities for discussion as well as tools to apply concepts in the workplace.

The member education program is a key service for HEABC members and workshops and webinars often sell out. Courses are very well received with follow-up surveys showing an overall satisfaction rating of over 98 per cent.

HEABC workshops and webinars are currently open only to employees of HEABC member organizations; however, collaboration with other employer organizations as well as opening up registration for non-member participants is currently under discussion.

HEABC Education Services also provides support to other projects within HEABC. Last year, Education Services supported the education component of the Enhanced Disability Management Program roll-out to affiliate members and collaborated with key stakeholders to develop and deliver a trustee education course to the newly appointed trustees for the Joint Benefits Trusts.

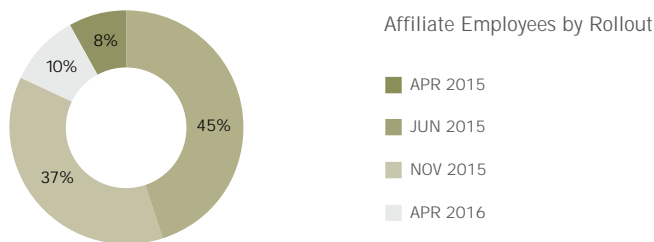
Statistics



OCCUPATIONAL HEALTH & SAFETY

Enhanced Disability Management Program

The Enhanced Disability Management Program (EDMP) has now been implemented at all health authority and affiliate member sites, with the majority of affiliate sites rolling out in 2015. More than 17,000 unionized employees across 167 affiliate member sites now have access to EDMP. Most affiliate employers are utilizing third-party providers for disability management services, with Morneau Shepell being used by the majority of affiliate members, providing coverage to more than 10,000 employees and 132 employers. Preliminary findings indicate that HEABC affiliates involved in the initial 2015 rollouts of EDMP have seen a reduction in the average duration and cost of WorkSafeBC claims, as well as a reduction in the number of new LTD claims.



HEABC has facilitated over 30 education sessions to affiliate employers, with joint union participation, to assist employers with the implementation of EDMP, and build collaboration between employers, unions and third-party providers. Ongoing education and training is planned for 2016, and HEABC continues to work with members to address implementation or program administration concerns.

Provincial steering committees have been established for all bargaining associations. The steering committees act as the governing bodies of the program, and guide its administration. EDMP principles were initially negotiated into the 2010-12 collective agreements but not implemented until the 2012-14 collective agreements.

