

Health Employers Association of BC

# HEAABC

The voice of BC's health care employers

CHANGING FOR THE FUTURE

ANNUAL REPORT  
2001 - 2002



# 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

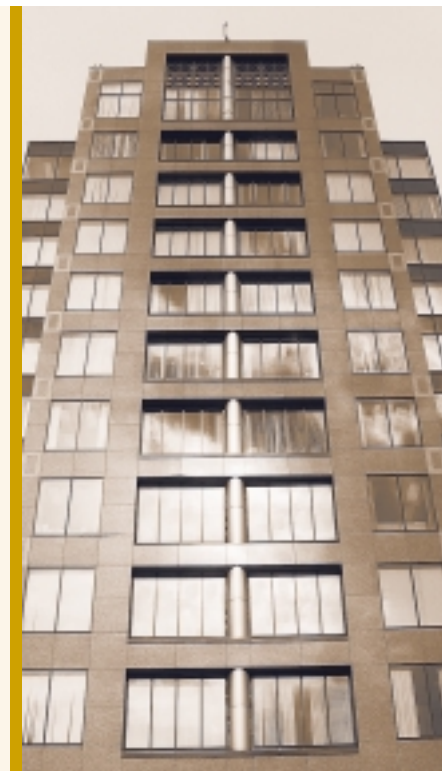
- safeguarding the interests of our membership
- advocating practices that contribute to the well-being of residents, patients, clients, and their families
- establishing credibility through integrity, consistent quality service, professionalism and accountability
- believing in growth based on continuous learning and education offering respect and support for our employees

# Vision

The voice of BC's Health Care Employers.

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# HEABC: The Organization and Its Services

**T**he Health Employers Association of BC (HEABC) is a unifying body servicing a diverse group of over 350 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) recently renamed: BC Care Providers Association.

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).

**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.**

- 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.
- Physician Negotiations.
- Providing a linkage with the other provincial health associations.

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.

**The first and only organization in Canada to represent the entire spectrum of health care employers.**

# Report of the Board Chair and Chief Executive Officer

In 2001 a major focus of debate was the sustainability of Canada's health care system in its current form. In December 2001 the newly elected provincial government took its first steps to addressing this issue and implemented a new governance structure for the health sector. Six health authorities were created to replace the previous fifty-two Regional Health Boards, Community Health Councils and Community Health Services Societies.

Health employers were asked to re-evaluate your services, what works and what improvements and efficiencies could be made? How can we provide more with less? How do we provide a more effective and efficient health care system? These are not easy questions to answer but with forty per cent of the provincial budget spent on health care, the government was clear that changes needed to be made.

The government also saw the need to provide you with new tools to help you address these challenges. One of these tools included the enactment of Bill 29, the Health and Social Services Delivery Improvement Act (the Act).

For many years employers voiced their frustrations with the rigidity of our provincial collective agreements. The unions dismissed the majority of HEABC's attempts to bargain changes to the collective agreements to allow for greater flexibility. The Act addresses many of the issues that had frustrated you in your ability to manage in the most efficient and effective manner.

The Act has not been embraced by the unions and has led to a strident reaction against it. A forged partnership between the unions continues to respond to this legislation in a consolidated manner. They have held illegal strikes, launched lawsuits, filed grievances and challenged every decision health employers have made since the Act was proclaimed. With your guidance, HEABC consolidates your responses to these accusations and represents your interests as these grievances make their way through the arbitration process, the Labour Relations Board and the Courts. The unions' resources are vast and we do not expect to see an end to these challenges soon.

The review of efficiencies and effectiveness of health services in the province has also led to the dissolution of the Health Association of BC. HEABC has not taken on the responsibilities of this association. Direction from the health authorities will determine what services, if any, HEABC will provide in the future.

HEABC has also reviewed its services and governance structure. In light of the major changes to health governance in the province, HEABC needed to ensure that the six health authorities were represented on HEABC's Board. Therefore in the spring of this year a representative from each health authority was nominated for an interim appointment to HEABC's Board of Directors.

Also the government's review of its role in health services has led to the transfer of physician negotiations from the government to HEABC. HEABC bargained with the BC Medical Association this year for a fair contract with medical practitioners in the province. Recently, we represented your interests in reaching agreements on templates for contract physicians as well as sessional and service agreements. With your assistance our goal is to create a consulting resource for physician contracts to assist you and ensure the best possible representation in future contract negotiations.

