

New Milestones

HEA BC

Annual Report 1997 – 1998

MISSION

In cooperation and partnership with health care employers and government, the Health Employers Association of BC (HEABC) will provide professional, accountable labour relations and human resource services that contribute to:

- Sustainability, innovation and service excellence in health care
- Consistent practices that contribute to quality care
- Harmonious labour-management environment
- Effective employer representation at the bargaining table and representing employers' interests to the government

VISION

The voice of BC's health care employers

VALUES

Through dedication and commitment, and in partnership with our members, we strive to:

- Safeguard the interests of our membership
- Advocate practices that contribute to the well-being of residents, patients, clients and their families
- Establish credibility through integrity, consistent quality service, professionalism and accountability
- Support growth based on continuous learning and education
- Offer respect and support for our employees

HEABC

Annual Report 1997 – 1998

CONTENTS

About HEABC	4
Report of the Board Chair and Chief Executive Officer	5
Member Services	6
Actions and Outcomes 1997-1998	10
Financials	14
Current Board of Directors of HEABC	16
HEABC Board Committees	18
Regional Council Executive	18



ABOUT HEABC

The Health Employers Association of BC (HEABC) acts as a unifying body that serves a diverse group of over 400 publicly-funded health care employers. The first organization in Canada to represent the full spectrum of health care employers, it was formed under the Society Act in response to the Korbin Commission, which outlined a process for creating a single organization to coordinate the human resource and labour relations interests of health care employers. On December 1, 1993, HEABC became that single employer organization through the amalgamation of the Continuing Care Employee Relations Association (CCERA), the Health Labour Relations Association (HLRA), and the labour relations division of the BC Association of Private Care (Pricare).

During the past five years, HEABC has continued to provide the general and specific services in Human Resources and Labour Resources set out in the legislation:

- Research and Strategic Planning for Health Care Reform
- Bargaining
- Consultation, Coordination and Communication
- Essential Services Designations, Labour Adjustment and Non-Contract/Executive Compensation
- Human Resource Initiatives and Physician Recruitment

As the health system continues to change and meet new challenges, the role of HEABC has continued to evolve to focus on the following:

- Provide services and advice on issues relating to human resources, research, labour relations, compensation and bargaining, and work to ensure a consistent employer approach in these areas
- Support members by lobbying the government for positive legislative and structural changes
- Ensure fiscal accountability
- Provide effective management of human resources for both unionized and non-unionized staff
- Facilitate effective communication and coordination between employers and the various public sectors, and achieve a better balance of union/management and employer/employee interests

HEABC staff and/or Board members also sit on the Public Sector Employers Council (PSEC), the Health Information Standards Council, the Contract Reform Council, the Business Council's Employee Relations Committee of BC, the Rural Physician Committee, Healthcare Benefit Trust, Workers Compensation Board – Policy Advisory Committee, Healthcare Labour Adjustment Agency, and Health Care Leader coalitions.

The Association operates out of a head office in Vancouver and regional offices in Kelowna and Victoria with a professional staff dedicated to meeting the needs of its membership. While the actual size of HEABC's membership in terms of FTE's and budget size has continued to grow because of new members, the actual number of voting members has dropped because of numerous mergers and amalgamations. This trend is expected to continue but at a much reduced pace.

REPORT OF THE BOARD CHAIR AND CHIEF EXECUTIVE OFFICER

This year began with a focus that would dominate the year's events – *bargaining*. And the outcomes that unfolded with the year represented new milestones in how health care is evolving in our province and the role of health care employers in that evolution. At no other time in health care history have the words “collective bargaining” held such an appropriate meaning. For the first time, all health care employers were involved in contract negotiations at the same time, covering approximately 100,000 health care employees. This bargaining environment brought with it many challenges which, with your help, we began preparing for late last year and continued well into the new year.

Partly, it was this preparation and assistance from members that helped make this past year of bargaining one that would make history. But the other milestones along the way were significant to our members in carving the path for the future. For the first time in over thirty years, an agreement was ratified with the Facilities support workers without the aid of an arbitrator. An agreement was reached with the Professional Association of Residents after only three and one-half days of meetings. The Community support workers agreement was also negotiated with little involvement from a third party. And although resolution of the Nurses and Paramedical agreements remain outstanding, we are confident that an acceptable agreement will be reached by all parties at these tables as well.

Throughout the year, we strived to maintain a balance of meeting bargaining requirement objectives while also meeting the individual needs of our members. One important action that helped us achieve this goal, within a limited budget, was defining and implementing new strategies for improving our communications. Responding to the requests of members, we now provide timely communication with our members through e-mail and our web site. This has proven to be a power-

ful tool not only in ensuring members receive information in a timely way, but also ensuring that members have access to information instantly through the web site.

As an Association we continue, as do our members, to face the ever-increasing task of doing more with less. We, along with all of you, have been faced with the challenge of providing effective quality service within a reduced monetary framework. With your assistance, we will continue to review and prioritize member services. As always, your ideas and input help ensure that our services are meeting your requirements and responding to new needs as they arise.

