



B u i l d i n g o n C o m m o n G r o u n d



Annual Report 1998 – 1999



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

- Safeguarding the interests of our membership
- Advocating practices that contribute to the wellbeing of residents, patients, clients and their families
- Establishing credibility through integrity, consistent quality service, professionalism and accountability
- Believing in growth based on continuous learning and education
- Offering respect and support for our employees

HEABC

Annual Report 1998 – 1999

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HEABC: THE ORGANIZATION AND ITS SERVICES

The Health Employers Association of BC (HEABC) is a unifying body serving a diverse group of over 400 publicly-funded health care employers. The first and only organization in Canada to represent the entire spectrum of health care employers, HEABC was formed under the *Society Act* in response to the Korbin Commission of Inquiry into the Public Service and Private Sector in British Columbia. The Commission outlined a process for creating a single organization to coordinate the human resource and labour relations interests of health care employers in the province. On December 1, 1993, HEABC took on this coordinating role through the amalgamation of the Continuing Care Employee Relations Association (CCERA), the Health Labour Relations Association (HLRA) and the labour relations division of the BC Association of Private Care (Pricare).

Since its formation, HEABC has continued to provide the general and specific services in human resources and labour relations set out in the legislation:

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

In keeping with the changes and new challenges in the provincial health system, HEABC has continued to evolve to focus on:

- Physician, nurse and allied health care worker recruitment
- Working in partnership with other agencies and organizations in health care, government and the broader business community to further the interests of the HEABC membership. Staff or Board members presently sit on the Boards or relevant committees of 20 organizations (listed elsewhere in this report)
- Providing services and advice on issues relating to human resources, research, compensation and bargaining, and working to ensure a consistent employer approach in these areas
- Supporting members by lobbying government for positive structural and legislative change
- Ensuring fiscal accountability
- Providing effective management of human resources for both unionized and non-unionized staff
- Facilitating effective communication and coordination between employers and the various public sectors, and achieving a better balance of union/management and employer/employee interests

HEABC operates from a head office in Vancouver and regional offices in Kelowna and Victoria with a professional staff dedicated to meeting the needs of its members.

REPORT OF THE BOARD CHAIR AND CHIEF EXECUTIVE OFFICER

"Therefore be it resolved that the Health Employers Association of BC, through its Board, staff and membership provide leadership to continue building upon the common ground established through the bargaining process this year."

This resolution passed at last year's Annual General Meeting, brought significant focus to the successes and challenges faced by our Board, staff and membership throughout the year. The common ground which was found, and helped to conclude the negotiations of the Facilities and Community collective agreements before last year's Annual General Meeting, was more difficult to attain in our negotiations with Nurses and Paramedicals.

As we all know, conclusion of these two agreements did not come before there was significant impact on the services that you provide. And during the midst of this upheaval, there were times when it was hard to imagine we would find some common ground on which to build. But with your support and guidance, we believe that all the collective agreements negotiated over the last year have brought a focus of building partnerships between all the stakeholders in health care to provide the best service to our most important clients – the public.

Two significant partnerships were struck as a result of these negotiations. They were the creation of a Nurse Recruitment and Retention Committee to address the nursing shortage in the province and the Occupational Health and Safety Agency for Healthcare established to make the health care industry a safer place in which to work. These two initiatives are both based on a principle of partnership and their structures contain balanced union and management representation. The common ground that was found during negotiations has continued throughout the year as we work together at establishing a more effective, efficient health care system.



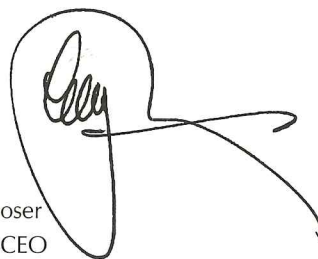
Mrs. Pat Zanon
HEABC Board Chair

Although in the early stages of development, both these initiatives have begun to produce results. The Nurse Recruitment and Retention Committee is actively pursuing the development of a plan to address the nursing shortage facing British Columbia. A preliminary report and recommendations have been delivered to the Ministry of Health with a comprehensive plan to be finalized in the spring.

The Occupational Health and Safety Agency for Healthcare (OHSAH) is a more complex association whose mandate encompasses all health care employees. This agency has begun to collect data and is developing a business plan to address the needs of the health care system. Substantial effort will be needed in this area to begin to address a serious problem in the health sector with WCB, occupational health and safety and long term disability.

These initiatives are a success because of your support and encouragement in building a health care delivery model that focuses on working together. Progress has been made in this area over the past year but we still need to work towards creating a system in which the public does not needlessly suffer when the negotiations between employers and unions are unsuccessful. Last year we witnessed the devastating effect this had on the health care system. We are committed to finding an answer to this problem and we are hopeful that the unions will work with us to try and find a solution that will satisfy all parties.

Important partnerships exist in every facet of our business and we would like to acknowledge the support of Board and staff of HEABC who continue to work in partnership to provide you with valuable and effective service. We would also like to acknowledge and thank you, our members, whose direction and support is vital to our successes.



Mr. Gary A. Moser
President and CEO



MEMBER SERVICES

HEABC has continued many of the successful programs and services established in previous years. New staff positions have been added to make access to labour relations information more readily available to members. As well, given the increasing reliance within the health care industry on electronic and digital communication, these aspects of member service have been enhanced.

Partnering for Education

Creative Leadership in Health Care Programs

HEABC as part of the Partners in Health Care Leaders Coalition (a partnership of seven health care associations, of which HEABC is one, and the Ministry of Health) continued to sponsor the six-day *Creative Leadership in Health Care Programs* with Royal Roads University. Two programs were offered in 1998 and one in early 1999. The creative leadership program targets senior and middle health care managers and assists them to develop their leadership abilities to meet the challenges in the health care system. The Ministry of Health also gave the Coalition a grant to sponsor these programs so that the fees charged to participants could be reduced.

