

HEABC

The Health Employers Association of BC

The voice of BC's health care employers

**ANNUAL REPORT
2000 - 2001**

MISSION STATEMENT

In cooperation and partnership with Health Care Employers and Government, the 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.

VALUES

- safeguarding the interests of our membership
- advocating practices that contribute to the well-being 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

VISION

The voice of BC's Health Care Employers.

CONTENTS

HEABC: The Organization and its Services	2
Report of the Board Chair and Chief Executive Officer	3
Member Services	4
Health Match BC	7
Strength through Partnerships	8
Actions and Outcomes 2000–2001	9
Publications	13
Financials	14
Regional Representatives	16
HEABC's Board Executive and Committee Members	Inside Back Cover
Regional Council Executive	Inside Back Cover

HEABC: THE ORGANIZATION AND ITS SERVICES

The Health Employers Association of BC (HEABC) is a unifying body servicing 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 Service 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
- Coordinating employer strategies for health human resource planning initiatives
- 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 over 25 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

Upon reflection of events since the Health Employers Association of BC's inception in 1993, it would seem that health care is in a perpetual state of change. This past year proved to be no different and may be the beginning of some of the most dramatic changes experienced in some time.

2001 began with collective bargaining being a major focus for all of us. We prepared for negotiations as we have in the past. We traveled throughout the province and met with you to determine what your bargaining objectives were as well as the priority of those objectives. The value of these meetings is twofold. Firstly, your hands-on understanding of the challenges of administering the collective agreements provides us with the necessary input to develop bargaining objectives. Secondly, it is your advice, opinions and experiences that motivate us in our representation of you to ensure that we bargain to achieve the best contracts possible. The government also has a substantial role in those objectives with financial implications. Their mandate determines the monetary framework within which we can address your bargaining objectives.

We were able to successfully conclude contract negotiations with the Health Services and Support Facilities and Community Subsectors. We were able to keep the two contracts separate even though there was pressure by the unions and the government to bring the two bargaining units together into one agreement. You showed us your support and approval of these contracts by overwhelmingly ratifying the agreements. Subsequently the outgoing government chose to pass legislation that overturned the separate nature of these agreements.

Unfortunately reaching a settlement with the nurses and paramedicals of the province proved to be more challenging. A change of government in the middle of negotiations added a complicating dimension to contract talks. Both legal and illegal strike action had a detrimental effect on your ability to provide services and when it became apparent that a negotiated settlement was unlikely, the newly elected government stepped in to legislate agreements for the paramedicals and the nurses. We are now focussing on moving forward and mending relationships that were strained during bargaining.

Throughout the year our attention has also been focused on coordinating efforts in the area of health human resource planning. You have asked us to take a leadership role in this area and we are moving forward on this initiative. If one thing is certain it is that health human resource planning needs to move forward in a rational, organized manner that will meet the needs of the future.

Another important aspect of health human resource planning involves successful recruitment and retention of qualified professionals. With your support, we have seen Health Match BC's mandate expand to include recruitment and retention of nurses as well as physicians. You have told us that you are frustrated with the red tape involved in hiring of foreign-trained professionals and we have been focussing on streamlining this impediment. There are many parties involved in this process and we continue to represent your interests as we weave through the complexities of immigration and licensing.

Above all though, we are aware that your overlying concern is your ability to afford the services you provide. For years health employers have struggled with funding challenges. This includes lack of funding for collective agreements, non-contract compensation and non-union employees. We understand that this is of primary importance to every one of you. We continue to lobby the government on your behalf to ensure you are funded for these costs. Clearly the government is undergoing financial pressure, but that does not eliminate the imperatives HEABC members face. With health care consuming the lion's share of the government's budget, there is no doubt that health care funding will be at the forefront of the government's mind as they press forward with their fiscal mandate.

How will these financial challenges impact us? It means that we have to look at new ways of providing service to the people of British Columbia. It means that as managers of the system we should lead the change to maintain stability in the health care system. Most importantly it means that we must continue to work together to ensure our patients, clients and residents receive the best care possible.

The Board and staff of HEABC are dedicated and are prepared to meet any challenges that lay ahead of us in our perpetually changing health care system.



Mr. Gary A. Moser
President and CEO



Mr. Brian T. Schmidt
HEABC Board Chair

MEMBER SERVICES

Human Resources Planning

Health human resources was a dominant issue facing members over the past year. Consequently, HEABC was very active in a number of health human resource planning activities including the following:

- HEABC actively participated as a member of the Ministry of Health, Health Human Resource Advisory Committee. This committee is the primary forum through which educators, health care administrators, provincial government representatives, unions and associations meet to promote a coordinated approach to health human resource planning issues.
- HEABC made suggestions to the provincial government regarding health human resource planning issues in its *Health Labour Relations Solutions for a New Era* document dated May 18, 2001.
- In August 2001, HEABC submitted a briefing document to the provincial government on health human resource planning. This document set out planning activities undertaken by HEABC and members including immediate and longer term planning priorities.
- HEABC co-authored, together with the Hospital Employees' Union, a study on the utilization and roles of Licensed Practical Nurses (LPNs) and Care Aides in BC. The report contained recommendations regarding the current and potential future roles of LPNs and Care Aides.
- HEABC also launched a provincial program to gather information from members on difficult to fill vacancies. This additional information is urgently needed to assess where resources are best placed in the province to address staff shortage issues.

Municipal Pension Plan

Effective April 1, 2001, the Municipal Pension Plan became governed by a new joint trust agreement. Joint trusteeship means that plan member and plan employer representatives will now share control of the Municipal Pension Plan. This is done through a 16-member board of trustees – half appointed by plan members and half appointed by the provincial government and other employers.