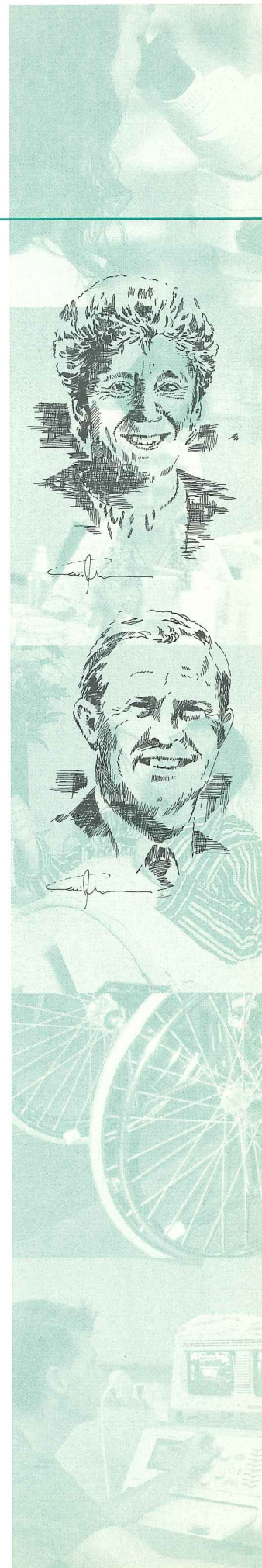
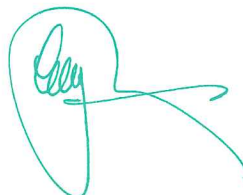
It was your positive feedback on the successes we have seen with the Physician Recruitment Agency that has propelled us into discussions with the Ministry of Health on expanding the services in this area. These new services will work to recruit, not only physicians to rural and remote areas, but will also focus on recruiting for other health care employment positions that are difficult to fill. We are very excited about being part of this venture, and will rely on your input and feedback to ensure that the services provided meet your needs in a timely, effective way.

Your involvement is vital to our role as your Association. Your approval and support for our services is the most effective way that we can measure our successes. We are proud of our achievements over the last year, and are confident that we can continue to provide our members with valuable and effective services. We would like to thank our dedicated staff, who continue to provide excellent service; our members, who gladly volunteer their assistance and whose knowledge we rely on to help us better represent them; and our Board of Directors, whose diligence is overwhelmingly evident and measured by the many milestones we have reached this year together.

Mrs. Pat E. Zanon
HEABC Board Chair



Mr. Gary A. Moser
President and CEO



MEMBER SERVICES

Education

Building on its commitment to education, HEABC undertook a number of new initiatives to expand the scope of the learning opportunities it is able to offer to members.

Creative Leadership in Health Care Programs

The pilot program in November 1997 proved so successful that the Partners in Health Care Leaders Coalition, in conjunction with Royal Roads University, offered two *Creative Leadership in Health Care Programs* to health care leaders in August and October of 1998. The coalition includes the Community Care Administrators' Association of BC, BC Medical Directors' Association, COUTH, Care Directors Group, Health Administrators' Association of BC, HEABC, Nurse Administrators' Association of BC and the Ministry of Health. The creative leadership program, which is targeted for senior and middle health care managers in all sectors of health care, involves six intensive days of study and interaction. The goal is to assist the individuals in developing their leadership abilities to meet the challenges of our new health care system. The Ministry of Health gave a grant to sponsor these programs so that the fees charged for the participants could be reduced.

A Public Sector Business Dilemma

In spring 1998, HEABC developed the program *A Public Sector Business Dilemma – Recruiting and Retaining Doctors in Remote and Rural B.C.* in partnership with Royal Roads University for its Master of Arts Leadership and Training Program (MALT). This program provides a unique approach to this complex problem by tapping the resources of the MALT participants, who include CEOs, entrepreneurs, lawyers, accountants. Participants in the two 1998 *Creative Leadership in Health Care Programs* will study this program as well. Before strategy is implemented, their pool of insights in solution development will be tested with the involvement of the communities experiencing this dilemma.

Human Resource Advisory Group Meetings

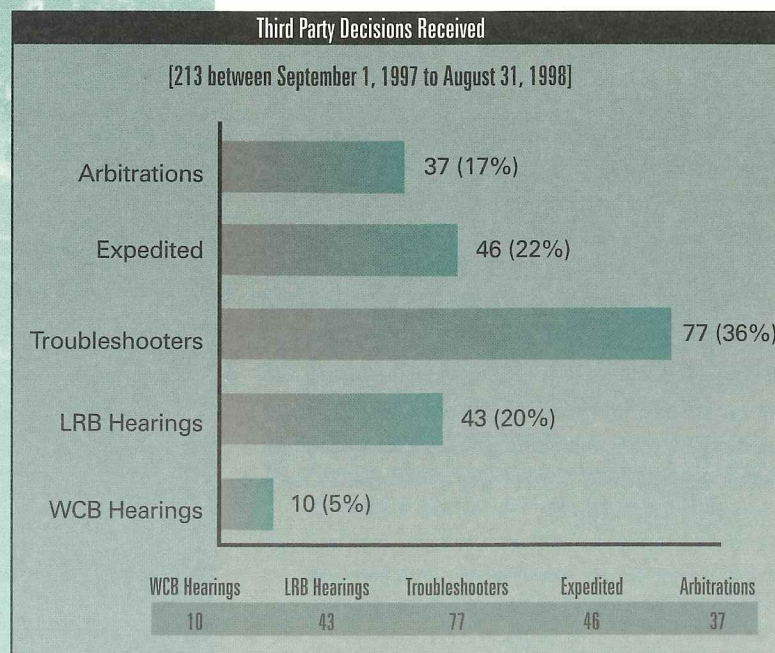
HEABC labour relations and compensation staff attended a number of Human Resource Advisory Group Meetings. In addition to providing HEABC with an opportunity to hear from our members, these meetings also allowed staff to update the members on key labour relations and human resource issues.

Education Conference

Involvement in bargaining and contract negotiations in all health care subsectors scuttled preliminary plans for another Human Resource Management Conference for spring 1998. Instead, HEABC and the Health Association of British Columbia will jointly sponsor an education conference on November 9, 1998, in-between the annual general meetings for both associations.

Selection/Investigation Workshops

From June 1997 to April 1998, labour relations consultants presented the workshops *Ten Steps to Effective Selection Decisions and Investigation of Those Decisions* in 28 locations around the province. Newly developed by HEABC, these workshops featured subject and format based on input from HEABC members, relating to the organizations' mission and vision, productivity, morale, job descriptions, and collective agreements. The workshop provides tools to improve the process for managers and supervisors to recruit and select new employees and to minimize selection grievances. Feedback from participants has been very positive.



Managing Discipline and Performance Appraisal Workshop

HEABC is continuing to work on developing this new workshop, which is slated to be launched in the spring of 1999.