Human Resource Advisory Group Meetings

HEABC labour relations and compensation consultants continued to attend numerous Human Resource Advisory Group meetings. These meetings provide a forum for HEABC consultants to update management staff at member organizations regarding current labour relations and compensation issues as well as answer a broad range of questions.

Health Human Resource Management Conference

A very busy collective bargaining year precluded HEABC offering a Health Human Resource Management Conference in 1998/99. However, HEABC and Health Association of B.C. will jointly sponsor an education conference on November 8, 1999, in between the annual general meetings for both associations.

Workshops

Involvement in collective bargaining also curtailed the number of education workshops offered. However, the previously well received *Ten Steps to Effective Selection Decisions and Investigations of Those Decisions* was presented by HEABC at 25 workshops from August 31, 1998 – September 1, 1999. Also being presented this fall is HEABC's *Managing Discipline and Performance Workshop*.

Arbitration Activity

From the 12-month period covering September 1, 1998 – August 31, 1999, arbitration activity remained steady with HEABC representing members in a number of arbitrations.

Arbitration Activity

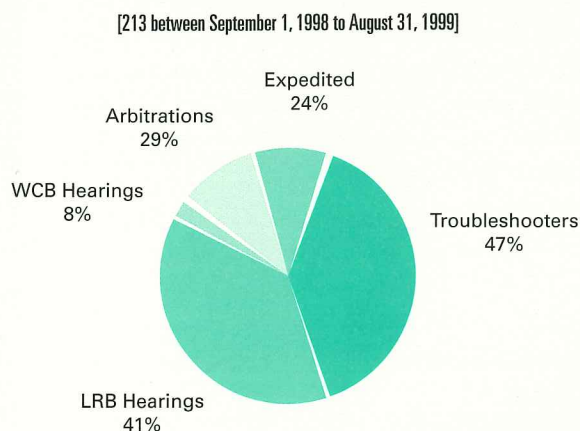
| | |
|--|-----|
| Hearings Attended | 110 |
| New Cases Handled | 202 |
| Submissions Filed | 116 |
| Cases Arising from Amalgamations, Closures, Name Changes | 64 |

Some of the more prominent arbitration decisions issued since September 1998 are as follows:

Level of Employment Security Available to Displaced Home Support Workers

In the event of a closure of a home support program or a significant reduction in the hours of home support service a health region is providing, employees who are displaced are entitled to employment security under the Community Subsector Agreement. At issue between HEABC and the Association of Bargaining Agents was the level of pay to which displaced employees were entitled during their employment security period. This issue was referred to Vince Ready as policy dispute arbitrator.

Third Party Decisions Received



Unlike employees in a facility setting, home support workers do not have a set schedule or complement of work hours. They have a posted range of work hours per week that are not guaranteed. HEABC thus argued that displaced employees should not be entitled to be paid the full number of hours that are contained in their posted ranges, while on employment security. Mr. Ready ruled that displaced home support workers were entitled to be paid five hours less than the bottom of the employee's posted range of hours, with 15 hours being the minimum.

Resident/patient abuse

In the spring and summer of 1999, four cases were heard involving the physical abuse of residents and patients. In all four cases, the arbitrators upheld the employers' decisions to dismiss the grievors.

HEABC Web Site Upgraded www.heabc.bc.ca

The appearance, content and functionality of the HEABC web site have been greatly improved. The content has been organized to facilitate the finding of relevant information quickly and easily. All publications are stored in Adobe Acrobat PDF format, which allows them to be searched, printed and downloaded to a user's PC.

Arbitration Decision Database

A key component of the new web site is the Arbitration Decision Database. The database contains all HEABC arbitrations from 1969 to the present. The database has its own search facility which allows users to find cases based upon HEABC assigned keywords and/or issues as well as by any word found in the body of the arbitration. The selected arbitrations can be printed or downloaded to the user's PC.

Publications

A publication section has been created on the web site and currently contains:

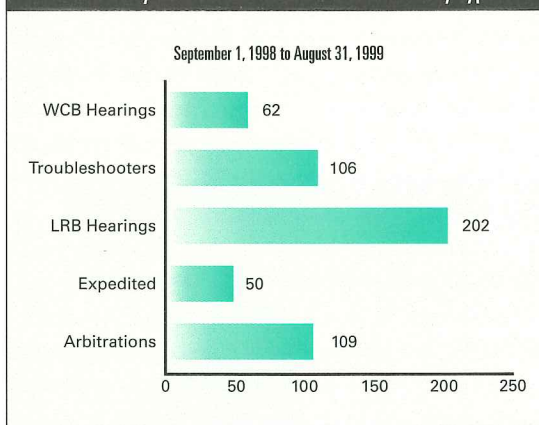
- Roadmaps
- Inescapable Rules of Organizational Change
- Mergers and Amalgamations
- Job Action Handbook
- Shift Rotation Manual

Additional content on Occupational Health & Safety and many other topics is also accessible.

"Help Desk" Established for Members

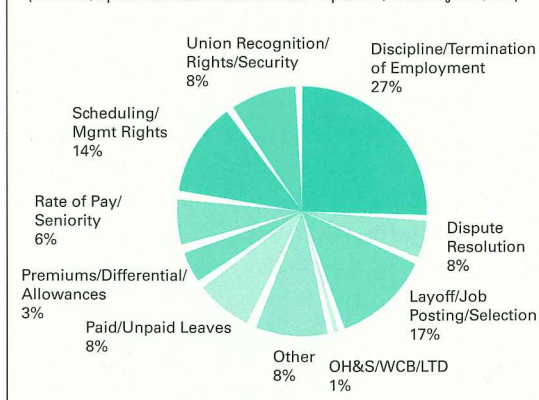
HEABC continued to enhance member services by establishing two additional Labour Relations Officer (LRO) positions. Since February 1999, these LROs are acting in the capacity of a "help desk", which allows members to receive answers to many of their labour relations questions immediately. Members can contact one of the two LROs directly, or if their dedicated consultant is not available for consultation at the time of the call, they can be re-routed to the LRO.