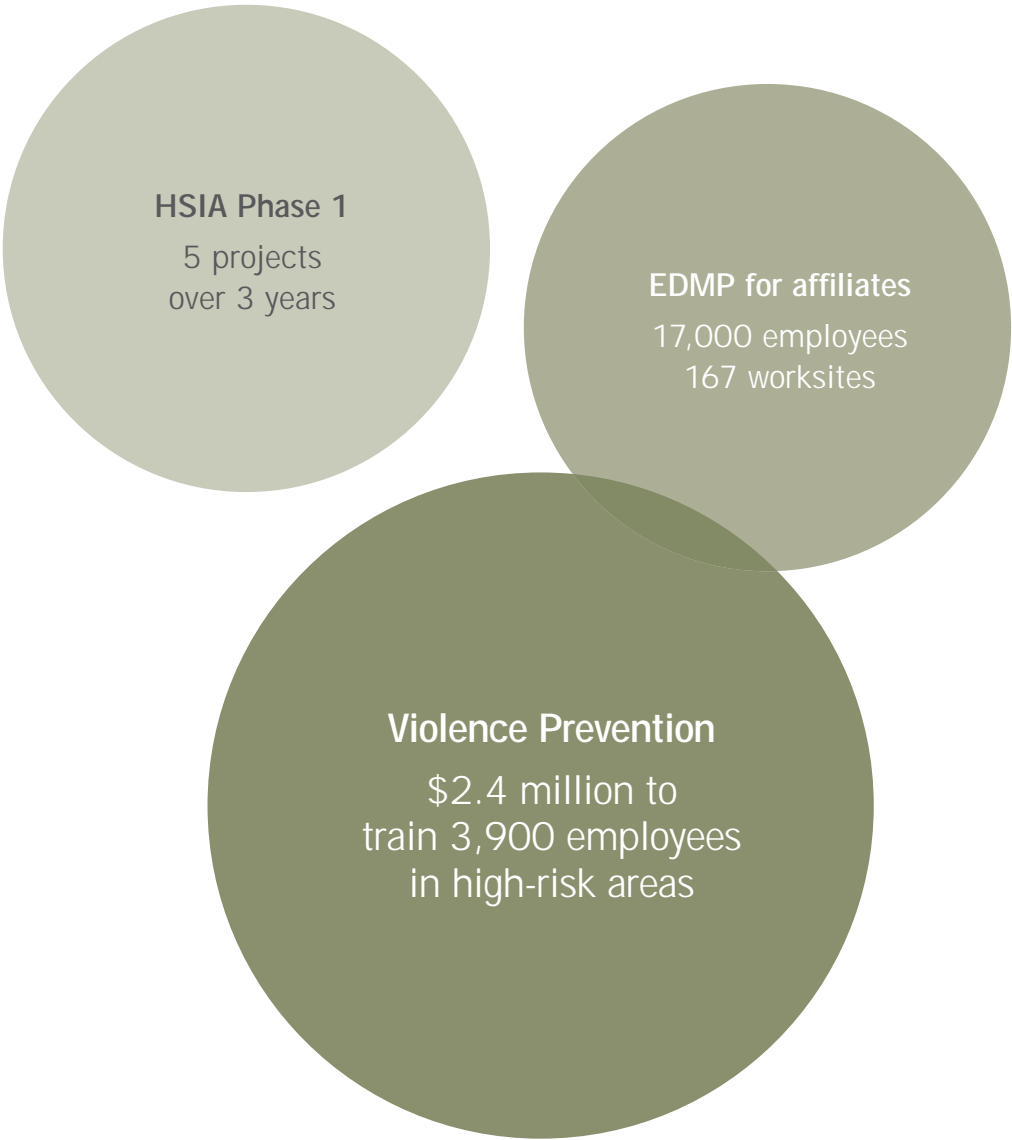
The EDMP was designed in part to address high sickness and disability rates that exist in the health sector, and the associated human and financial costs (e.g., morale, productivity, sick leave, WorkSafeBC, long-term disability and overtime costs). Effective disability management programs are recognized as a best practice to support ill and disabled employees to return to work as soon as possible and lower these costs.

Health & Safety in Action (HSIA) – Phase 2

BC's six health authorities and Providence Health Care (PHC) began work on Health & Safety in Action (HSIA) Phase 2 in April 2015. Building on the successes of the projects completed in Phase 1, including the successful rollout of the provincial violence prevention curriculum, this phase of HSIA focuses on accelerating violence prevention training in high-risk units over a three year period. For 2015-16 (year 1), \$3 million was approved by WorkSafeBC for this purpose.

In 2015-16, \$2.4 million was used to provide violence prevention training to an additional 3,900 health care employees working in high-risk areas. This represents 30 per cent of all employees who took violence prevention training in 2015/16. In addition to this, \$600,000 was budgeted to begin work on creating an integrated database/infrastructure to compile industry-wide data and reports and analytics on violence in the BC health care sector.

HSIA is a partnership between HEABC, the province's six health authorities, PHC, WorkSafeBC and Healthcare Benefit Trust. Its goal is to reduce the number of workplace injuries, occupational illnesses and the number and duration of short- and long-term injury claims. Originally launched in 2011, five Phase 1 projects were completed over three years.



HSIA Phase 1

5 projects
over 3 years

EDMP for affiliates

17,000 employees
167 worksites

Violence Prevention

\$2.4 million to
train 3,900 employees
in high-risk areas

JOINT BENEFITS TRUSTS

Health and welfare benefits reform is crucial to ensuring the sustainability of BC's health sector. Comprehensive and competitive benefits plans are a key factor for recruitment, retention and maintaining a healthy workforce, but the costs can be unpredictable. Employers want to provide employees with the benefits they want and need, working within a reasonable and predictable cost framework.