Ongoing Servicing and Third Party Work

As indicated by the graphs on the previous and following page, the number of calls, issues, and third party work continued at a high level during 1997-98

Communication

As we live in a society and work in an industry where having information is an increasingly critical factor, HEABC has a strong focus on providing members with what they need in a timely way, and having an interactive communication system that encourages member feedback. During the year, HEABC strived to expand communications with members and enhance the opportunity to provide input to HEABC. In addition to providing a wide range of information resources, the communication system grew significantly to take full advantage of information technology, with these results:

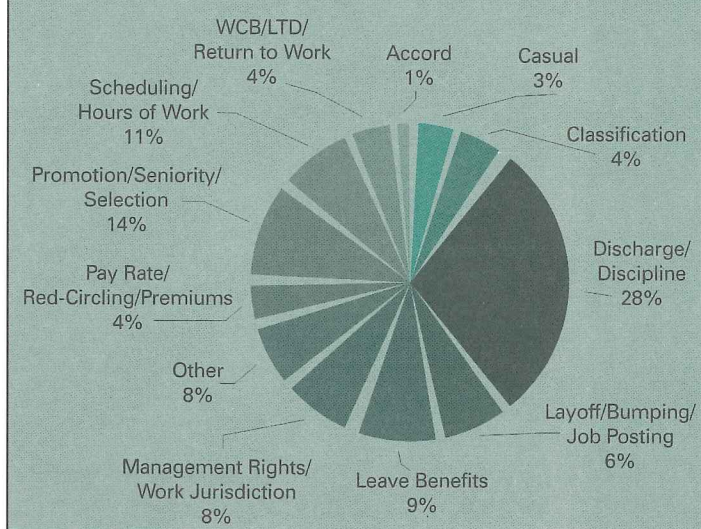
- the use of the e-mail system to distribute negotiations updates was increased, which greatly improved the timeliness in distributing information to members about bargaining
- the use of voice messaging was expanded
- direct lines for consultants and research staff at HEABC were implemented
- new web pages containing up-to-date information were added to the HEABC web site
- the use of the private members web site, which was established in the summer of 1997, was increased by adding all HEABC collective agreements, all Contract Interpretation Updates, General Information Updates, the Nurses' Interpretation Manual, the Human Resources Policies and Procedures Manual and important correspondence and service updates.

A survey done by HEABC's Research Department on member satisfaction of the enhanced e-mail and web site services was very positive, with 100% of the 154 responding organizations either agreeing or strongly agreeing that these services represented an improvement in HEABC's services.

HEABC has continued to provide members with Contract Interpretation Updates, position papers, Road Maps, and advice at the Human Resource Advisory Group meetings. The Interpretation Manual for the Facilities Agreement is scheduled to be completed in 1999.

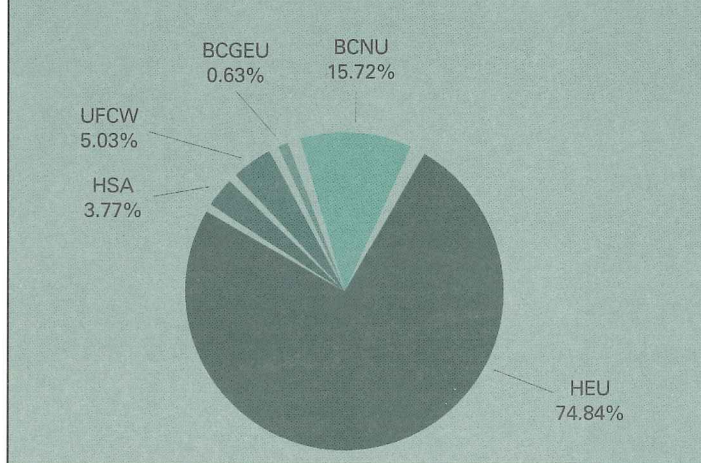
Third Party Decisions Received - Distribution by Key Issue

(Arbitrations, Expedited Arbitrations and Troubleshooters - September 1, 1997 to August 31, 1998)



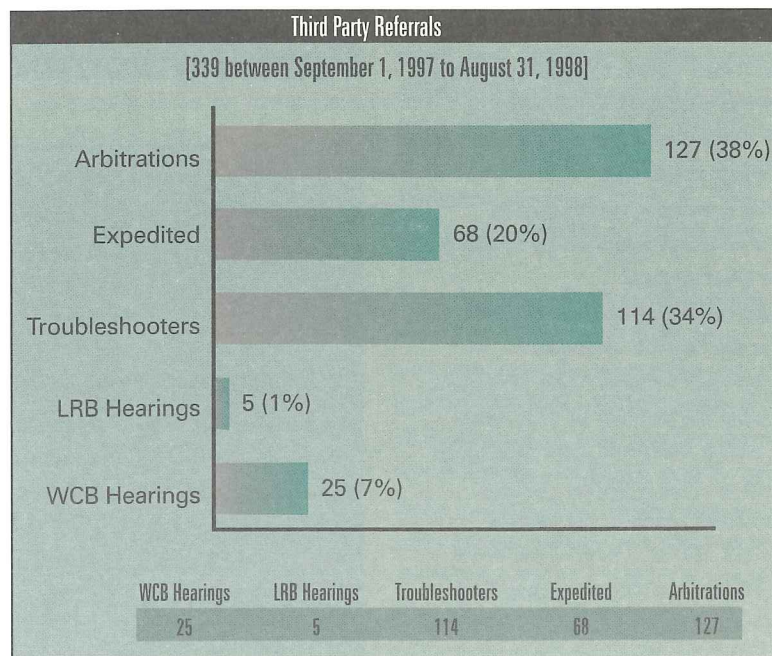
Third Party Decisions Received - Distribution by Union

(Arbitrations, Expedited Arbitrations and Troubleshooters)
(September 1, 1997 to August 31, 1998)