The underlying challenge that influences your ability to provide the best services to the people of this province is funding. We all know that this government's goal is to balance the budget in four years. The role of health employers to contribute to this objective is profound. Your challenge continues to be to find more efficient and effective ways of providing your services. HEABC continues to support you in your desire to strengthen and enhance services to your residents, patients and clients within the confines of the financial pressures we are all facing.

We recognize that every day your attempts at change are met with resistance by the unions. To top it all, funding commitments are sometimes not what has been anticipated. Although the challenges are many, your strong leadership ensures they are not insurmountable. Our purpose is to support you in achieving your goals. The Board of HEABC will change to reflect your needs. The HEABC staff are dedicated and work tirelessly to ensure you are well represented as you strive to ensure a sustainable health care system.

We will continue to assist you in meeting your challenges, we will continue to assist you in ensuring a sustainable health care system, and we, like you, will continue to change for the future.



Mr. Gary A. Moser, President and CEO



Mr. Brian T. Schmidt, HEABC Board Chair



# Member Services

## Physician Negotiations

In April 2002, HEABC represented the government in negotiations with the British Columbia Medical Association (BCMA) and negotiations continued until an agreement was reached on May 29th of this year. The settlement was ratified by physicians on July 16, 2002 with over 80% of ballots cast in favour of the settlement. The agreement applies to all of British Columbia's approximately 8000 physicians and it resolved long outstanding issues in the area of on-call, doctor of the day, maternity leave, dispute resolution mechanism, compensation ranges for salaried physicians and physicians who provide service by contract, and the term of the Working and Subsidiary Agreements.

This past summer HEABC also represented the government with negotiations for the creation of provincial agreements, covering approximately 1000 physicians who provide services on a salary, contract, or sessional basis. These negotiations concluded on September 12, 2002, and the resulting agreements include template documents to be used by Health Authorities when hiring or contracting with physicians to provide clinical services.

In late August 2002, HEABC and the government reached an agreement whereby HEABC will play an ongoing role in the area of physician negotiations. This will include representing the government at future negotiations with the BCMA, information gathering and analysis, media communications, and providing physician negotiations assistance and support services to HEABC member organizations.

This new role for HEABC is complementary to the other negotiation activities HEABC is involved with. Our immediate priorities include developing a negotiations information system and assisting Health Authorities to negotiate local contracts with physicians. In addition, HEABC will soon commence preparations for the next round of negotiations with the BCMA, which are likely to begin early in 2004.

HEABC continues to play a coordinating role in these initiatives including the launching of a provincial program to gather information from members on difficult to fill vacancies.

## Human Resource Planning

Health human resource planning continues to be a leading challenge facing members. Ensuring a viable health care work force in the future is something that all members are committed to working to achieve.

HEABC continues to play a coordinating role in these initiatives including the launching of a provincial program to gather information from members on difficult to fill vacancies. This program is accessible through HEABC's web site. Since the launch of the program last year we have collected information that will assist in determining the best use of resources to ensure our province has the qualified staff needed for the future.

HEABC's and members' active participation on the Ministry of Health Planning's Health Human Resource Advisory Committee continues. 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.

## Municipal Pension Plan

In 2001 the Municipal Pension Plan's governance changed to one of a joint trust agreement consisting of both plan member and plan employer representatives. HEABC represents employers on the Board.

This last year the Municipal Pension Plan completed an actuarial valuation, which is required every three years under the Joint Trust Agreement. The valuation shows a

Our immediate priorities include developing a negotiations information system and assisting Health Authorities to negotiate local contracts with physicians.

funding surplus of \$436 million, as at December 31, 2000. This valuation does not reflect the down turn in the market since September 11, 2001. The Joint Trust Agreement also requires that any emerging surplus must first be used to fund certain plan improvements and rebalance employer contribution rates. According to the plan's actuary, there is not yet sufficient surplus to accomplish these objectives.

The Municipal Pension Board of Trustees has recently approved changes to the purchase of service rules that should improve service to plan members. Simplified costing methods, purchase categories, and eligibility rules will allow members, in most situations, to calculate the cost of purchasing service on their own. These changes came into effect in 2002.

### Occupational Health and Safety

HEABC continues to advocate on behalf of members at the Workers' Compensation Board (WCB). The WCB has recently advised members that their rates for Acute Care and Community Health and short-term care are reducing in 2003. This change can be partially attributed to the many programs and initiatives implemented by employers over the last few years.