Third Party Referrals Received — Distribution by Type



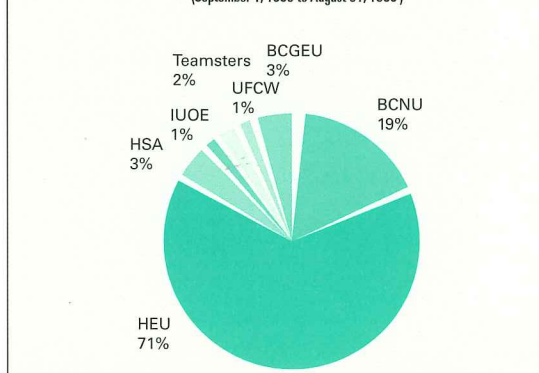
Third Party Decisions Received — Distribution by Key Issue

(Arbitrations, Expedited Arbitrations and Troubleshooters - September 1, 1998 to August 31, 1999)



Third Party Decisions Received — Distribution by Union

(Arbitrations, Expedited Arbitrations and Troubleshooters)
(September 1, 1998 to August 31, 1999)





HEALTH MATCH BC LAUNCHED

In the spring of 1998, HEABC put forward a business plan to enhance the physician recruitment services initiated by the Board of Directors in 1996. The plan incorporated Dobbin Report recommendations and outlined an expansion of physician services in addition to the eventual development of recruitment services for other health professionals.

HEABC received a grant from the Ministry of Health for the new services and Health Match BC began delivering the new and enhanced services in January 1999. The first priority of the new services continued to be physician recruitment with nurse recruitment initiatives planned for later in the year.

About Health Match BC

Health Match BC has a staff of 4.5 FTE. An Advisory Council with a widely diverse member base provides advice and recommendations on how to best meet rural community recruitment and retention needs. This was the first time that an Advisory Council of such divergent interests had come together to find solutions to the serious issues affecting rural communities and health care providers.

Since the program came under the Health Match BC banner, 19 doctors and 6 locums have been placed. 12 matches are under way. The vacancy list has grown from 48 to 94. Health Match BC is currently in the process of determining the best way of recruiting for short and long-term locums. The Advisory Council will soon be reviewing a Locum Placement Service proposal. The nurse recruitment process has just begun. Communication activities have increased the services, and B.C.'s rural communities' profiles with all Canadian physicians and facility CEOs.

In addition to recruiting physicians and nurses, Health Match seeks to create ongoing dialogue between the province's health care stakeholders to ensure policy development and partnerships that will facilitate future recruitment and retention.

Liaisons for Progress

- Recognizing that we are in a very competitive environment and that the pool of candidates is limited, we have intensified our efforts to engage in discussions with students and residents at the **UBC Faculty of Medicine**.
- Communities who recruit foreign physicians must demonstrate their need and advertising efforts to **Human Resources Development Canada** (HRDC). Health Match has taken the opportunity to meet with HRDC to discuss streamlining the process.
- We have now worked through a process with the **College of Physicians and Surgeons of B.C** to have pre-approval available to Health Match candidates. In addition, we have been meeting with the College on a monthly basis to ensure we are clear on the College's screening criteria.

The Health Match BC web site has recently been updated. Visit it at: www.healthmatchbc.org

Partners in Health Care

In the past year, HEABC has played an expanded role in the wider health care community. The organization has had representatives on the following committees:

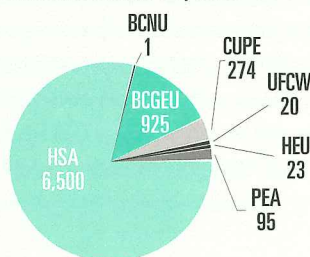
Benefits Working Group
 Business Council of British Columbia
 COUTH Health Sciences Committee
 Health Human Resources Planning Committee
 Health Information Management Advisory Committee
 Health Sector Compensation Information System Advisory Committee (HSCIS)
 Healthcare Benefit Trust Board (HBT)
 Healthcare Labour Adjustment Agency (HLAA)
 Human Resource Advisory Group (HRAG)
 Labour Relations Board (LRB)
 Ministry of Health Workload Measurement Committee
 Ministry of Health Joint Advisory Committee
 Nurse Recruitment and Retention Committee
 Nurses Funding Allocation Committee
 Occupational Health and Safety Agency for Healthcare
 Physician Recruitment Advisory Council
 Private Sector Advisory Committee
 Pension Board
 Public Sector Employers' Council
 Senior Human Resource Practitioners

| | |
|---------|--|
| BCGEU | BC Government and Service Employee's Union |
| BCNU | BC Nurses' Union |
| CAW | Canadian Auto Workers – Canada |
| CSWU | Construction and Specialized Workers Union |
| CUPE | Canadian Union of Public Employees |
| HEU | Hospital Employees' Union |
| HSA | Health Sciences Association |
| IBEW | International Brotherhood of Electrical Workers |
| IBPAT | International Brotherhood of Painters and Allied Trades |
| IUOE | International Union of Operating Engineers |
| IWA | International Woodworkers of America |
| PAR-BC | Professional Association of Residents in BC |
| PEA | Professional Employee Association |
| UAJAP&P | 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 |