HEABC Publications for Members

- HEABC 1998 Job Action Handbook – Working and Legal Guidelines
- Catalogue of Human Resource Practices that Work
- Contract Interpretation Update Bulletins
- Shift Rotation Manual
- Employer Rights on Managing Claims and Attendance
- Charting the Future of HEABC – A New Focus
- BC Physician Recruitment Program – A Guide for Communities, July 1998
- HEABC Services Update
- General Information Update Bulletins
- Submission to the Labour Code Review Committee
- Procedures Manual – Physician Recruitment
- HEABC Roadmaps (explaining how to deal with key human resource challenges)
- Framework for Partnership in Human Resource Management Services
- Employment Security – “Inescapable Rules of Organizational Change”
- Human Resources Policies and Procedures
- Contract Interpretation Manual for the HEABC/Nurses’ Provincial Collective Agreement
- Mergers and Amalgamations Guide



REPRESENTATION OF RECOMMENDED BARGAINING UNITS

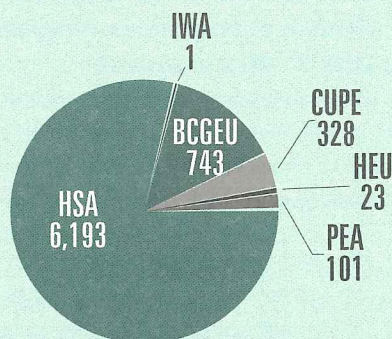
Bargaining

While bargaining has always been a major focus for HEABC, this year it rose to even higher proportions in the year's activities. The charts show the unions at each table and the number of FTEs in each bargaining sector.

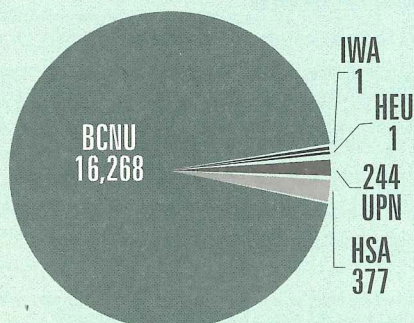
Residents Table FTEs by Union



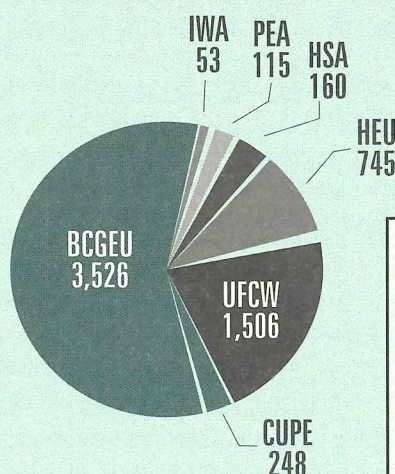
Paramedical Table FTEs by Union



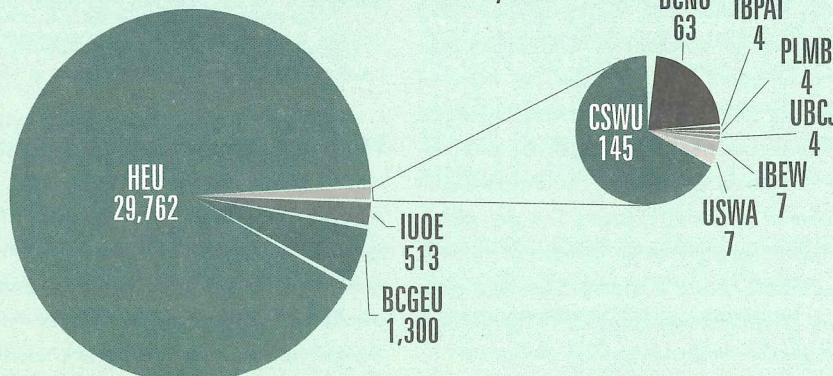
Nurses Table FTEs by Union



Community Table FTEs by Union



Facilities Table FTEs by Union



BCGEU	BC Government and Service Employees' Union
BCNU	BC Nurses' Union
CSWU	Construction and Specialized Workers Union
CUPE	Canadian Union of Public Employees
HEU	Hospital Employees' Union
HSA	Health Sciences Association
IBEW	International Brotherhood of Electrical Workers
IBPAT	International Brotherhood of Painters and Allied Trades
IUOE	International Union of Operating Engineers
IWA	International Woodworkers of America
PAR-BC	Professional Association of Residents in BC
PEA	Professional Employees' Association
PLMB	United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the US and Canada
UBCJ	United Brotherhood of Carpenters and Joiners
UFCW	United Food and Commercial Workers' Union
UPN	Union of Psychiatric Nurses
USWA	United Steel Workers of America

ACTIONS AND OUTCOMES 1997-1998

At a series of pre-bargaining sessions held in January and early February 1998 in the seven HEABC Regions, members outlined their bargaining objectives for all major collective agreements.

Health Services & Support – Facilities Subsector Negotiations Result in Agreement

The negotiating committees for Health Services & Support – Facilities Subsector met for the first time on January 15, 1998, but negotiations did not really begin until February 12.

For the first time in 30 years, two bargaining Committees, representing more than 500 organizations and 44,000 healthcare workers, negotiated a master agreement in this subsector, which meant no third-party intervention or costly strike. After 44 days of meetings, and a combination of experience, intuition, and collaborative strategy, the agreement was achieved in June, 1998. The deal was vital for all players: the Provincial Government and HEABC, and the Association of Unions party to the agreement.

The process which began last year to determine which local memoranda from the original 64 collective agreements will be melded into the 1996-98 Health Services and Support – Facilities Subsector Collective Agreement, is nearing completion.

Community Subsector Negotiations Concluded

After 61 days of collective bargaining, negotiations concluded on August 3, 1998. The resulting 1998 - 2001 Community Subsector Collective Agreement is the first collective agreement that will cover all of the approximately 15,000 employees in this subsector.