A joint benefits trust (JBT) is one way to ensure that benefits are sustainable and affordable now, and into the future. In a JBT, employees and employers work together to operate efficient and sustainable benefits plans that provide excellent benefits for members. Managed by a board of trustees with equal representation from employers and employees (via their union representatives), the JBTs are legally obliged to provide the health and welfare benefits within a fixed funding framework.

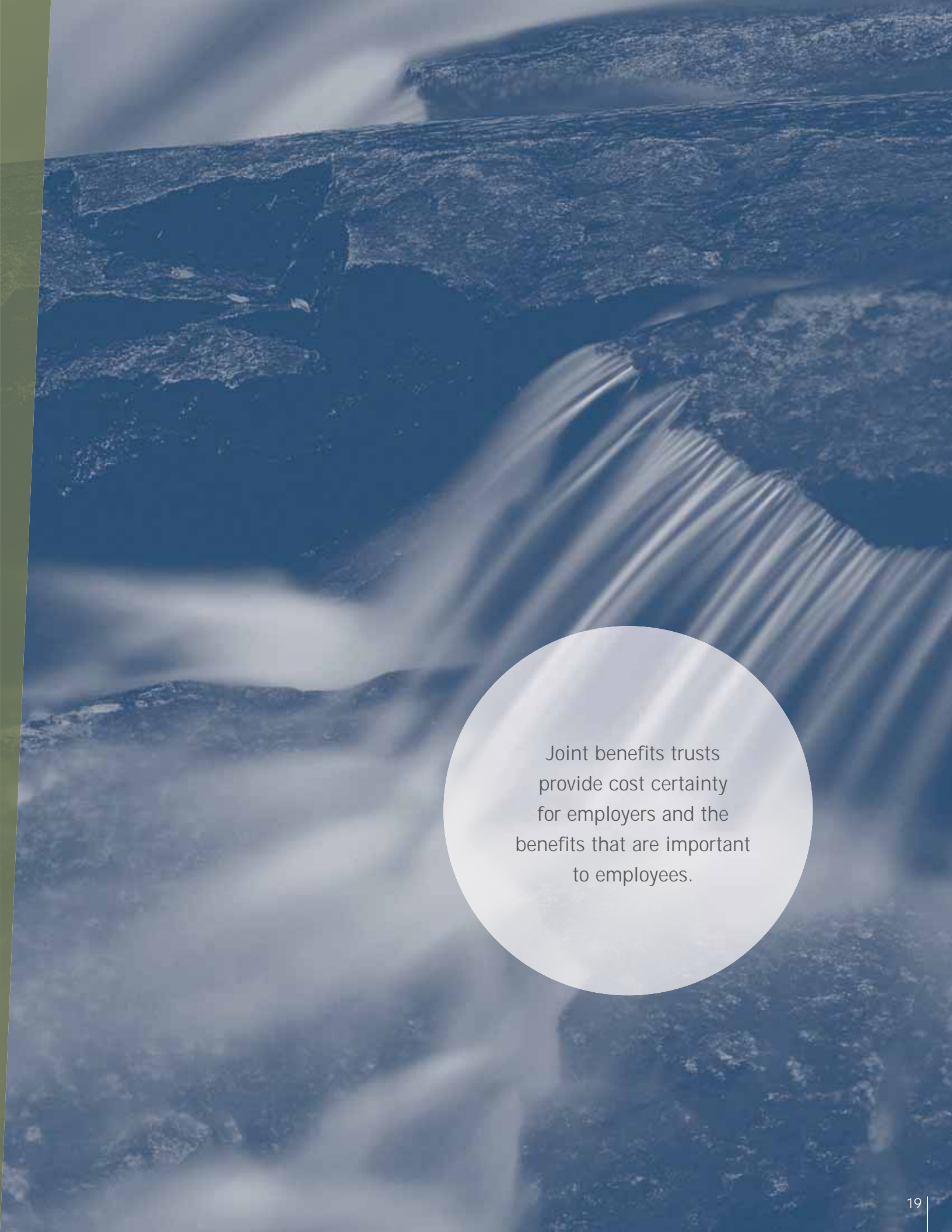
This cooperative approach ensures employers attain a level of cost certainty and employees get the benefits that are important to them.