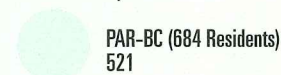


Representation of Bargaining Units

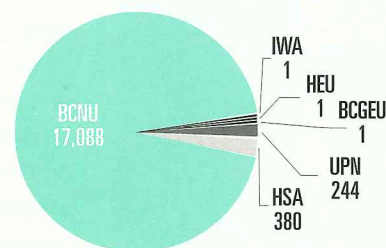
Paramedical Table FTEs by Union



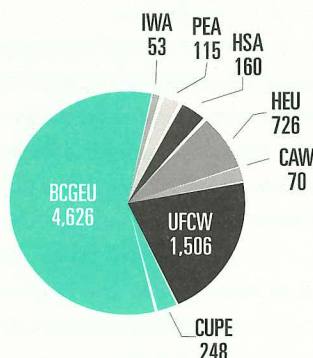
Residents Table FTEs by Union



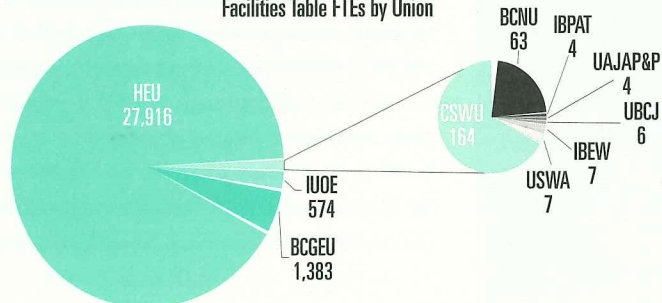
Nurses Table FTEs by Union



Community Table FTEs by Union



Facilities Table FTEs by Union





ACTIONS AND OUTCOMES 1998 – 1999

Bargaining Results in Cooperative Partnerships

Recognizing that it is not always easy to identify common ground on which to build while working through the bargaining process, HEABC has nonetheless been able to achieve positive outcomes by applying this principle. The following groups were formed this year out of the bargaining process:

Occupational Health and Safety Agency

During the last round of negotiations, all parties agreed to form the Occupational Health and Safety Agency for Healthcare (OHSAH). The objective of the Agency is to help reduce the number of injuries in health care workplaces. Preliminary steps toward meeting this complex goal have been taken and considerable progress is anticipated by the end of the coming year. The provincial government will assist by providing \$6 million to the Agency over three years. The Agency will identify relevant projects and use these funds to undertake them.

The Agency has already taken a number of actions:

- Earlier this year an Executive Director was hired to head the new organization
- Canvassing of the membership has begun to determine their knowledge of occupational health and safety issues and their needs
- Strategic planning meetings have been held and a business plan is being developed
- Data collection is underway

Accord on Nurse Recruitment and Retention

One of the results of negotiations with the Nurses' Bargaining Association (NBA) was an agreement between HEABC, the NBA and the BC Ministry of Health to consider the growing concerns about the nursing shortage. The Accord provided for a joint BCNU/HEABC/ MOH committee to address issues of recruitment and retention. This committee has set into motion the following:

- Canvassed HEABC members and other provinces on initiatives they have to address the nursing shortage

- Received presentations from a variety of interested parties including representatives from the college and university nursing programs, students and Healthcare Labour Adjustment Agency (HLAA)
- Convened a meeting with senior nurse managers and nurse educators (from Advanced Education) to identify the barriers and challenges to establishing more nursing seats in our educational institutions
- Established a project team composed of a senior consultant from HEABC, a BCNU Staff Researcher, and a consultant (Peter Cameron) as the Project Coordinator. Both the HEABC and BCNU representative have been seconded for a five month period to the project. The objectives of the project team include intensive research and analysis into recruitment and retention strategies including forecasting of staffing requirements.
- Presented preliminary interim recommendations to the Minister of Health in June 1999 encouraging the Provincial Government to immediately create 400 new nursing seats to train new nurses; provide employers with additional funding to secure adequate preceptors and to fund two pilot projects to demonstrate the efficacy of nursing teaching wards in increasing the availability of clinical placements

A formal Interim Report was submitted to the Minister on October 1.

Subsector Agreements Ratified

Health Services and Support – Facilities Subsector

In July 1998, HEABC members ratified the 1998 – 2001 Facilities Subsector Collective Agreement. This collective agreement covers 44,000 healthcare workers employed at hospitals, long term care facilities and other health care institutions.

In February 1999, HEABC and the Hospital Employees' Union concluded a process to determine the disposition of over 500 employer-specific memoranda of agreement from the original 64 collective agreements.

The Joint Committee on Utilization of Licensed Practical Nurses and Care Aides met on five occasions in accordance with the letter of understanding established under the 1999 – 2001 Facilities Subsector Collective Agreement. The Committee continues to conduct research with the assistance of a grant from the Ministry of Health. Joint recommendations arising from the study are expected by mid 2000.

Completion of Community Subsector Negotiations

The 1998 – 2001 Community Subsector Collective Agreement was ratified by the parties on November 2, 1998. With limited exceptions, non-monetary provisions came into effect on November 9, 1998. Monetary provisions were implemented with varying effective dates in 1998 and 1999. A number of significant monetary provisions will also come into effect on April 1, 2000.

Following ratification of the agreement, HEABC presented the changes to the agreement to members at Interpretation Sessions conducted around the province in November and December 1998 and January 1999.

In addition, although the agreement was ratified, there were a number of purely local, or employer-specific, issues which remained outstanding between HEABC and the various unions comprising the Association of Bargaining Agents. While the majority of these matters were resolved through negotiation, Vince Ready was called upon to convene two days of hearings as a mediator/arbitrator. Mr. Ready heard the parties' presentations on these matters in early April and issued his decision on July 14, 1999.

HEABC and the Association of Bargaining Agents are continuing to work toward printing the collective agreement. Given the substantial number and complexity of amendments to the agreement, as well as the departure of key individuals from the Association of Bargaining Agents, achieving this objective has proven time-consuming. The parties expect to have the 1998 – 2001 agreement printed and distributed this fall.