HEABC and representatives of employers covered by the Community Subsector Table successfully reached a mediated agreement on developing a Community Subsector job classification plan. Through the input of employers working on the project, the mediator helped define a framework that will allow the parties to recognize the distinct differences between community-based employers covered by this agreement. The plan development process is expected to be completed within a one-year time frame, and the appropriate wage rates and implementation of the Job Classification System will then be negotiated.

The agreement provides for a general wage increase of 30¢ per hour on April 1, 2000, plus low wage equity adjustments on April 1, 1999, and April 1, 2000. Health and welfare benefits will be enhanced on April 1, 2000 to the levels found in the Facilities Agreement. It also provides for Community Subsector employees to be covered by the Employment Security and Labour Adjustment Agreement that has applied to employees in the Facilities, Nurses, and Paramedical bargaining units since April 1, 1996. In the fall of 1998, HEABC and the Association of Unions in the Community Subsector continued to negotiate the terms and application of a job evaluation and classification plan for the subsector.

Agreement Reached in Professional Association of Residents in BC (PAR-BC) Negotiations

After approximately three and a half days of negotiations, the parties reached an agreement for renewal of the PAR-BC/HEABC Collective Agreement. The 1998-2001 agreement was ratified on September 14, 1998 by a strong majority and stays within the guidelines with wage increases of 0% the first year, 0% the second year, and 2% on May 15, 2000.

Paramedical Professional Negotiations Resolve Significant Issues

Paramedical negotiations began in March 1998, and as of October the parties have met for approximately 35 days. During this period, several issues were resolved, including Occupational Health and Safety (OH&S) language and the Healthcare OH&S Agency, numerous administrative and non-monetary issues, and Healthcare Labour Adjustment Agency funding.

After Colin Taylor issued his leveling decision in December 1997, HEABC has been working with the unions and employers to implement the decision. Leveling remains a significant issue in 1998 bargaining.

Nurses Negotiations Continue

HEABC began negotiations with the Nurses' Bargaining Association (NBA) in March to conclude renewing the agreements that expired March 31, 1998. This marked the first time that HEABC had bargained with a number of unions who represent nurses – the BC Nurses Union, the Health Sciences Association, and the Union of Psychiatric Nurses. The NBA, which arose out of the

Health Authorities Amendment Act, means that every unionized nurse employed by a member of HEABC will fall under the Nurses Provincial Collective Agreement currently being negotiated.

From the Employer's perspective, progress of negotiations has been steady but very slow. The pace of negotiations is largely being set by the NBA who anticipated that negotiations would last from 12 - 18 months because of the large number of issues that the nurses were bringing forward for discussion at the bargaining table. After 30 days of negotiations, the parties agreed to a further 15 days through October.

Major issues raised by the NBA include proposals on workload, staff ratios and significant economic improvements. The Employers have indicated that their major issue is more flexibility in the scheduling and utilization of nurses, particularly as it relates to the difficulties the employers are experiencing with the Casual Call-In language introduced in 1996/97.

New Initiatives Undertaken with WCB Occupational Health and Safety (OH&S)

The past year saw considerable activity on Workers' Compensation and OH&S issues. The new WCB Regulations, which came into effect on April 15, 1998, represent significant changes in the way employees will work in the future. HEABC attended numerous meetings with the WCB and employers to clarify what its members need to do to implement the new regulations. The WCB will begin enforcement on April 1, 1999.

The Health Care Industry Council on Occupational Health and Safety and Human Resources met on three occasions in 1998. A Recognition Program was announced in March 1998, and employers were encouraged to submit OH&S initiatives to the Council. The following awards were presented:

- Most Effective Program or Initiative – Lions Gate Hospital and the Capital Health Region (Tie)
- Best Overall Application to Others – Columbus Residence
- Most Creative or Innovative – Para-Med Health Services, Prince George Branch, and the Victoria Home Support Society (Tie)

In addition, HEABC continued to represent employers in presenting WCB appeals, lobbying on WCB assessments, and providing advice on occupational health and safety issues. More information on these services is available on the HEABC web site.

Labour Board Hearings Increase

HEABC continued to devote significant resources to industry matters heard by the Labour Relations Board. Many of these proceedings centered on issues that arose from the introduction of the Health Authorities Amendment Act and the previous legislation following the Dorsey Report.

The Act introduced bargaining associations for the five major subsectors – nurses, paramedicals, facilities, community and residents, and required Articles of Association to be developed that would have a major impact on how HEABC dealt with the various unions and, more importantly, how collective bargaining would be governed in the new environment. Unfortunately, the legislation provided little guidance on how the Articles of Association were to be constructed, and the 19 various unions involved all had different concepts on how the Articles would be formulated. HEABC participated, along with all the unions, in numerous hearings with the LRB to determine the contents of the Articles of Association.

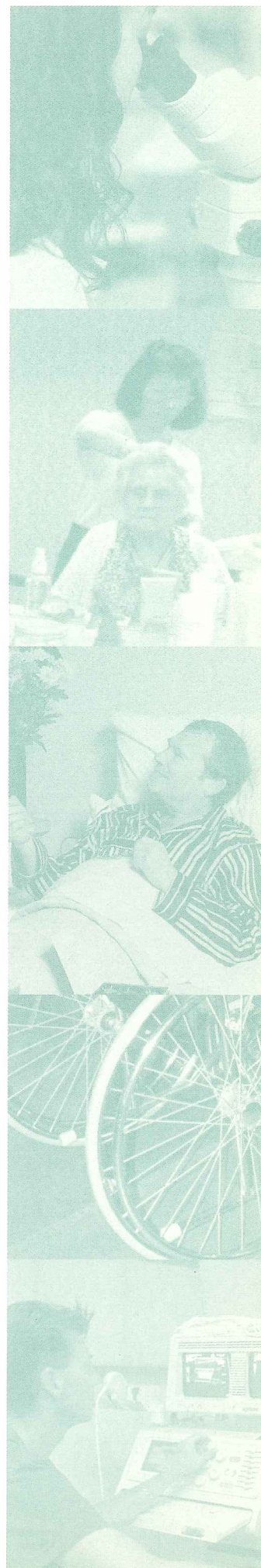
The numerous mergers and amalgamations among HEABC's members created a high level of activity in the number of applications HEABC has filed with the Labour Relations Board – a 73% increase from 200 to 346 applications to amend, cancel or create union certifications arising when such mergers and amalgamations occur.