Health sector joint benefits trusts were negotiated as part of the Health Science Professionals, Community and Facilities 2014-2019 collective agreements and HEABC has been working with union and employer working groups to implement the trusts in accordance with the timelines established in the collective agreements.

The JBTs reached major milestones in 2015-16 with the completion of the trust agreements for each joint trust and the appointment of union and employer representatives to the boards of trustees.

JBTs are funded by participating employers with contributions held in trust to pay for health and welfare benefits for employees and eligible dependents. Employer contributions will be set as a fixed percentage of payroll costs determined by the actual cost of providing benefits divided by total regular straight time payroll costs.

The parties are currently working to complete the governance framework, including an RFP process for third-party administrators, establish the funding formulas and resolve any outstanding investment, legal and tax issues to achieve full implementation of the JBTs by March 31, 2017.



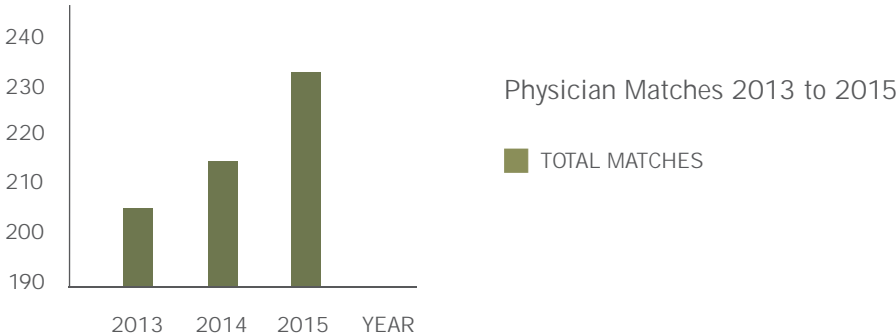
Joint benefits trusts
provide cost certainty
for employers and the
benefits that are important
to employees.

HEALTH MATCH BC

Health Match BC is a health professional recruitment service funded by the provincial government. It is a non-core division of HEABC with separate contract requirements and funding. Since 1999, Health Match BC has recruited thousands of Canadian and internationally educated health professionals to work in underserved communities in BC.

Physician Recruitment

Physician recruitment continued to increase in 2015 with 234 positions filled compared to 212 in 2014 and 207 in 2013.



Health Match BC successfully matched 234 physicians including 74 in rural/remote BC communities. Of the 108 specialists placed provincially, 28 located to rural/remote communities. There were more than five times as many matches to permanent positions compared to fee-for-service locums positions, and in many other cases, health authorities and/or local clinics were able to fill vacancies without assistance. During this period, 1,020 vacancies for physicians were posted.

Regional Distribution of Vacancies and Matches by Health Match BC in 2015

Health Employers/Regions	Vacancies Posted	Permanent Matches	Locum Matches	Total Matches
Fraser Health	222	52	6	58
Interior Health	226	26	6	32
Island Health	180	27	9	36
Northern Health	133	17	7	24
Providence Health Care	12	5	0	5
Provincial Health Services Authority	106	12	3	15
Vancouver Coastal Health	141	53	11	64
Total	1,020	192	42	234

Practice Ready Assessment – British Columbia

In 2015, the provincial government launched Practice Ready Assessment – British Columbia (PRA-BC), a program for internationally educated family physicians who completed residencies in Family Medicine outside of Canada. The program provides qualified family physicians with a new pathway to obtaining a license to practice in BC.

Program highlights in 2015/2016:

- In January 2016, 11 international medical graduates were assessed as practice ready and placed in communities of need: Chetwynd, Quesnel (two), Houston, Fort Nelson, Prince Rupert, Campbell River, Princeton, Logan Lake, and Ashcroft (two).
- This is the second group of doctors through PRA-BC. The first group of 14 doctors assessed through PRA-BC started in their new communities in July 2015: McBride, Hazelton, Quesnel, Dawson Creek, Fort St. John (two), Terrace, Castlegar, Lillooet (two), Invermere, Port Hardy (two), and Powell River.