Collective Agreement Reached with Nurses

The past year saw a challenging set of negotiations with the Nurses Bargaining Association (NBA) draw to a close with a positive ratification by both HEABC's and the NBA's members. The end result, achieved in part through recommendations provided by mediator Brian Foley, provided for some important improvements in the agreement for employers. WCB net pay was introduced, the casual call-in language was modified to allow more flexibility and several other positive changes were realized. Employers also welcomed the addition of \$50 million dollars for new nursing positions.

The unfortunate aspect of these negotiations, however, was that the parties were unable to conclude a collective agreement without strike action first taking place. While the vast majority of language changes were agreed upon prior to job action and Mr. Foley's involvement, the refusal of the NBA to abide by the government's compensation guidelines of 0% – 0% – 2% made a dispute unavoidable.

Following the positive ratification, HEABC put on a series of Interpretation Sessions around the province to review the changes in the agreement with members.

Post-ratification Negotiations/Discussions

As is becoming the norm in health care negotiations, one of the outcomes of the nurses' bargaining process was agreement to continue discussions/negotiations on a number of important issues arising out of bargaining. These issues include:

a) Altering Work Locations

The parties agreed to meet to discuss ways in which multi-site positions could be created. A committee of union and employer representatives met in an attempt to develop a template that could be used by health employers when creating multi-site positions. Unfortunately, the BCNU declared that they could not agree with a template approach and that each and every employer proposal for a multi-site position would have to go before the BCNU Council for approval. Negotiations on this issue have been indefinitely adjourned.





b) Framework Agreement on Workload Service and Enhancement

The Ministry of Health, under the terms of the Framework Agreement, was vested with the authority to allocate the \$50 million among the various health authorities. The Ministry established an advisory committee of both union and employer representatives to assist them in determining the allocations. The April 1, 1999 installment of \$10 million was allocated on a funding based model. Employers identified some difficulties with the restrictions imposed by the Agreement on how the money must be divided; i.e. 30% to Acute – including Extended Care; 30% to Long Term Care, and 30% to Community with the final 10% being at Management discretion. Agreement of the BCNU was sought to allow more flexibility in the formula. To date, however, the BCNU has been unwilling to make this change. Discussions are continuing on the second allocation of \$10 million due on October 1, 1999. A further complication to the success of this initiative is some reported cases where employers have had additional dollars for more nursing positions but have not been able to fill the positions because of the nursing shortage.

c) Nurses Interpretation Challenges

Following the conclusion of negotiations, BCNU identified a number of interpretative issues on which they were challenging HEABC's position. They included the levelling of portability and previous experience. The BCNU argued that effective the date of levelling (April 1/99) all employees who were hired after June 1/97 (the effective date of the first melded agreement) should be credited with portable benefits, or if not eligible, with wage credits based on the employee's previous experience. HEABC argued that only those employees hired after April 1/99 were entitled to portability and previous experience. The BCNU referred the matter to mediator Vince Ready who issued a decision in HEABC's favour.

BCNU has also filed referrals to arbitration on HEABC's interpretation of the new provisions on WCB Net Pay; on the entitlement of former government nurses to retain their pre-1980 frozen sick leave banks; and on the mandatory nature of implementing the 36-hour work week. The first issue is significant for the entire industry with the second and third

issue being of concern to those employers with nurses who transferred from the provincial government or municipalities.

Paramedical Agreement Ratified

On February 25, 1999, HEABC members ratified the 1998 – 2001 Paramedical Agreement. Some limited strike action took place and the parties eventually used mediator Brian Foley to assist the parties in finalizing the agreement. One of the major items in the agreement was levelling which involves considerable on-going work to bring all paramedicals under the one collective agreement. Discussions on levelling are continuing with the Union.

The parties will begin work on reviewing the classification system, and prepare a report prior to year 2001.

The wage increases followed the industry average of 0% – 0% – 2% over three years. In addition, \$6 million was made available for the Health Sciences Association (HSA) LTD Plan. The parties also agreed to similar industry language on the Healthcare Labour Adjustment Agency and the Occupational Health and Safety Agency.

PAR – BC

The Agreement was ratified on September 14, 1998, and again followed the industry average of 0% – 0% – 2% over three years.

Physician Negotiations

HEABC partnered with several organizations to assist in determining the appropriate compensation levels for certain groups of physicians. HEABC's role consisted of conducting extensive national surveys and recommending levels of compensation based on the results of the surveys.

Certification Activity

Given the high proportion of unionized members, the unions did not keep pace with the torrid rate of certification activity witnessed in recent years. The number of certification applications by the unions in 1999 (collated between September 1, 1998 to August 31, 1999) was:

| Subsector | Applications 1999 | Applications 1998 | Applications 1997 |
|-------------|----------------------|----------------------|----------------------|
| Facilities | 2 | 5 | 6 |
| Nurses | 25 | 56 | 33 |
| Community | 36 | 39 | 43 |
| Paramedical | 4 | 8 | 11 |

Labour Relations Board Decisions

Three of the more prominent Labour Relations Board (LRB) decisions that have been issued this past year are:

Employees have the ability to decertify under Consolidated Certifications.

Following the implementation of the Health Authorities Act, and its successor Acts, there was uncertainty over whether employees at a single employer covered by a province-wide consolidated certification, could decertify. This question was answered by the LRB in the affirmative.

Employers' abilities to implement Essential Services designations when one of its Unions is on strike but not picketing.