It is important to note that as a result of joint trusteeship, member health care employers now have direct input into the management of the plan, as HEABC is responsible for the appointment of two of the board of trustees seats. It is also important to note that joint trusteeship means that plan surpluses, as well as plan liabilities, will now be shared between plan members and plan employers. Previously, plan employers were fully responsible for any unfunded liabilities of the plan.

The new board of trustees is currently going through a period of transition. They held their first official meeting in April 2001, at which time resolutions were passed to establish the Municipal Pension Board of Trustees rules for management of the plan. It was agreed to manage the plan, largely on a status quo basis, for a transition period of approximately one year.

Occupational Health and Safety

Increasing Workers' Compensation Board (WCB) assessments and rising costs associated with occupational health and safety issues continue to be a priority for members. To assist members in ensuring they have pertinent occupational health and safety policies and procedures in place, HEABC provides a number of comprehensive publications to assist with initiatives in this area (listed elsewhere in this report). Educational programs that are presented throughout the year also support these publications.

As well, HEABC continues to represent members at the Occupational Health and Safety Agency for Healthcare (OHSAH). OHSAH has committed funds for numerous projects for the coming year including funding for overhead lifts. The concept of the agency was renewed in the recent round of negotiations and HEABC will continue to represent members on this important Board.

Partnering in Education

Creative Leadership in Health Care Programs

This year saw the continuation of the HEABC co-sponsored six-day *Creative Leadership in Health Care Program* with Royal Roads University. Two programs

were offered in the fall of 2000 and early 2001. The *Creative Leadership Program* targets senior and middle healthcare managers and assists them to develop their leadership abilities to meet the challenges in the health care system. The Ministry of Health provided a grant to sponsor these programs so that participants' fees were 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.

Workshops

Collective bargaining activities reduced the number of workshops presented by HEABC over the past year. However, HEABC was able to present the following workshops from April 2000 to March 2001 prior to the beginning of bargaining:

Workshop	No. of Workshops Held	No. of Participants
Selection	13	258
Discipline	26	614
OH&S / WCB	11	258
Total	50	1,130

This fall sees the introduction of the following two new workshops: *Grievance Handling and Return to Work/Claims Management*. In addition workshops on *Selection, Discipline and Performance Evaluation*, and *Occupational Health and Safety Programs* are also being offered.

Certification Activity

Of some note, the number of new union certifications of HEABC members actually dropped to 31 from last year's total of 55. This is the lowest number of certifications experienced by the industry over the last five years and is undoubtedly representative of the fact that there are fewer remaining non-union employers left to certify. The BC Nurses' Union was the most active in gaining new certifications with a total of 18 of the 31. The recent changes to the Labour Code requiring a mandatory vote for union certification applications was welcomed by the employer community but it appears that this change came too late for many HEABC members.

Subsector	Applications			
	2001	2000	1999	1998
Facilities	5	3	2	5
Nurses	18	18	25	56
Community	8	22	36	39
Paramedical	0	6	4	8

In addition to the certification applications, HEABC has been active representing members' interests at the Labour Relations Board (LRB) on a number of issues. HEABC has represented members on over 100 LRB applications dealing with mergers/amalgamations, change in members and consolidation of bargaining units.

Physician Negotiations

Over the past year HEABC assisted several members with their negotiations of physician agreements. This included conducting compensation surveys, assisting members at the bargaining table and providing advice with respect to the drafting of physician service agreements.

Management Consulting Services

HEABC's management consultants offer a range of products and services designed to assist members in implementing and maintaining credible and defensible compensation practices and compensation levels.

Executive, Management and Non-Contract Compensation

The Compensation Reference Plan (the Plan) is the government approved compensation plan for executive, management and non-contract positions in the health sector. More than 5000 jobs have been assessed using this plan and HEABC continues to work with members that have yet to implement the Plan at their organizations.

Performance Enhancement

Over the last year, HEABC offered *Performance Enhancement* workshops on a regular basis to members. This framework for enhancing executive and non-contract staff performance was developed to support organizations wishing to explore this management tool for rewarding individuals and contributing to organizational success.

Strategic Business Planning

On a more limited basis, some members also participated in *Strategic Business Planning* sessions led by

our management consultants. These sessions are designed to offer a high-level overview of the strategic planning process and an orientation for members having an interest in the concepts, methodology and benefits of strategic business planning.

Arbitration Activity

From the 12-month period covering September 1, 2000 – August 31, 2001, arbitration activity remained steady. There was a marked increase in Labour Relations Board hearings due to essential service activity.

www.heabc.bc.ca

HEABC's web site continues to evolve to meet members' needs. During bargaining HEABC's web site became a crucial communication tool that kept members and the public apprised on the progression of negotiations.

New sections on a wide range of topics have been added to the members' only site including the following:

- Difficult to Fill Vacancy Survey
- Health Human Resources
- Return to Work Fund
- Labour Relations Links

The interpretation manual for the Community Agreement has been added to the web site. You can now search, print and download the interpretation manuals for the Facilities, Paramedicals, Nurses and now also the Community agreements. In addition, major changes were made to the Occupational Health and Safety section.