HEABC Addresses Labour Relations Issues

As one of our objectives is to represent members' interests in the larger labour relations community and in related organizations, HEABC senior staff and Board continued to work on numerous Boards and Committees. Senior staff remained active on the Board of Directors of the Healthcare Labour Adjustment Agency (HLAA), and, in keeping with the outcomes of 1996-98 Community Subsector negotiations, an additional employer representative and an additional union representative were added to the HLAA's Board of Directors. HEABC nominated Chuck Rowe (Capital Health Region) as the fourth employer representative. Michael Marchbank (Fraser Valley Health Region) replaced Geoff Walsh as an employer representative.

HEABC Addresses Labour Relations Board Decision Re: Grouseview/Mountview

In November, 1997, the Labour Relations Board (LRB) issued a decision confirming that the *Health Authorities*



Amendment Act contemplates that more than one union can represent employees in the same bargaining unit at a single employer. HEABC expressed its concern that a proliferation of bargaining agents at a single employer could cause industrial instability. The LRB's response was that the *Health Authorities Amendment Act* requires that the Articles of Association governing each of the health sector bargaining agents must contain a provision dealing with the resolution of Collective Agreement administration issues, including problems associated with multiple bargaining agents. HEABC's application to have the decision overturned was denied by the LRB.

HEABC Represents Employees at the Campbell River and District General Hospital Society Labour Relations Board Decision

On July 21, 1998, the Labour Relations Board released a decision on three reconsideration applications that raised issues of managerial exclusions and supervisory units. This decision was significant as it appears to further weaken the grounds for excluding an employee from union membership.

Compensation Levels Established for Executive, Management & Non-contract Employees

With the compensation plan approved in 1997, HEABC continued to work with health employers to implement levels of compensation for executive, management and non-contract positions. This establishes defensible levels of compensation, and consists of tools to assess the level of skill, effort, responsibility and working conditions of individual jobs, as well as guidelines to help build consistent compensation practices in the health sector. The continued implementation of the plan is one of the most thorough compensation review processes undertaken by HEABC and its members, and feedback has been very positive.

New Facilities Table Collective Agreement Developed for Job Evaluation and Classification

While the Facilities Table, which represents a significant portion of health workers, continued to focus on job evaluation and classification review, HEABC worked with members to have positions leveled into a new comprehensive Facilities Table collective agreement. Through a series of on-site and telephone conference meetings, HEABC helped employers to review their respective positions relative to the Table's compensa-

tion plan, and recognize the culture and structure of individual organizations and assess jobs in light of the broader health sector classification plan.

Gender-based Wage Discrimination Challenge Settled

A decision was finally received to settle a policy grievance initiated by the Hospital Employees' Union (HEU) that challenged the existing pay structure on the basis of systemic gender-based discriminatory pay practices, and would alter the existing pay equity program negotiated with the Hospital Employees' Union. The arbitration concluded with the Board deciding that the housekeeping aides be paid the cleaner rate for three days – from the date of the grievance to the expiration of the Collective Agreement.

Job Classification System Developed for Nurses Transferring From Government to Health

HEABC representatives of the Public Service Employee Relations Commission (PSERC) and the British Columbia Nurses' Union (BCNU) continued to work on a job classification system for nurses transferring from the Government to health employers. The "MOU #17 Process" is nearing completion but encountered difficulties because of terms negotiated by BCNU and PSERC and the overall relationship of community and health sector pay structures.

The process committed the parties to move the Government nurses from their existing pay structures of six or seven pay levels to the health pay structure of four pay levels. While the most highly populated level of jobs in the Government matches the most highly populated level of jobs in the health sector, there is a pay difference that results in a red-circling of a substantial number of nurses. Although there was significant input throughout the process, with a negative pay relationship at the end, the results of the job matching process are being contested through appeals initiated by employees and employers. The dispute is being presented to Arbitrator Vince Ready at the end of the year.

Extensive Work Undertaken on Paramedical Leveling and Job Classification

This involved the issue that community-based employers are now being covered by the Paramedical Table, whose distinctly different cultures and organization

structures create a problem in applying the previous HEABC/HSA job classification plan in a straightforward way. The job classification plan is one of the most contentious issues at the bargaining table, and HEABC has worked with employers and made presentations to arbitrators on these issues. Arbitrator Don Munroe will continue to work with the parties on the job classification leveling disputes.

Record Number of Essential Service Designations Implemented

During the year, HEABC consultants spent much time assisting in implementing essential service designations at member organizations, with extensive meetings with the unions and the Labour Relations Board on the designation process. This year represents the largest designation of essential services in HEABC's history.

Non-contract Labour Adjustment Program Expanded

HEABC continued to administer the Non-Contract Labour Adjustment Program, which was established to assist employers and employees with relocation expenses, job search expenses, retraining expenses, and job matches for non-contract employees in the health care industry who have been laid off. A new web page on the HEABC web site includes the administrative guidelines for the Program, and a list of registrants seeking employment opportunities. Members are encouraged to review the registrants when filling positions in their organization.

Physician Recruitment Program Grows Significantly

This HEABC program continued to have success placing physicians in remote and rural areas of the province, nearly doubling the number of placements from the previous year by matching 33 doctors with communities. The Ministry of Health requested and received a business plan for an expanded mandate for the program, based on the 1996/97 report "Tour of the North". This has led to discussions of a new service that will broaden the scope of recruitment to include all difficult-to-recruit health care professionals. Work is underway to create such an agency.