The Labour Relations Board issued an interim decision regarding a dispute that arose while the nurses were engaged in job action this past winter. An employer had, by closing a unit, moved to essential service levels in anticipation of the nurses erecting a picket line. The nurses were already engaging in job action at the employer by working to rule and implementing an overtime ban. When the employer closed the unit, the non-striking unions (mainly representing support employees) claimed that the employer had illegally locked out and laid off its members. The LRB ruled that the essential service designations identify minimum levels of service to be provided, but that the employer cannot move down to those levels when it is not required to do so (i.e. in anticipation of, and prior to the erection of, picket lines). The LRB stated that the employer was not required in this case to move to the essential services levels; thus, its actions amounted to a layoff, which had to be carried out in accordance with the collective agreement. HEABC disagrees with the principles and practicalities of this award, and has filed an appeal.

The Binding Nature of Arbitration Awards on Employers Not Party to a Dispute

Labour relations law states that an arbitration decision rendered at one employer is not binding on any other employer. However, it is highly persuasive in assisting arbitrators in deciding similar issues that may arise at other employers. Given the single, province-wide collective agreements now in place, BCNU challenged this principle, claiming that an arbitration decision rendered at one employer covered by the Nurses' Provincial Collective Agreement is automatically binding on all other employers covered by that agreement. The arbitrator's award was in favour of HEABC and the existing case law. The union then appealed the arbitration to the Labour Relations Board. The hearing has concluded but no decision has yet been issued.

Occupational Health and Safety Regulations Implemented

During the past year, employers have been implementing the new Occupational Health and Safety Regulations, including ergonomics. HEABC has provided updates and guidance on implementing these complex Regulations.

Bill 14 was recently passed and there are additional requirements concerning occupational health and safety committees and training that apply to employers. HEABC represents employers on various committees concerning Bill 14 and the Regulations.

In addition, HEABC continues to participate on various committees with regard to WCB and occupational health and safety. HEABC presents WCB appeals on behalf of employers and HEABC representatives have attended numerous meetings concerning WCB assessment changes.

In recent months, HEABC has updated and upgraded their occupational health and safety web site and encourages members to visit the site on a regular basis.





Executive, Management & Non-Contract Compensation

HEABC continued to work with its members to implement and review the compensation levels for executive, management and non-contract positions in the health sector. The government-approved compensation plan consists of tools that provide credible and defensible levels of compensation and guidelines to help build consistent compensation practices in the health sector. The continuing implementation and review is one of the most thorough compensation processes undertaken by HEABC and feedback has been positive.

Development of a system for managing performance for executive, management and non-contract staff has commenced. When completed, the system will provide organizations with the vital link to the concept of rewarding individuals for value-added contributions to organizational success.

Facilities Table Job Classification Reviews

During the past year, HEABC worked with its members and the union to finalize the classifications for jobs that were subject to the levelling process. The results of this process are the subject of an arbitration hearing to be held in the fall of 1999.

HEABC and the unions successfully concluded the pay equity adjustment discussions and wage schedules for 1999.

The parties have commenced discussions regarding the "cost-neutral" review of the Facilities Clerical Benchmark Series agreed to during collective bargaining.

HEU/BCGEU Comparability

HEABC and the Hospital Employees' Union, with the assistance of arbitrator Stephen Kelleher, continued discussions regarding the commitment to comparability with the provincial public service. The concept of comparability with public service employees was introduced into the former HLRA/HEU Master Collective Agreement over 20 years ago and has been an area of dispute with HEU for many years.

A decision was received from Stephen Kelleher on January 22, 1999, regarding comparability. Mr. Kelleher awarded the union interest on monies owing (if any) retroactive to April 1, 1996. Mr. Kelleher also directed the parties to attempt to finalize comparability by:

1. A consideration and quantification of the differences in wages as at April 1, 1996
2. A consideration of the differences in job security
3. A consideration of the differences in benefits
4. A consideration of other benefits

Attempts to resolve the issue were unsuccessful and the parties referred the matter back to Mr. Kelleher. On September 21, 1999 he issued his award, which will pave the way to a final resolution of this matter. At the time of printing this report, the monetary consequences of Mr. Kelleher's award were not yet determined.

Community Sub-Sector Job Classification Plan

The parties continue to work on developing a job classification plan for the Community Subsector. The joint committee has successfully agreed to and completed a survey of the agreed upon community employer sample group. The information collected by this survey is currently being used to develop benchmarks for the Community Subsector. Once draft benchmarks have been identified, the parties will negotiate the classification and maintenance provisions for classifying community positions.

Nurses Transferring from Government to Health

As part of the "Closer to Home" regionalization process in health care, a significant number of nurses were transferred from the Ministry of Health and various municipalities to HEABC member organizations.

The British Columbia Nurses Union (BCNU) and the provincial government, [represented by the Public Service Employee Relations Commission (PSERC)] agreed on a transfer process known as Memorandum of Understanding #17, (MOU #17). As a guideline for the MOU #17 process, BCNU and PSERC agreed to use the classification system from the previous HEABC/BCNU collective agreement. HEABC partici-

pated as a member of the committee that was established to complete the transfer and classification of these nursing jobs.

Over the last year, HEABC and BCNU have worked to resolve many of the classification disputes filed by the transferred nurses. An arbitration held in January and February 1999 finalized approximately 90% of the appeals. Following receipt of the arbitration award in May 1999, HEABC members were advised to implement the new pay rates for the known classifications.

Approximately 80 anomalous positions remain in dispute. Failing an agreement between the parties, the outstanding positions will be referred to arbitrator Vince Ready at the end of the year.

Paramedical Levelling and Job Classification

During the year, extensive work has taken place in the areas of paramedical professional designations, levelling processes and the determination of a classification system for the Paramedical Professional Bargaining Association.

There were over 400 community jobs across five bargaining agents (HSA, BCGEU, CUPE, HEU, PEA and UFCW) for which a paramedical professional determination was completed. In addition, paramedical professional jobs previously not covered by the HSA Master Collective Agreement were subject to a levelling process. The first process which was established by Colin Taylor, affected employers who were not party to the HSA Master Agreement (1991 – 1996) but were covered by the 1996 – 1998 Paramedical Agreement. The second process affected employers who came under the 1998 – 2001 Paramedical Agreement.