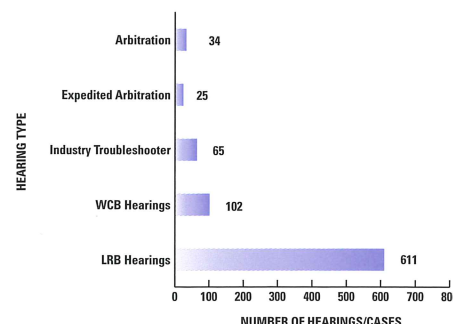
The following material has been added to the publications' section of the web site:

- Essential Service Orders and Strike Contingency Planning Handbook
- HEABC's WCB Consultation Service – Summary of Frequently Asked Questions & Answers.
- Attendance Record Employee Record Year 2001
- Guide to an Effective WCB Health & Safety Program – FAQ
- Licensed Practical Nurses and Care Aides – Research on Roles and Utilization

In the upcoming year, the compensation component of our web site will be enhanced with the addition of the paramedical classification system and the community benchmarking system.

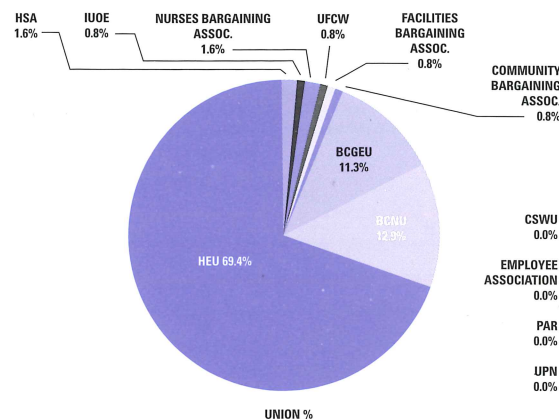
HEABC THIRD PARTY REFERRALS RECEIVED – DISTRIBUTION BY TYPE

(Covers the period September 1, 2000 to August 31, 2001)



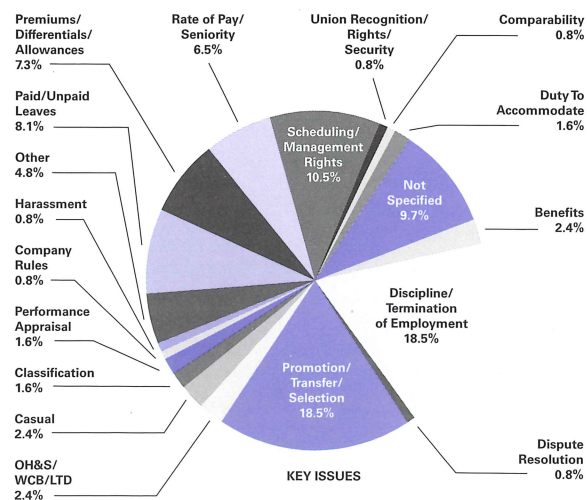
THIRD PARTY DECISIONS RECEIVED – DISTRIBUTION BY UNION

ARBITRATION, EXPEDITED ARBITRATION AND INDUSTRY TROUBLESHOOTERS



THIRD PARTY DECISIONS RECEIVED – DISTRIBUTION BY KEY ISSUE

ARBITRATION, EXPEDITED ARBITRATION AND INDUSTRY TROUBLESHOOTERS



HEALTH MATCH BC

January 2001 marked Health Match BC's second successful year of assisting and supporting rural and remote BC communities with physician recruitment. This past spring was the first anniversary of Health Match BC's expanded program that encompasses recruiting full-time registered nurses for rural and urban centres throughout BC.

Health Match BC provides four distinctive services through the guidance of the Health Match BC Advisory Council. The Council's widely divergent membership provides Health Match BC with the vision and expertise to successfully support its eligible servicing communities as well as those physicians and nurses seeking employment in BC.

Services to Eligible Communities

Health Match BC's successes are a result of listening to the needs of the rural and remote communities that it serves. Ensuring that the right candidate, whether it be a physician or a nurse, is matched with the right community through a high level of personalized service is Health Match BC's goal. This objective is achieved through the following variety of services:

- Interactive website for the communities to post physician and registered nurse employment opportunities.
- Marketing, advertising, and recruitment campaign advice.
- Advocacy with the College of Physicians & Surgeons of BC and the Registered Nurses Association of British Columbia on behalf of the communities to obtain licensure.
- Advice regarding all aspects of physician recruitment including developing selection criteria, core competencies, role descriptions, interview questions, how to conduct reference checks as well as physician spousal employment and other retention issues.
- Guidance with Human Resources Development Canada and Citizenship and Immigration Canada.

Physician Services

Throughout the year, physician conferences continued to be the primary vehicle used to network with prospective candidates, promote BC's communities and market Health Match BC as the major recruit-

ment contact for the province. To meet the needs of our members Health Match BC has focused on recruiting general practitioners and specialists in psychiatry, internal medicine, radiology, and anesthesiology during 2000-2001.

From September 1st, 2000 to August 31st, 2001, Health Match has filled 128 permanent and locum vacancies with 120 physicians in under-served communities. This consists of:

- 42 physicians employed in permanent positions
- 46 physicians accepted offers of employment with temporary license approval from the College of Physicians and Surgeons of BC (CPSBC)
- 6 with employment offers subject to final approval for temporary licenses by the CPSBC; and
- 26 physicians filling 34 locum vacancies

In addition to the screening and processing of in excess of 750 new physician applicants during this time period, Health Match BC provided significant assistance to 57 physicians and/or communities in their recruitment efforts, which did not result in placements.

Nursing Services

Since Health Match BC's expansion into the recruitment and retention of nurses, it has facilitated the hiring of 62 registered nurses in rural and urban BC. Attendance at local and national career events continues to be the primary avenue in which to promote BC's job opportunities for nurses. Health Match BC also acts as a unifying body in coordinating members' attendance at these fairs as a provincial group, thereby assisting members in the marketing of their communities and facilities in a more cost-effective manner.