Focus Groups Expanded

Three additional members were invited to sit on HEABC's Senior Human Resource Practitioners Advisory Group, which provides HEABC with feedback

on expectations and significant issues arising in their workplaces, and acts as a sounding board for many new HEABC initiatives as well as ongoing servicing issues.

A small senior nursing management focus group was established to provide input to HEABC on nurses' collective bargaining issues. An additional focus group met to develop proposals on needed amendments to the controversial casual call-in provisions in the BCNU collective agreement.

Health and Welfare Benefits Committee Completes Report

The Health and Welfare Benefits Committee, which was established by the Vince Ready 1996 Industrial Inquiry Commissioner's Recommendations, met from May to December 1997. Based on the report of January 1998, \$2 million was set aside to improve benefits for those employees who were on Long Term Disability (LTD.) The parties agreed to create a \$150,000 fund from this amount to pay for safe return-to-work initiatives. The remaining \$1.85 million was distributed among claimants receiving LTD benefits for four or more years.

To date, 15 applications for the return-to-work fund have been approved. Members are encouraged to access this fund to implement return-to-work initiatives.

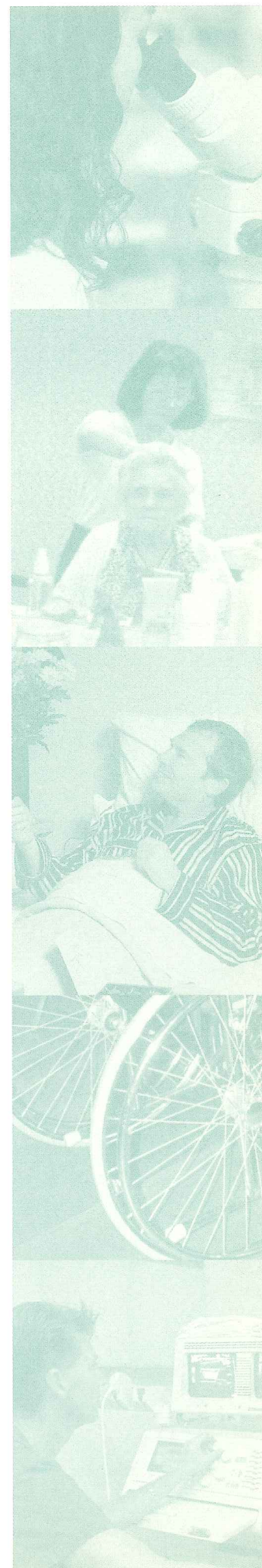
Certification Activity

HEABC staff were active at the Labour Relations Board representing HEABC members at certification hearings, and a number of other matters of significance to HEABC members.

Certification Activity Continues at High Level

The number of new certifications again grew over the last year due to labour reform. Most applications for certifications involve units of less than 12 employees.

Sector	Applications 1998	Applications 1997
Facilities	5	6
Nurses	56	33
Community	39	43
Paramedical Professionals	8	11



HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA**BALANCE SHEET***as at March 31, 1998*

ASSETS	1998	1997 Restated
Current		
Cash	\$ 270,988	\$ 579,255
Restricted cash	387,022	235,247
Short-term investments	2,309,710	2,004,665
Accounts receivable	126,384	114,529
Prepaid expenses	31,891	27,709
	3,125,995	2,961,405
Capital assets	422,571	527,637
	\$ 3,548,566	\$ 3,489,042
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 878,775	\$ 884,540
Deferred contributions		
Operations	336,310	166,255
Administrative	387,022	235,247
	1,602,107	1,286,042
Liability under severance plan	125,460	98,144
	1,727,567	1,384,186
NET ASSETS		
Net assets invested in capital assets	422,571	527,637
Net assets internally restricted	67,508	82,342
Unrestricted net assets	1,330,920	1,494,877
	1,820,999	2,104,856
	\$ 3,548,566	\$ 3,489,042
Commitments and contingencies		

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statements. Complete Audited Financial Statements are available at the offices of HEABC.

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

STATEMENT OF REVENUES AND EXPENDITURES

as at March 31, 1998

	1998	1997 Restated
Revenues		
Government funding	\$ 8,323,832	\$ 8,079,000
Fee for service	2,708	3,139
Administration fee	176,803	203,806
Annual General Meeting fees	47,553	53,383
Member training/HR conference fees	28,123	28,878
Interest and other revenue	89,498	93,501
	8,668,517	8,461,707
Funding from deferred contributions - operations	37,945	32,655
	8,706,462	8,494,362
Expenditures		
General operations		
Salaries and benefits	5,257,890	4,951,496
Travel and meetings	512,324	559,769
Arbitration and hearing costs	148,977	101,062
Legal and professional	785,879	693,011
Recruiting and relocation	26,834	10,205
Staff training - research and memberships	96,680	83,937
Office expenses, printing and reproduction	427,411	436,880
Rental - office and equipment	1,165,024	1,140,215
Annual General Meeting	51,367	52,474
Member training/HR conference	30,445	24,176
Amortization	198,702	236,086
GST - unrecoverable	116,429	111,328
	8,817,962	8,400,639
Non-general operations		
PSERC/BCNU job classification	14,834	9,835
Pay equity	8,280	1,940
Non-contract executive compensation	10,977	30,715
Physician recruitment/locum registry	138,266	114,501
Total expenditures from operations	8,990,319	8,557,630
Deficiency of revenues over expenditures from operations	(283,857)	(63,268)
Funding from deferred contributions - administrative		
Revenue	1,907,154	75,764
Expenditures	1,907,154	75,764
	-	-
DEFICIENCY OF REVENUES OVER EXPENDITURES	\$ (283,857)	\$ (63,268)

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statements. Complete Audited Financial Statements are available at the offices of HEABC.