In concluding collective bargaining for the Paramedical Agreement, mediator Brian Foley awarded the HSA Master classification system with an understanding that, in establishing appropriate grid levels, consideration will be given to the particular organizational structures and the methods of providing service by community employers. Mr. Foley has also recommended the establishment of a joint classification committee to review the overall job classification system.

HEABC Publications for Members

The HEABC library is continually updated to provide members with useful and interpretive publications relating to the health care workplace. The following are presently available:

- BC Physician Recruitment Program – A Guide for Communities, July 1998
- Catalogue of Human Resource Practices that Work
- Charting the Future of HEABC, A New Focus
- Contract Interpretation Manual for the HEABC/Facilities Provincial Collective Agreement (Available fall 1999)
- Contract Interpretation Manual for the HEABC/Nurses' Provincial Collective Agreement
- Contract Interpretation Update Bulletins (CIUs)
- Employer Rights on Managing Claims and Attendance
- Employment Security – "Inescapable Rules of Organizational Change"
- Framework for Partnership in Human Resource Management Services
- Framework for Personnel Policies and Procedures for Non-Contract Employees
- General Information Update Bulletins (GIUs)
- Guide to Implement the Compensation Reference Plan
- Guide to Writing Job Descriptions
- HEABC 1998 Job Action Handbook – Working Guidelines
- HEABC Roadmaps (explaining how to deal with key human resource challenges)
- HEABC Services Update
- Human Resources Policies and Procedures
- Mergers and Amalgamations Guide
- Procedures Manual – Physician Recruitment
- Shift Rotation Manual

Most publications are available at no cost to members from the HEABC head office in Vancouver. Please contact your consultant for more information.



HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA
BALANCE SHEET
as at March 31, 1999

| ASSETS | 1999 | 1998 |
|------------------------|---------------------|---------------------|
| Current | | |
| Cash | \$ 400,072 | \$ 270,988 |
| Restricted cash | 459,067 | 387,022 |
| Short-term investments | 2,507,957 | 2,309,710 |
| Accounts receivable | 156,774 | 126,384 |
| Prepaid expenses | 32,078 | 31,891 |
| | <u>3,555,948</u> | <u>3,125,995</u> |
| Capital assets | 466,611 | 422,571 |
| | <u>\$ 4,022,559</u> | <u>\$ 3,548,566</u> |

LIABILITIES

| | | |
|--|------------------|------------------|
| Current | | |
| Accounts payable and accrued liabilities | \$ 1,271,830 | \$ 878,775 |
| Deferred contributions | | |
| Operations | 917,824 | 336,310 |
| Administrative | 459,067 | 387,022 |
| | <u>2,648,721</u> | <u>1,602,107</u> |
| Accrued retirement liability | 112,156 | 125,460 |
| | <u>2,760,877</u> | <u>1,727,567</u> |

NET ASSETS

| | | |
|---------------------------------------|---------------------|---------------------|
| Net assets invested in capital assets | 466,611 | 422,571 |
| Net assets internally restricted | 45,317 | 67,508 |
| Unrestricted net assets | 749,754 | 1,330,920 |
| | <u>1,261,682</u> | <u>1,820,999</u> |
| | <u>\$ 4,022,559</u> | <u>\$ 3,548,566</u> |

Commitments and contingencies

APPROVED BY THE BOARD



Director



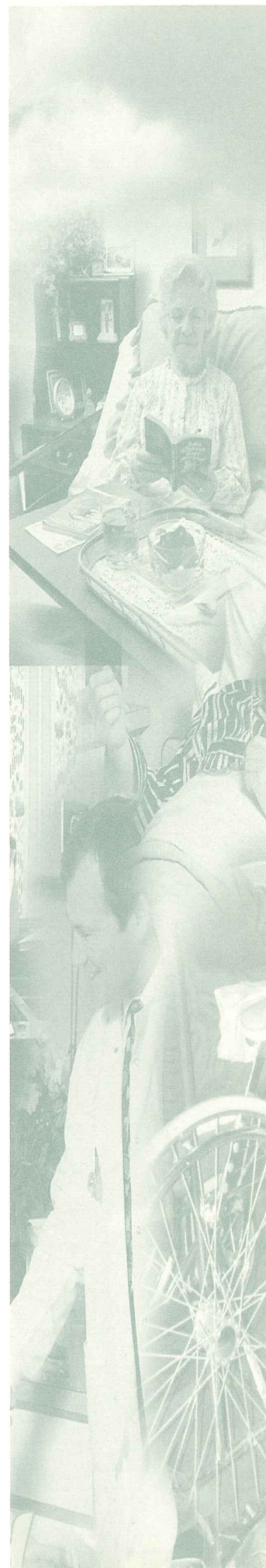
Director

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the 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, 1999