One particularly successful area of focus this past year was improving Return-to-Work programs. HEABC has worked closely with employers, WCB, Healthcare Benefit Trust (HBT), and the Occupational Health and Safety Agency for Healthcare (OHSAH) to develop proactive ways for employees to return to work earlier.

The Occupational Health and Safety Agency for Healthcare continues its work under the leadership of a joint union and employer Board of Directors. HEABC represents members with a strong voice on this Board and encourages members to access funds OHSAH has committed for numerous projects. In particular, many employers have implemented overhead lifts.

HEABC has a consultant dedicated to assisting members with occupational health and safety issues including representing employers at many WCB appeals during the year. Education programs are presented throughout the year and HEABC provides a number of comprehensive publications to assist with initiatives in this area (listed elsewhere in this report).

### Partnering in Education

#### Creative Leadership in Health Care Programs

HEABC continues to sponsor the six-day Creative Leadership in Health Care Program with Royal Roads University. The 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 provides a grant to sponsor these programs so that participants' fees can be reduced.

#### Human Resource Advisory Group Meetings

HEABC labour relations and compensation consultants continue to meet with employers at regional Human Resource Advisory Group Meetings. These meetings provide a forum for HEABC consultants to update management staff regarding current labour relations and compensation issues, as well as answer a broad range of questions.

#### Workshops

With employers focused on restructuring initiatives and challenges regarding the Health and Social Services Delivery Improvement Act (Bill 29), HEABC's workshop attendance was lower this year. An exception involved attendance at a series of one-time sessions held throughout the province to provide members with a detailed review of Bill 29.

One particularly successful area of focus this past year was improving Return-to-Work programs.

Workshop	No. of Workshops	No. of Participants
Grievance Handling	7	142
Selection	4	76
Discipline & Performance Evaluation	7	157
Return to Work/Claims Management	8	105
OH&S Programs	2	34
OH&S, WCB and Return to Work Claims Management	3	26
Attendance Management	1	13
Nurse and Paramedical Interpretation Sessions	8	515
Bill 29 Workshops	5	498
Total	45	1566

[www.heabc.bc.ca](http://www.heabc.bc.ca)

HEABC encourages members to join HEABC's web site. Our site has developed over the years to the point where it is the most up-to-date source for all communications with members. The following list gives you an idea of what is accessible to members on the web site, 24-hours a day, 7 days a week:

- Arbitration Awards
- Arbitration Database v.3
- Benchmarks
- Calendar of Events
- Careers in Healthcare
- CIU's / GIU's / CEO Letters
- Collective Agreements & Issues
- Compensation and Classification
- Executive / Non-Contract Compensation
- Health Human Resources
- HSCIS
- Interpretation Manuals
- Links to External WebSites
- LR Links
- LRB Issues & Decisions
- Management Consulting Services
- Negotiations
- Non-Contract Labour Adjustment
- OH&S v.2
- Organizational Information
- Other Issues of Interest
- Personnel Policies and Procedures
- Publications
- Regional Job Postings
- Return-to-Work Fund
- Services Updates

As well, once you have signed on for member access to the web site, you receive weekly updates with a direct link to what has been added to the web site in the last week. For more information on how to sign up for member access go to [www.heabc.bc.ca](http://www.heabc.bc.ca) and you will find a link at the bottom of the page setting out the details.



### Certification Activity

As has been the case in prior years, the number of new certifications has dropped. The following chart shows the declining trend, which is due to the fact that the vast majority of health care employers are already unionized.

	01/02	00/01	99/00	98/99
Facilities	0	5	3	2
Nurses	4	18	18	25
Communities	2	8	22	36
Paramedicals	1	0	6	4
Total:	7	31	49	67

HEABC continues to actively represent members' interests on a number of other issues at the Labour Relations Board (LRB) including applications dealing with mergers/amalgamations, change in members and consolidation of bargaining units.

### Management Consulting Services

#### Executive, Management and Non-Contract Compensation

HEABC continues to assist members with a wide range of executive, management and non-contract restructuring and implementation initiatives. HEABC has developed a range of products and services such as the government approved compensation plan and a performance enhancement plan. A newly added publication that was recently distributed to members is the Personnel Policies and Procedures for Non Contract Employees.

#### Performance Enhancement

HEABC has held a number of Performance Enhancement workshops for members who are interested in implementing a framework for enhancing performance for executive and non-contract staff. This management tool was developed to assist members that wish to implement a perform-



ance enhancement plan that would provide a framework for rewarding individuals for their contributions to organizational success.