Nurses and Allied Health Professionals

Registered nurses with specialty training in areas such as critical care, emergency and operating room practice are in high demand. To meet this demand, Health Match BC registered and screened more than 1,283 candidates in 2015; 474 referrals – of which 221 were distinct nurses with appropriate qualifications – were made to health authority recruiters and 74 were hired.

In addition, 734 allied health professionals were registered and screened in 2015; 88 were referred to health authority recruiters and five were hired.

Health Match BC applicants who required certification and/or remedial training were directed to MOSAIC where they could be eligible to access funds to cover some of the costs of either certification or training.

BC Care Aide & Community Health Worker Registry

Established in 2010, the BC Care Aide & Community Health Worker Registry protects vulnerable patients, residents and clients receiving care from health care assistants (HCAs) by registering the HCAs to improve standards of care.

To ensure that all HCA education meets provincial standards, the Registry assesses and monitors BC HCA program delivery. Since April 2014, the Registry has conducted site visits at 32 BC educational institutions at 66 campus sites. First-time recognition compliance site visits are now 80 per cent complete. A list of recognized BC HCA programs is published on the Registry website.

The Registry has more than 33,000 registered HCAs. It investigates allegations of abuse and works to improve the educational standards and competencies of all HCAs. Up to March 2016, the Registry has received 435 alleged abuse reports from employers. Of these, 217 were terminated by their employers and 218 received temporary suspensions.

Physician Profile: Canadian Doctors Find Adventure in BC

Dr. Damon Tedford grew up almost as far from BC as a Canadian can get: in Charlottetown, PEI. In his late teens, he joined the Canadian Armed Forces, earning an undergraduate degree from the Royal Military College in Kingston, Ontario. He served as an officer with the Princess Patricia's Light Infantry, serving on tours of duty in Bosnia and Afghanistan before leaving the Armed Forces to study medicine at McMaster University in Hamilton, Ontario.

The tempo of emergency medicine drew Dr. Tedford to the specialty. The acute nature of the patient's need means that "sometimes you can actually fix the problem and see the outcomes of your interventions firsthand," he said. He completed his residency at the University of Saskatchewan in 2013. Dr. Tedford and his partner, Dr. Lauren Kimball, moved to British Columbia in early 2014. They chose BC because of "the skiing, the snow, the mountains – all of the adventure pieces, really."

Health Match BC helped make the transition between provinces easy, Dr. Tedford said. He appreciated how Health Match BC helped with the paperwork and assisted with job opportunities. "They can help find the communities that will suit your lifestyle needs," he said.



PHYSICIAN SERVICES

Building a coordinated approach to provincial and local physician contract negotiations

BC's health system priorities reflect many opportunities to improve the planning and engagement of the physician workforce in medical service delivery. The 2014 BC Auditor General's report, *Oversight of Physician Services*, conveyed the case for change and recommended a consistent provincial approach to the administration of physician contracts.

Associated with HEABC's track record in building constructive relationships and negotiating provincial agreements, Physician Services was well-suited to support a more coordinated and accountable approach to provincial and local physician contract negotiations and administration. In 2015, the Ministry of Health confirmed HEABC Physician Services' expanded role in coordinating the negotiation of provincial (Physician Master Agreement) and local physician contracts. Soon after, leadership in physician negotiations and contract management was embedded as one of four strategic objectives in HEABC's 2016-2019 Strategic Plan.

Improved oversight of physician services in BC depends on a collective approach to negotiation of physician contracts by health authorities. In 2016, Physician Services initiated development of the Shared Physician Contracts Database, building the knowledge of health authority alternative payment contracts that is requisite for its role in strategic coordination of local physician contract negotiations. Physician Services also initiated its role in partnering with the Ministry of Health and consulting with health authority executives in preparation for the 2016 limited renegotiation of the Physician Master Agreement.