Provincial Nominee Program (PNP)

In March 2001, with the partnership of the Ministry of Health and the former Ministry of Multiculturalism and Immigration (MMI), Health Match BC launched the Provincial Nominee Program (PNP). This program is expected to facilitate the fast tracking of 400 qualified foreign-trained registered nurses through Citizenship and Immigration Canada by April 2003. Approximately 85 nurses have been identified by

Partners in Health Care

Recognizing that being a part of the larger labour relations and human resource community enables HEABC to more fully represent its membership, staff and board members participate on numerous committees devoted to health care. Participation on such committees consumes many hours of staff resources but is worthwhile in helping to ensure members' interests are represented.

HEABC is represented on the following committees/task forces/Boards:

- BC Health Information Standards Council
- Benefits Working Group
- Business Council of British Columbia
- COUTH Health Sciences Committee
- Funding Committee
- Health Match Advisory Council
- Health Sector Compensation Information System Advisory Committee (HSCIS)
- Healthcare Benefit Trust (HBT) Board of Trustees
- Healthcare Advisory Council on OH & S
- Healthcare Labour Adjustment Agency (HLAA)
- Human Resource Advisory Group (HRAG)
- Influenza Immunization Discussion Group
- Labour Relations Board (LRB)
- Licensed Practical Nurse and Care Aide Utilization Committee
- Ministry of Finance Contract Council
- Ministry of Health, Joint Advisory Committee
- Ministry of Health, Health Human Resources Advisory Committee (HHRAC)
- Ministry of Health, Information Requirements Working Group
- Ministry of Health, Nurse Advisory Committee
- Ministry of Health, Workload Measurement Committee
- Municipal Pension Board
- Nurse Recruitment and Retention Committee
- Occupational Health and Safety Agency for Healthcare
- Private Sector Advisory Committee
- Public Sector Employers' Council
- Senior Human Resource Practitioners' Group (SHRP)
- WCB Employers' Forum
- WCB Health & Safety Committee
- WCB Occupational Disease Advisory Committee (ODAC)

employers as potential PNP candidates. Nineteen PNP applications have been processed to-date and there are approximately 25 applications in partial stages of completion. To-date, four employer training workshops have been conducted to assist in the completion of the documentation.

Along with administration of the PNP program, Health Match BC also supports members through coordination of recruitment in foreign markets. This fall, Health Match BC will lead a recruitment team to Australia and New Zealand to recruit on behalf of the province.

Advertising Initiatives

Over the past year, Health Match BC expanded its advertising campaigns to international markets, which has resulted in a significant increase in applications from interested physician candidates from the United Kingdom, Ireland, and Australia. As well, Health Match BC continues to offer negotiated advertising discounts in some medical journals, saving communities 20% on advertising costs.

Partnerships and Liaisons

In working closely with members, Health Match BC has acquired keen insight into the many obstacles faced by members in their search for qualified health professionals. Through partnerships and liaisons with the Ministry of Health, other government agencies, the College of Physicians and Surgeons of BC and the Registered Nurses Association of BC, Health Match BC continues to seek relief for members in their struggle to recruit foreign-trained physicians and nurses.

Health Match BC supported the implementation of a new regulation permitting the extension of "Temporary Employment Validations" for foreign-trained physicians from one year to three years. This new regulation will greatly reduce the administrative burden associated with the hiring of foreign-trained physicians.

Health Match BC was also successful in lobbying for changes to Human Resource Development Canada's advertising regulations for foreign-trained physicians, realizing significant financial savings for members.

ACTIONS AND OUTCOMES 2000–2001

Collective Bargaining

As anticipated, collective bargaining in 2001 was affected by the possibility and ultimately the finality of an election and a change in government during the negotiation process. Agreements with the Health Services and Support Community and Facilities Subsectors were reached relatively quickly in 2001. Fortunately for members, both agreements were negotiated and ratified without job action. Unfortunately such was not the case with the Nurses and Paramedicals. After job action that included illegal strike activity the newly elected government imposed a 50-day cooling-off period. When no further progress was made between the parties during the cooling-off period, the government chose to impose a collective agreement. HEABC is committed to ensuring relationships with all members and unions continue to strengthen despite the controversial end to negotiations.

Facilities Subsector Collective Agreement

On May 4, 2001 HEABC members ratified the 2001/2004 Facilities Subsector Collective Agreement. This collective agreement covers 45,000 healthcare workers employed in hospitals, long-term care facilities and other health care institutions.

Although the unions commenced negotiations with more than 130 demands, many with significant financial and operational implications, the parties were able to reach a tentative collective agreement after 35 days of negotiations.

The highlights of the agreement are as follows:

- A general wage increase – April 1, 2001 – 2%, April 1, 2002 – 2% and April 1, 2003 – 1.5% or cost of living allowance (whichever is greater).
- Pay equity adjustments: May 1, 2001 – 1% of salaries, April 1, 2002 – 1.5% of salaries, April 1, 2003 – 1.2% of salaries.
- Progress was made to resolve member concerns regarding the filling of temporary vacancies.
- Allocation of an additional 5 million dollars in years 2001, 2002 and 2003 for additional direct patient care positions in long term care and extended care facilities.