| | | |
|---|---------------------|---------------------|
| Revenue | | |
| Government funding | \$ 7,664,000 | \$ 8,323,832 |
| Fee for service | 4,465 | 2,708 |
| Administration fee | 174,858 | 176,803 |
| Annual General Meeting/Conference fees | 35,477 | 47,553 |
| Member training fees | — | 28,123 |
| Interest and other revenue | 151,686 | 89,498 |
| | 8,030,486 | 8,668,517 |
| Funding from deferred contributions – operations | 918,254 | 37,945 |
| | 8,948,740 | 8,706,462 |
| Expenditures | | |
| General operations | | |
| Salaries and benefits | 5,493,631 | 5,257,890 |
| Travel and meetings | 639,474 | 512,324 |
| Arbitration and hearing costs | 111,422 | 148,977 |
| Legal and professional | 641,742 | 785,879 |
| Recruiting and relocation | 47,531 | 26,834 |
| Staff training – research and memberships | 94,857 | 96,680 |
| Office expenses, printing and reproduction | 520,050 | 427,411 |
| Rental – office and equipment | 1,213,638 | 1,165,024 |
| Annual General Meeting/Conference | 40,244 | 51,367 |
| Member training | — | 30,445 |
| Amortization | 180,575 | 198,702 |
| GST – unrecoverable | 130,479 | 116,429 |
| | 9,113,643 | 8,817,962 |
| Non-general operations | | |
| PSERC/BCNU job classification | 22,191 | 14,834 |
| Leadership development program | 70,000 | — |
| Pay equity | 1,250 | 8,280 |
| Non-contract executive compensation | 13,658 | 10,977 |
| Physician recruitment/locum registry | 287,315 | 138,266 |
| Total expenditures from operations | 9,508,057 | 8,990,319 |
| Deficiency of revenues over expenditures from operations | (559,317) | (283,857) |
| Funding from deferred contributions – administrative | | |
| Revenue | 75,252 | 1,907,154 |
| Expenditures | 75,252 | 1,907,154 |
| | — | — |
| DEFICIENCY OF REVENUES OVER EXPENDITURES | \$ (559,317) | \$ (283,857) |

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.





BOARD OF DIRECTORS

Fraser Valley

Pat Zanon, **HEABC Board Chair**, Chief Executive Officer, South Fraser Health Region

Doreen Biener, Governor, South Fraser Health Region

Loretta Sieben, Governor, Simon Fraser Health Region

Kootenays

Garth Burnell, Executive Director, Boundary Health Council

Gentil Mateus, Governor, Greater Trail Community Health Council

Lower Mainland

Steve Gardner, **HEABC Hon. Secretary-Treasurer**, Administrator, Central Park Manor

John Kennedy, Governor, Vancouver/Richmond Health Board

Brian Schmidt, **HEABC Board Vice Chair**, Chief Operating Officer, British Columbia Cancer Agency

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, Chair, Thompson Health Region

Murli Pendharkar, Chair, Okanagan Similkameen Health Region

Vancouver Island

Don Brown, Chief Executive Officer, Comox Valley Community Health Council

Helen Evans, Governor, Capital Health Region

SPECIAL APPOINTMENTS

Propriety Care

Colleen Tracy, Private Care Representative

BC GOVERNMENT APPOINTMENTS

Government

Leah Hollins, Associate Deputy Minister, Acute and Continuing Care Programs, Ministry of Health and Ministry Responsible for Seniors

Ron McEachern, Deputy Commissioner, Public Service Employee Relations Commission, Ministry of Finance and Corporate Relations

Martin Serediak, Assistant Deputy Minister of Medical Services Plan, and Chair, Medical Services Commission, Ministry of Health and Ministry Responsible for Seniors

Scott McCannell, Executive Director, Public Sector Employers' Council Secretariat

HEABC BOARD EXECUTIVE & COMMITTEE MEMBERS

Executive

Pat Zanon, Chair
Brian Schmidt, Vice-Chair
Steve Gardner, Honourary Secretary-Treasurer

Executive Committee

Pat Zanon, Chair
Brian Schmidt, Vice-Chair
Steve Gardner, Honourary Secretary-Treasurer
Doreen Biener
Garth Burnell
Colleen Tracy

Finance & Audit Committee

Steve Gardner, Honourary Secretary-Treasurer
Leah Hollins
Andrew Neuner
Murli Pendharkar
Brian Schmidt

Strategic Planning Committee

Garth Burnell, Chair
Doreen Biener
Ron McEachern
Scott McCannell
Loretta Sieben
John Van Luven

Resolutions & AGM Committee

Andrew Neuner, Chair
Berthe Hall
John Kennedy
Gentil Mateus
John Van Luven

Nominating Committee

John Kennedy, Chair
Don Brown
Linda Coles
Martin Serediak
Loretta Sieben

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

Elsie Gerdes, 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

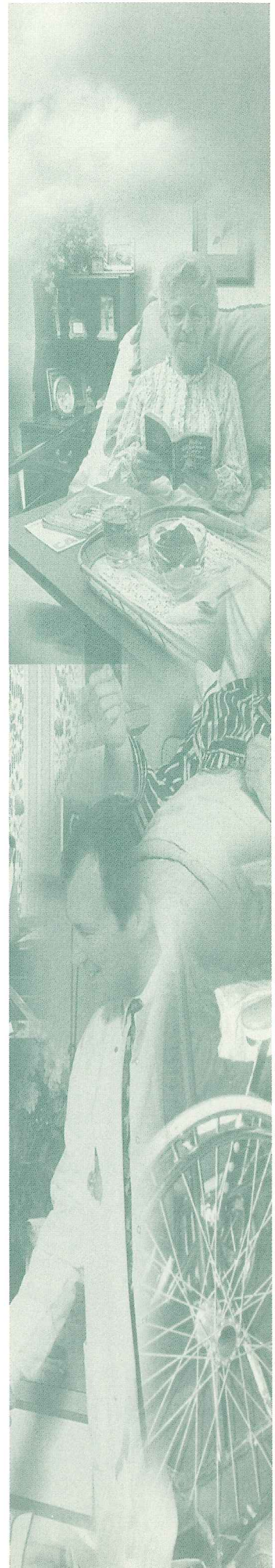
David Richardson, Chair
Martin Oets, Vice-Chair
Rick Robinson, Secretary-Treasurer

Vancouver Island Regional Council

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

Kootenay Regional Council

Frank Marino, Chair
Cathy Stashyn, Vice-Chair
Kim McCaveny, Secretary-Treasurer





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Fax: (250) 479-4038