Physician Services' role depends on close collaboration with health authorities. Accordingly, it has invested in reinvigorating the collaboration between senior leaders from health authorities, the Ministry of Health and HEABC Physician Services that convene as the Provincial Medical Services Executive Council (PMSEC). Ultimately, both efforts to coordinate provincial and local contract negotiations will converge in redesigning physician compensation models so that they better support the province's health system strategy.



In 2015, the Ministry
of Health confirmed
an expanded role
for HEABC
Physician Services

2015 BC HEALTH CARE AWARDS

The *BC Health Care Awards* recognize outstanding health care employees and reward innovation and best practices within BC's publicly funded health care providers. The awards shine a spotlight on health employees who are improving the provincial health care system and delivering outstanding care – both on the frontlines and behind the scenes. The 2015 *BC Health Care Awards* were held June 22, 2015 at the Pan Pacific Hotel in Vancouver.

2015 Gold Apple winners:

Provincial Health Care Hero & Health Care Hero – Island Health

Dawn Nedzelski – Chief Professional Practice & Chief Nursing Officer

Health Care Hero – Affiliate

Frannie Cruise – Recreation Therapist (Centre for Child Development, Surrey)

Health Care Hero – Fraser Health

Marika Sandrelli – Addiction Knowledge Exchange Leader (Mental Health & Substance Use Program)

Health Care Hero – Interior Health

Patrice Gordon – Nurse Practitioner (Community Integrated Health Services, Cariboo Region)

Health Care Hero – Northern Health

Heather Floris – Head Nurse (St. John Hospital, Vanderhoof)

Health Care Hero – Provincial Health Services Authority

Amy Pezzente – Eating Disorder Peer Support Worker (Kelty Mental Health Resource Centre, BC Children's Hospital)

Health Care Hero – Vancouver Coastal Health

Ian Denison – Physical Therapy Equipment Specialist (GF Strong Rehabilitation Centre)

Top Innovation – Affiliate

Rosewood Manor (Richmond) – Enriching the Quality of Care for Dementia Residents

Top Innovation – Health Authority

Fraser Health – Implantable Cardiac Electrical Device Project: From Complexity to Optimization

Workplace Health Innovation

Island Health (Nanaimo Regional General Hospital) – Integrating Violence Prevention Policies into Practice

Collaborative Solutions

BC Provincial Blood Coordinating Office (Provincial Health Services Authority) – Hospital Inventory Optimization Project



2015 Award of Merit recipients:

Top Innovation – Affiliate

- Canadian Mental Health Association (CMHA), BC Division – Bounce Back: Reclaim Your Health

Top Innovation – Health Authority

- BC Children's Hospital (Provincial Health Services Authority) – ON TRAC (Transitioning Responsibly to Adult Care) Youth Transition Initiative
- Vancouver Coastal Health– Emergency Department (ED) iCare

Workplace Health Innovation

- Fraser Health – Site Security Incident Reporting System
- Northern Health & Interior Health – Duty-to-Accommodate Pilot Project: A Collaboration with HR Operations & Disability Management

Collaborative Solutions

- BC Emergency Health Services – Decreasing Lead Time for RED (High Acuity/Emergent) Inter-Facility Transfers
- Vancouver Coastal Health – Antimicrobial Stewardship Program: Innovation, Research, Education & Safety (ASPIRES) Team



2015 Provincial Health Care Hero

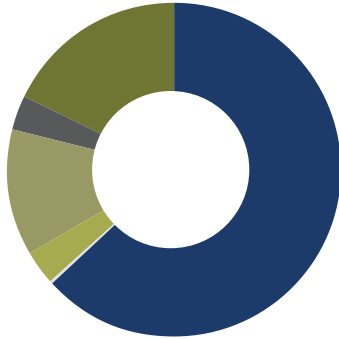
Dawn Nedzelski – Chief Professional Practice & Chief Nursing Officer, Island Health

Throughout her career as a nurse and health care leader, Dawn Nedzelski has demonstrated an unwavering commitment to both her patients and the nursing profession. Colleagues say it is Dawn's unique ability to bring people together that has made a significant impact on her immediate work environment as well as the broader Island Health community. After starting her career in frontline nursing more than 30 years ago, Dawn is now Chief Professional Practice & Chief Nursing Officer. Although she is now an administrator, Dawn has never forgotten her frontline nursing roots. Dawn is the first to ask how a proposed change will impact patient care, and works hard to ensure that patient safety and quality care are the driving forces behind administrative decisions. She has extended this approach to the community too – building bridges to groups that might otherwise feel marginalized and ensuring that the unique needs of each population are being met.