- Memorandum of Understanding to establish a goal of eliminating unsafe manual lifting by the introduction of mechanical lifts, including a process to secure financing for lifting equipment.
- Employers certified prior to April 1, 2001 will be entitled to full leveling to facilities rates of pay effective October 1, 2000 or six months after the date of certification, whichever is later.
- New language establishing an expedited classification arbitration process.

Community Subsector Collective Agreement

Collective bargaining with the Community Association of Unions commenced on December 19, 2000 and after 25 days of negotiations, the parties reached an agreement without resorting to any strike activity or third party intervention from a mediator/arbitrator.

During negotiations, the employer resisted substantial pressures from the unions to eliminate the Community Subsector Collective Agreement ("CSA") and replace it with the terms of the Facilities Subsector Collective Agreement ("FCA") effective April 1, 2001. The immediate application of the FCA would have cost over \$80 million per year. While HEABC acknowledged that some standardization between the two collective agreements was preferable in order to realize administrative efficiencies and human resource objectives, HEABC also asserted that movement toward standardized provisions would have to be evaluated in the context of the delivery of community health services and the ability of the public to pay for wage and benefit increases.

The renewed collective agreement addresses both of these concerns. It preserves most of the language provisions of the previous CSA. At the same time, it provides an affordable and measured approach to the achievement of "comparable" wage rates and benefits with the Facilities Subsector.

Highlights of the collective agreement include:

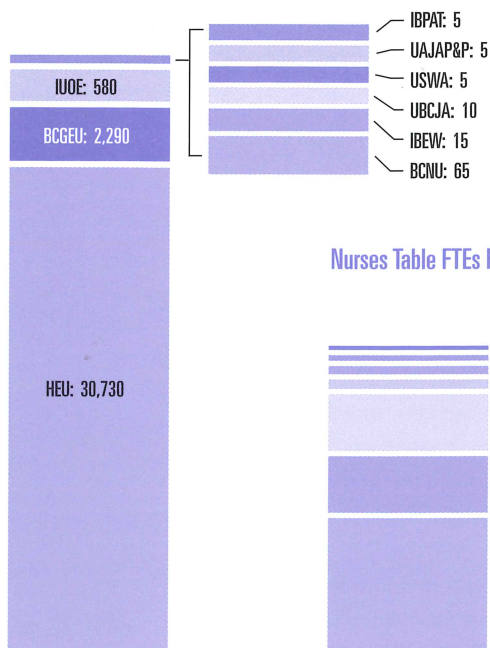
- The continuation of the "wage equity" fund from the previous agreement. The fund will be comprised of 3% of straight time wages paid in the entire subsector and will be used to pay for

Acronyms

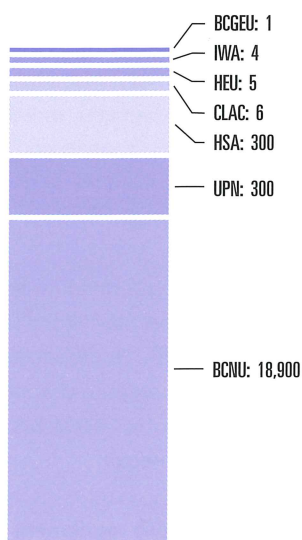
BCGEU	BC Government and Service Employees' Union	IUOE	International Union of Operating Engineers
BCNU	BC Nurses' Union	IWA	Industrial, Wood and Allied Workers of Canada
CAW	Canadian Auto Workers – Canada	PAR-BC	Professional Association of Residents of BC
CLAC	Christian Labour Association of Canada	PEA	Professional Employees' Association
CSWU	Construction and Specialized Workers Union	UAJAP&P	United Association of Journeymen and Apprentices of the Plumbing, Pipefitting and Sprinklerfitting Industry of the US and Canada
CUPE	Canadian Union of Public Employees	UBCJA	United Brotherhood of Carpenters and Joiners
HEU	Hospital Employees' Union	UFCW	United Food and Commercial Workers' Union
HSA	Health Sciences Association	UPN	Union of Psychiatric Nurses
IBEW	International Brotherhood of Electrical Workers	USWA	United Steel Workers' of America
IBPAT	International Brotherhood of Painters and Allied Trades		

Representation of Bargaining Units

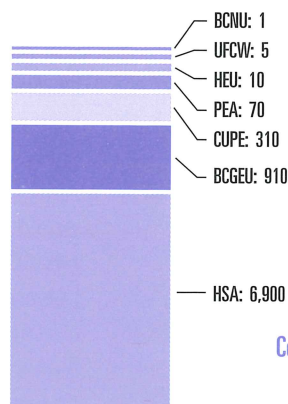
Facilities Table FTEs by Union



Nurses Table FTEs by Union



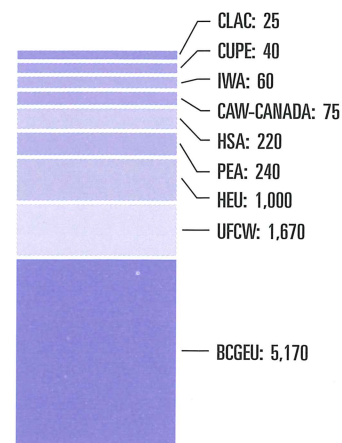
Paramedical Table FTEs by Union



Residents Table FTEs by Union

PAR-BC: 515

Community Table FTEs by Union



incremental improvements to wage rates and benefits until such time as they are comparable with the FCA.