CURRENT BOARD OF DIRECTORS OF HEABC

Regional Representatives

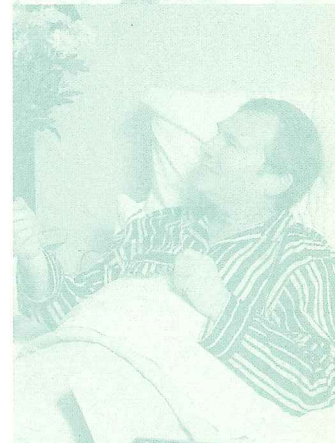
Fraser Valley	Pat Zanon, HEABC Board Chair , Chief Executive Officer, South Fraser Health Region
Fraser Valley	Doreen Biener, Governor, South Fraser Health Region
Fraser Valley	Mae Quon-Forsythe, Administrator, Northcrest Care Centre Ltd.
Kootenays	Garth Burnell, Executive Director, Boundary Health Council
Kootenays	Jake McInnis, HEABC Vice Chair , Governor, Cranbrook Health Council
Lower Mainland	Steve Gardner, Administrator, Central Park Manor
Lower Mainland	John Kennedy, Governor, Vancouver/Richmond Health Board
Lower Mainland	Brian Schmidt, HEABC Hon. Secretary-Treasurer , Provincial Operations/Administrative Leader, British Columbia Cancer Agency
Lower Mainland	John Van Luven, Executive Director, St. James Community Service Society
North East	Andrew Neuner, Chief Executive Officer, North Peace Health Council
North West	Linda Coles, Chief Executive Officer, Kitimat and Area Health Council
Thompson-Okanagan	Berthe Hall, Governor, Thompson Health Region
Thompson-Okanagan	Murli Pendharkar, Chair, Okanagan Similkameen Health Region
Vancouver Island	Don Brown, Chief Executive Officer, Comox Valley Community Health Council
Vancouver Island	Elta Brown, Governor, Capital Health Region

SPECIAL APPOINTMENTS

Proprietary Care Colleen Tracy, Director, Renfrew Care Centre

B.C. GOVERNMENT APPOINTMENTS

Government	Leah Hollins, Assistant Deputy Minister, Acute and Continuing Care Programs, Ministry of Health and Ministry Responsible for Seniors
Government	Ron McEachern, Deputy Commissioner, Public Service Employee Relations Commission, Ministry of Finance and Corporate Relations
Government	Martin Serediak, Assistant Deputy Minister of Medical Services Plan, and Chair, Medical Services Commission, Ministry of Health and Ministry Responsible for Seniors
Government	Garry Shury, Executive Director, Public Sector Employers' Council Secretariat, Ministry of Finance and Corporate Relations



HEABC BOARD COMMITTEES

Executive Committee

Pat Zanon, Board Chair
Jake McInnis, Vice Chair
Brian Schmidt, Hon. Secretary-Treasurer
Doreen Biener
Steve Gardner
Colleen Tracy

Finance and Audit Committee

Brian Schmidt, Committee Chair
Pat Zanon, Board Chair
Don Brown
Leah Hollins

Strategic Planning Committee

Garth Burnell, Acting Chair
Pat Zanon, Board Chair
Ron McEachern
Murli Pendharkar
Garry Shury

Resolutions and AGM Committee

Jake McInnis, Committee Chair
Pat Zanon, Board Chair
Mae Quon Forsythe
Berthe Hall
John Kennedy
Andrew Neuner

Nominating Committee

Steve Gardner, Committee Chair
Doreen Biener
John Van Luven
Martin Serediak

NOTE: The Board Chair is an ex-officio member of all committees (Bylaw 10.1).

The President and Chief Executive Officer is also an ex-officio member of all committees (Bylaw 11.5(a)), except the Nominating Committee (Bylaw 10.3).

REGIONAL COUNCIL EXECUTIVE

Lower Mainland Regional Council

Stu Noble, Chair
Steve Gardner, Vice-Chair
John Van Luven, Secretary-Treasurer

Fraser Valley Regional Council

Werner Pauls, Chair
Betty Graham, Vice-Chair
Robbie Moore, Secretary-Treasurer

Thompson-Okanagan Regional Council

Murli Pendharkar, Chair
Bob Heise, Vice-Chair
Sandie Hoberg, Secretary-Treasurer

North West Regional Council

Linda Coles, Chair
Robert Miller, Vice-Chair
Dave Dennis, Secretary-Treasurer

North East Regional Council

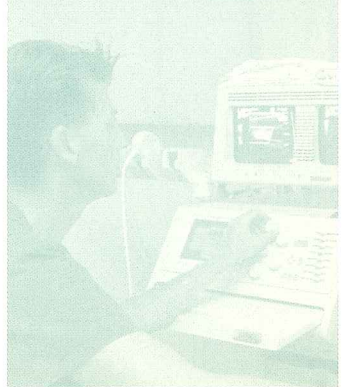
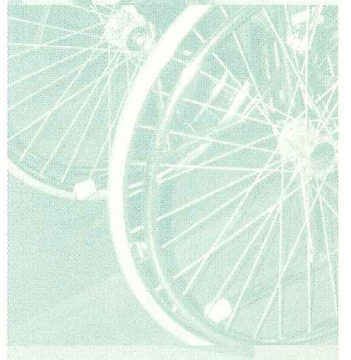
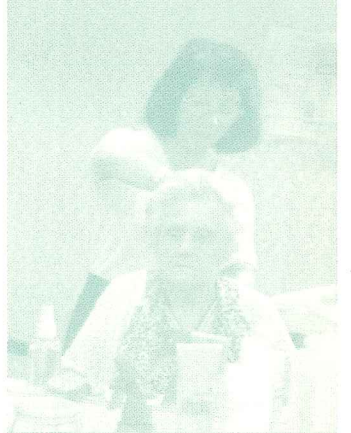
David Richardson, Chair
Martin Oets, Vice-Chair
Rick Robinson, Secretary-Treasurer

Vancouver Island Regional Council

Chuck Rowe, Chair
Jane Lindstrom, Vice-Chair
Ron Benson, Secretary-Treasurer

Kootenay Regional Council

Sheila Hart, Chair
Frank Marino, Vice-Chair
Kim McCaveny, Secretary-Treasurer



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