BARGAINING ASSOCIATIONS

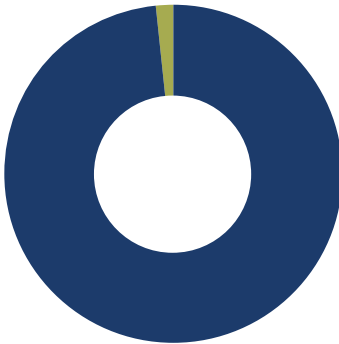
FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS

Community



Union	FTEs	%
BCGEU	5,751.7	63.3%
BCNU	22.5	0.2%
CUPE	291.0	3.2%
HEU	1,118.8	12.3%
HSA	307.4	3.4%
UFCW	1,595.7	17.6%
Total	9,087.1	100.0%

Nurses



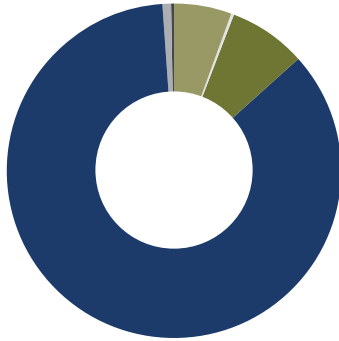
Union	FTEs	%
BCGEU	17.7	0.1%
BCNU**	29,044.2	98.5%
HEU	1.4	0.0%
HSA	418.1	1.4%
UFCW	0.9	0.0%
Total	29,482.3	100.0%

Resident Doctors



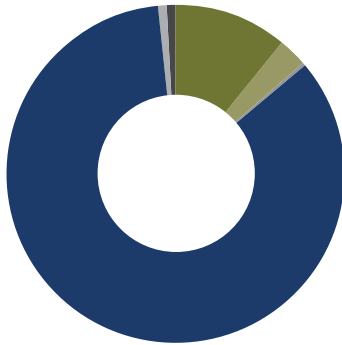
Union	FTEs	%
PAR-BC	1,201.5	100.0%
Total	1,201.5	100.0%

Facilities



Union	FTEs	%
BCGEU	1,653.4	5.6%
BCNU	118.9	0.4%
CUPE*	2,205.8	7.5%
HEU	25,254.7	85.4%
IUOE	268.8	0.9%
PPWC	65.3	0.2%
USWA	7.9	0.0%
Total	29,574.8	100.0%

Health Science Professionals



Union	FTEs	%
BCGEU	1,411.3	11.2%
CUPE	342.5	2.7%
HEU	36.7	0.3%
HSA	10,773.9	85.2%
PEA	88.4	0.7%
Total	12,652.8	100.0%

BCGEU BC Government and Service Employees' Union
BCNU British Columbia Nurses' Union
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 British Columbia

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

- Data is annualized to a 365-day reporting period
 - FTEs reflect data as reported in HSCIS 2015-Q4. No adjustments made to account for non-reported FTEs.
 - FTE: Straight-time hours divided by the annual Standard Work Hours for a full-time employee according to bargaining group (1950 hours), *BC Emergency Health Service CUPE employee's FTE = (Straight-time hours + Standby hours)/2121.6 hours
 - Figures reflect changes of Nurses' Bargaining Association (NBA) on the transfer of all LPNs and LPN Supervisors from Community and Facilities subsectors to NBA in 2013
 - 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.
 **Includes UPN employees