- A general wage increase – April 1, 2001 – 2%, April 1, 2002 – 2% and April 1, 2003 – 1.5% or cost of living allowance (whichever is greater).
- The Parties resolved outstanding issues relating to the implementation of the new community classification system. The result is that a standardized wage schedule for all community jobs was developed for the 2000 and 2001 years. Further, all jobs will be classified under the new system by the end of July 2002. This is a major undertaking involving all community employers and requires the classification of approximately 2600 jobs.
- New casual availability provisions apply to home support workers (except for HEU locals). These provisions require casual employees to commit to their stated availability for work, with some exceptions. These exceptions do not apply during the summer months (and either Spring Break or Christmas break, at the employee's option). It is during these peak vacation periods that casual employees are needed the most to provide relief coverage. Casual employees also face sanctions for refusing work. Should a casual employee refuse assignments four times in any six month period, for days or shifts on which she/he committed to be available, an employer has the ability to remove the employee from the casual list.

Government Imposition of Paramedical Professional Collective Agreement and Provincial Nurses Collective Agreement

As it has been in the past, negotiations with the Nurses' Bargaining Association and the Paramedical Professional Bargaining Association were challenging and controversial in 2001 resulting in government imposed collective agreements for both sectors.

Paramedical Professional Collective Agreement

Highlights of the agreement include the following:

A general wage increase – April 1, 2001 – 2%, April 1, 2002 – 2% and April 1, 2003 – 1.5% or Cost of Living Allowance (whichever is greater).

- Market adjustment increases for the following targeted groups of 2% October 1, 2001 – 2% April 1, 2002, and 4% April 1, 2003.
 - Physiotherapist;
 - Occupational Therapist;
 - Pharmacist;
 - Perfusionist;
 - Medical Technologist;
 - Medical Radiation Technologist;
 - Nuclear Medicine Technologist;
 - Diagnostic Neurophysiology Technician; and
 - Diagnostic Medical Sonographer.
- Effective April 1, 2002 increases to the following premiums:
 - Night shift premium to \$1.75 per hour
 - Weekend premium to \$1.00 per hour
 - On-call \$3.00 per hour for the first 72 on-call hours per month (\$4.25 per hour thereafter)
- Effective April 1, 2002, mileage increase to \$.44 per kilometre

Provincial Nurses Collective Agreement

Highlights of the agreement include the following:

- Elimination of designated days off for part time workers
- Changes to the casual call-in language
- A general wage increase – April 1, 2001 – 2%, April 1, 2002 – 2% and April 1, 2003 – 1.5% or Cost of Living Allowance (whichever is greater).
- Market adjustment increases that bring the total salary compensation for a level 1 nurse to a 24% increase at the conclusion of the collective agreement.
- Similar premium increases to those found in the Paramedical Professional Collective Agreement effective April 1, 2002.
- Super shift premium for weekend nights of \$1.00 per hour.

Nurse Recruitment and Retention

To address the continuing shortage of nurses, a number of the recommendations contained in the "Assess and Intervene" report (which was jointly authored by HEABC, the Nurses' Bargaining Association and the provincial government) were implemented. This past year saw the government provide grants to increase preceptoring and mentoring, to increase recruitment efforts for foreign nurses, to provide training to upgrade skills for nurses and pay for pilot projects allowing employers to hire student nurses.

Licensed Practical Nurse and Care Aide Roles and Utilization

Under the 1998 – 2001 Facilities Collective Agreement, the parties agreed to a letter of understanding establishing a joint committee to conduct a study of Licensed Practical Nurses and Care Aide utilization.

In November 2000 the research was completed and the joint committee released a report with recommendations. The report, which contains useful information regarding the current and potential future roles of LPNs and Care Aides, was forwarded to the Ministry of Health and the Ministry of Advanced Education and Training. The report is also available on our web site.

Classification Issues

Memorandum of Understanding #17 – Nurses Transferring from Government to Health

Memorandum of Understanding #17 sets out the process for the classification of approximately 3000 nurse jobs transferred from the Ministry of Health and various Municipalities to the health sector. For a number of years HEABC and BC Nurses' Union (BNCU) have been working on the classification of these jobs. This year the task was completed with agreement reached on 1,452 claims filed by nurses in connection with this process.

Nurse Levelling Processes

Employers impacted by the 1996 – 1998 levelling process and the 1998 – 2001 Appendix Z reclassification process continue to work with HEABC to finalize the classification of jobs impacted by these processes. HEABC is also working with the BCNU on concluding the levelling process involving employers formerly covered by the former Standard Agreements.

Paramedical Levelling Processes

Appendix 5 in the 1998 – 2001 Paramedical Professional Collective Agreement established a process for levelling certain paramedical employees. HEABC and the Paramedical Association are currently reviewing the reclassification claims submitted under this process and determining the appropriate classifications for these jobs.

As well an arbitration decision by Judy Korbin regarding the transfer of public service employees to Regional Health Boards resulted in salary placements

being established for various paramedical classifications. HEABC is continuing work with employers to assess the appropriateness of the salary placement in relation to the paramedical classification system.

Arbitration Activity

There were a number of significant arbitration cases involving HEABC last year, including the following two prominent cases:

Casual Nurses Relieving in Higher Rated Positions

The Nurses' Bargaining Association (the Association) asserted that casual employees should be paid at the classification rate of pay of the employee for whom they are relieving. Thus, a casual employee hired at level one should be paid at level two or three, as applicable when relieving for a level two or level three nurse. The Association relied on two previous arbitrations to support its position. Further, it referred this case to an industry arbitration process to bind all nurse subsector employers to the outcome of the decision.

The arbitrator concluded that he must approach the industry case afresh while being mindful of the earlier decisions. After reviewing the earlier decisions, he concluded that Article 30 of the collective agreement applies, unlike in the previous decisions. As a result, casual nurses who relieve in higher rated positions are to be paid their normal rate of pay plus the responsibility pay outlined in Article 30 instead of the classification rate of pay of the position. This decision is now binding on all employers. The Association has appealed the Award to the Labour Relations Board.

Workers' Compensation Board Leave with Net Pay

After the establishment of a WCB Net Pay procedure under the 1998 to 2001 Provincial Nurses Collective Agreement, the Nurses Bargaining Association (the Association) took issue with how net pay was calculated. In particular, it claimed the following:

- 1) overtime should be included in employers' calculations of net pay;
- 2) that employers should not be deducting certain payroll items from an employee's pay cheque, and
- 3) that employers should pay any amounts paid by the WCB to the employee that are in excess of the amounts paid by the employer to the employee.

The arbitrator concluded that a nurse on WCB net pay leave should have normally scheduled overtime included in her net pay calculation. However, he also concluded that no other payments should be forwarded to the nurse, including any payments received by the employer from the WCB.

The Association raised further issues with HEABC when the award was being implemented. These issues include whether the award has retroactive effect that pre-dates its issuance, and whether other items such as on-call premiums should also be paid to the nurse as part of the net pay calculation. The arbitrator reconvened the hearing to adjudicate these matters, and a supplemental award is pending.

HEABC Publications for Members

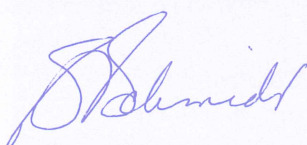
- Assess and Intervene: A Report to the Minister of Health on the Recruitment and Retention of Registered Nurses and Registered Psychiatric Nurses in British Columbia
- Catalogue of Human Resource Practices that Work
- Contract Interpretation Manual for the HEABC/Facilities Subsector Collective Agreement
- Contract Interpretation Manual for the HEABC/Nurses' Provincial Collective Agreement
- Contract Interpretation Manual for the HEABC/Paramedical Professionals Collective Agreement
- Contract Interpretation Manual for the HEABC/Communities Subsector Collective Agreement
- Contract Interpretation Update Bulletins
- 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
- Guide to an Effective WCB Health and Safety Program
- Guide to An Effective WCB Health & Safety Program — Frequently Asked Questions
- HEABC's WCB Consultation Service — Summary of Frequently Asked Questions & Answers
- Guide to Implementing the Compensation Reference Plan
- Guide to WCB Claims Management
- Guide to WCB Claims Management – Frequently Asked Questions
- Guide to Writing and Evaluating Job Descriptions
- HEABC Essential Service Orders and Strike Contingency Planning Handbook
- HEABC Roadmaps (explaining how to deal with key human resource challenges)
- HEABC Services Update
- Human Resource Policies and Procedures
- Mergers and Amalgamations
- Physician Recruitment Guide for Rural and Remote Communities in British Columbia
- Senior Executive Compensation in the Health Sector (Compensation Reference Plan)
- Shift Rotation Manual
- Guidelines for Employers on Service, Seniority, and Benefits for Employees on Unpaid Leaves of Absence in Excess of 20 Workdays

HEALTH EMPLOYERS ASSOCIATION OF
BRITISH COLUMBIA
Balance Sheet
March 31, 2001

	2001	2000
ASSETS		
CURRENT		
Cash	\$ 293,292	\$ 240,120
Restricted cash	411,206	926,001
Short-term investments	2,523,345	2,020,795
Accounts receivable	169,108	167,998
Prepaid expenses	34,319	34,849
	3,431,270	3,389,763
CAPITAL ASSETS	396,554	424,281
	\$ 3,827,824	\$ 3,814,044
LIABILITIES		
CURRENT		
Accounts payable	\$ 1,290,074	\$ 1,242,555
Deferred contributions		
Operations	1,022,503	304,616
Administrative	411,206	926,001
	2,723,783	2,473,172
ACCRUED RETIREMENT LIABILITY	170,966	123,388
	2,894,749	2,596,560
NET ASSETS		
Net assets invested in capital assets	396,554	424,281
Net assets internally restricted	110,000	44,466
Unrestricted net assets	426,521	748,737
	933,075	1,217,484
	\$ 3,827,824	\$ 3,814,044

Commitments and contingencies

APPROVED BY THE DIRECTORS


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
Year ended March 31, 2001

	2001	2000
REVENUE		
Government funding	\$ 7,814,660	\$ 7,778,960
Fee for service	8,895	5,700
Benefits fee	272,108	250,000
Annual general meeting / conference fees	73,548	40,145
Member training fees	43,066	38,920
Interest and other revenue	141,991	128,582
	8,354,268	8,242,307
Funding from deferred contributions – operations	1,422,708	1,012,208
	9,776,976	9,254,515
EXPENDITURES		
General operations		
Salaries and benefits	5,421,722	5,376,909
Travel and meetings	562,327	342,989
Arbitration and hearing costs	169,307	120,135
Legal and professional	883,253	573,326
Recruiting and relocation	8,480	24,391
Staff training – research and memberships	80,731	92,423
Office expenses, printing and reproduction	457,049	498,975
Rental – office and equipment	1,120,982	1,101,642
Annual general meeting / conference	73,433	43,305
Member training	31,164	27,092
Amortization	154,003	163,294
GST – unrecoverable	140,889	120,736
	9,103,340	8,485,217
Non-general operations		
PSERC / BCNU job classification	–	851
Leadership development program	93,200	125,000
Non-contract executive compensation	–	22,600
Recruitment services – Health Match	864,845	665,045
TOTAL EXPENDITURES FROM OPERATIONS	10,061,385	9,298,713
DEFICIENCY OF REVENUES OVER EXPENDITURES FROM OPERATIONS	(284,409)	(44,198)
FUNDING FROM DEFERRED CONTRIBUTIONS –		
Administrative		
Revenues	537,690	6,773,121
Expenditures	537,690	6,773,121
	–	–
DEFICIENCY OF REVENUES OVER EXPENDITURES	\$ (284,409)	\$ (44,198)

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.