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

Statement of Operations

Year ended March 31, 2016, with comparative information for 2015

	2016 Budget (note 2 (j))	2016	2015
Revenue:			
Provincial government funding	\$ 9,068,215	\$ 9,068,215	\$ 9,068,215
Fee for service (note 8)	130,000	136,172	149,358
Member assessments	180,000	135,603	180,804
Interest	150,000	105,564	136,737
	9,528,215	9,445,554	9,535,114
Funding from deferred contributions operations (note 4)	8,747,960	7,298,705	4,967,662
	18,276,175	16,744,259	14,502,776
Expenses (note 11):			
Ongoing operations:			
Legal services and strategic labour relations	2,722,860	3,381,727	2,599,149
Knowledge management and compensation services	2,927,180	2,589,707	2,735,817
Strategic negotiations and benefits administration	1,473,915	1,748,375	1,423,744
Executive services and board governance	1,462,110	1,233,280	1,201,463
Finance and administration	860,480	775,089	785,402
Absence management and occupational health & safety	590,860	717,282	542,748
General	180,010	224,115	318,237
Expenses from ongoing operations	10,217,415	10,669,575	9,606,560
Contracted operations:			
Recruitment services - Health Match BC	2,306,535	2,368,823	2,142,553
Practice ready assessment BC	2,538,725	1,768,939	-
Physician services	1,328,500	1,307,792	1,199,476
Health cross jurisdictional labour relations database	424,000	376,853	577,260
Care aide registry	600,000	525,037	526,877
Integrated health human resource planning	800,000	272,350	31,292
Expenses from contracted operations	7,997,760	6,619,794	4,477,458
Total expenses from operations	18,215,175	17,289,369	14,084,018
Annual surplus (deficit)	61,000	(545,110)	418,758
Accumulated surplus, beginning of year	4,172,910	4,172,910	3,754,152
Accumulated surplus, end of year	\$ 4,233,910	\$ 3,627,800	\$ 4,172,910

See accompanying notes to financial statements.

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

Statement of Financial Position

March 31, 2016, with comparative information for 2015

	2016	2015
Financial assets:		
Cash	\$ 2,279,075	\$ 1,599,577
Short-term investments (note 3)	8,685,036	7,145,426
Long-term investments (note 3)	-	800,000
Accounts receivable	852,419	2,643,926
	11,816,530	12,188,929
Liabilities:		
Accounts payable and accrued liabilities	1,950,518	2,102,250
Deferred contributions (note 4)	6,184,644	5,765,145
Tenant inducements	298,172	447,270
Retirement benefit liability	268,041	293,398
	8,701,375	8,608,063
Net financial assets:	3,115,155	3,580,866
Non-financial assets:		
Tangible capital assets (note 5)	394,377	465,677
Prepaid expenses	118,268	126,367
	512,645	592,044
Commitments (note 9)		
Accumulated surplus (note 6)	\$ 3,627,800	\$ 4,172,910

See accompanying notes to financial statements.

Approved on behalf of the Board:



Director



Director

BOARD OF DIRECTORS 2015-2016

Betsy Gibbons - Board Chair

Catherine Kohm - Affiliated Care Provider Representative (retired from Board August 20, 2015)

Joseph McQuaid - Affiliated Care Provider Representative (appointed to Board November 25, 2015)

Howard Johnson - Denominational Care Provider Representative

Michael Marchbank - Fraser Health Representative

Sabine Feulgen - Government Representative, Ministry of Health

Christina Zacharuk - Government Representative, Public Sector Employers' Council Secretariat, Ministry of Finance

Dr. Robert Halpenny - Interior Health Representative (retired from Board October 23, 2015)

Chris Mazurkewich - Interior Health Representative (appointed to Board October 26, 2015)

Cathy Ulrich - Northern Health Representative

Elissa Gamble - Proprietary Care Provider Representative

Carl Roy - Provincial Health Services Authority Representative

Mary Ackenhusen - Vancouver Coastal Health Representative

Dr. Brendan Carr - Vancouver Island Health Authority Representative



200-1333 West Broadway

Vancouver, BC V6H 4C6

T 604.736.5909

F 604.736.2715

www.heabc.bc.ca