REGIONAL REPRESENTATIVES

Fraser Valley	Demi Dunlap, Governor, South Fraser Health Region
Fraser Valley	Roxann McKamey, Governor, Fraser Valley Health Region
Fraser Valley	Loretta Sieben, Governor, Simon Fraser Health Region
Kootenays	Bob Hutmacher, Chief Executive Officer, Castlegar and District Health Council
Kootenays	Jake McInnis, HEABC Board Vice Chair , Governor, Cranbrook Health Council
Lower Mainland	Gerald Herkel, Executive Director, St. Michael's Centre
Lower Mainland	John Kennedy, Governor, Vancouver/Richmond Health Board
Lower Mainland	Brian Schmidt, HEABC Board Chair , Chief Operating Officer, British Columbia Cancer Agency
Lower Mainland	John Van Luven, Executive Director, St. James Community Service Society
North East	Andrew Neuner, Honourary Secretary-Treasurer , Chief Executive Officer, North Peace Health Council
North West	Nirmal Parmar, Governor, Terrace and Area Health Council
Thompson-Okanagan	Berthe Hall, Governor, Thompson Health Region
Thompson-Okanagan	Murli Pendharkar, Governor, Okanagan Similkameen Health Region
Vancouver Island	Irene Dutton, Governor, Central Vancouver Island Health Region
Vancouver Island	Helen Evans, Governor, Capital Health Region

SPECIAL APPOINTMENTS

Propriety Care	Neil Stuart, Proprietary Care Representative
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BC GOVERNMENT APPOINTMENTS

Government	David Babiuk, Associate Deputy Minister, Regional Programs, Ministry of Health Services
Government	Ron McEachern, Deputy Commissioner, Public Service Employee Relations Commission, Ministry of Management Services
Government	Beverly Sterling Pither, Executive Director, Public Sector Employers' Council Secretariat, Ministry of Finance
Government	<i>Vacant</i>

HEABC'S BOARD EXECUTIVE & COMMITTEE MEMBERS

Executive

Brian Schmidt, Chair
Jake McInnis, Vice-Chair
Andrew Neuner, Honourary Secretary-Treasurer

Executive Committee

Brian Schmidt, Chair
Jake McInnis, Vice-Chair
Andrew Neuner, Honourary Secretary-Treasurer
Berthe Hall
Helen Evans
John Van Luven

Finance & Audit Committee

Andrew Neuner, Honourary Secretary-Treasurer
Brian Schmidt
David Babiuk
Helen Evans
Murli Pendharkar
Berthe Hall

Strategic Planning Committee

Loretta Sieben, Chair
Brian Schmidt
Gerald Herkel
Jake McInnis
Bev Sterling Pither
Neil Stuart

Resolutions & AGM Committee

John Kennedy, Chair
Brian Schmidt
Demi Dunlap
Irene Dutton
Roxann McKamey
Nirmal Parmar
Bev Sterling Pither

Nominating Committee

John Van Luven, Chair
Gerald Herkel
Jake McInnis
Roxann McKamey
Murli Pendharkar

REGIONAL COUNCIL EXECUTIVE

Fraser Valley Regional Council

Chair Werner Pauls, Administrator
Langley Special Care Homes Society
(Langley Lodge)
Vice Chair Rosalind Bruce, Manager,
Human Resources
St. Mary's Hospital, New Westminster
Sec-Treasurer Robbie Moore,
Director Human Resources
Menno Hospital

Kootenay Regional Council

Chair Mr. Frank Marino, Director, Human
Resources, Greater Trail Community
Health Council
Vice Chair Cathy Stashyn, Exec. Director,
Human Resources
Nelson & Area Health Council
Sec-Treasurer Kim McCaveney,
Human Resources Officer
Cranbrook Health Council

Lower Mainland Regional Council

Chair John Van Luven, Executive Director
St. James Community Service Society
Vice Chair Vacant
Sec-Treasurer Gerald Herkel, Executive Director,
St. Michael's Centre

North East Regional Council

Chair Mr. Dave Richardson,
Chief Executive Officer
Northern Interior Regional Health
Board
Vice Chair Martin Oets, Chief Executive Officer
Central Cariboo Chilcotin Health
Council
Sec-Treasurer Rick Robinson,
Chief Executive Officer
South Peace Community Health
Council

North West Regional Council

Chair Vacant
Vice Chair Vacant
Sec-Treasurer Vacant

Thompson-Okanagan Regional Council

Chair Ms. Elsie Gerdes, Chair
North Okanagan Health Region
Vice Chair Bob Heise, Chief Executive Officer
Summerland General Hospital
Sec-Treasurer Greg Kornell,
Director of Human Resources
Pacific Sun Enterprises

Vancouver Island Regional Council

Chair Ms. Colleen Black,
Chief Executive Officer
Mount St. Mary Hospital
Vice Chair Bill Crysler, Chief Executive Officer
Powell River CHC
Sec-Treasurer Doug Marrie, Chief Executive Officer
Campbell River/Nootka CHC



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