### Strategic Business Planning

Also on a more limited basis, HEABC has offered facilitation of members' Strategic Business Planning sessions. The service offers 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 planning.

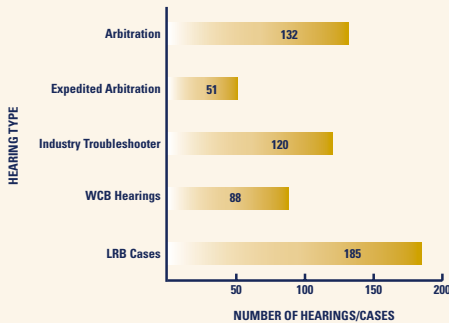
### Arbitration Activity

From the 12-month period covering September 1, 2001 to August 31, 2002, arbitration activity remained steady. Issues regarding Bill 29 dominate the reason for hearings at the Labour Relations Board this year. (Look for details in **Actions and Outcomes**).

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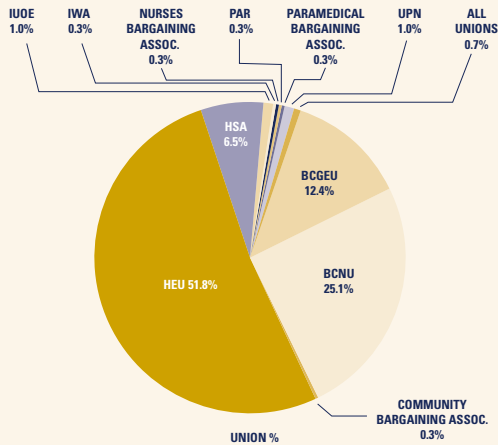
**HEABC THIRD PARTY REFERRALS RECEIVED – DISTRIBUTION BY TYPE**

(Covers the period September 1, 2001 to August 31, 2002)



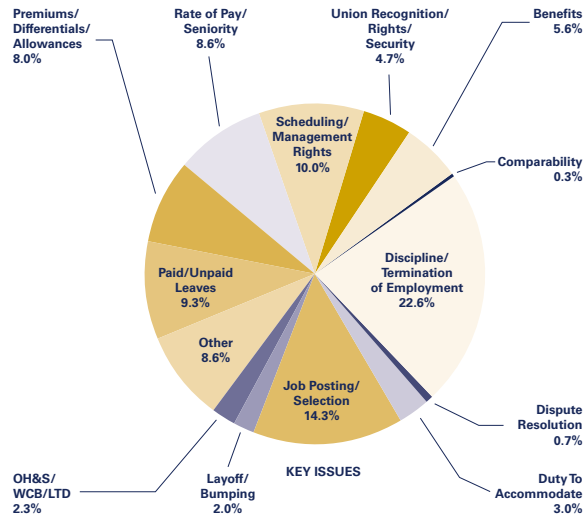
**THIRD PARTY DECISIONS RECEIVED – DISTRIBUTION BY UNION**

ARBITRATION, EXPEDITED ARBITRATION AND INDUSTRY TROUBLESHOOTERS



**THIRD PARTY DECISIONS RECEIVED – DISTRIBUTION BY KEY ISSUE**

ARBITRATION, EXPEDITED ARBITRATION AND INDUSTRY TROUBLESHOOTERS



# Health Match BC

**H**ealth Match BC marked its third successful year of supporting rural and underserved BC communities with physician recruitment and its second effective year of recruiting registered nurses for both rural and urban centres. Over the past year, collaboration with the health authorities has been focused on developing a better-coordinated approach to meeting the recruitment needs of our members.

With the fierce global competition for physicians and registered nurses, Health Match BC implemented a new comprehensive marketing program to attract qualified candidates for the province.

Health Match BC pre-screened in excess of 3500 physician and registered nurse enquiries this past year. By doing so this process reduced the number of unqualified candidates screened by our members, the College of Physician and Surgeons of BC, the Registered Nurses Association of British Columbia and the College of Registered Psychiatric Nurses of BC.

With the fierce global competition for physicians and registered nurses, Health Match BC implemented a new comprehensive marketing program to attract qualified candidates for the province. This program included the development of a new communication strategy and visual identity including logo, color scheme, and overall look to convey a compelling message to our target audiences. The new integrated marketing package includes three brochures, one targeted to BC health employers describing Health Match BC services, and one each to be used in our recruitment of physicians and nurses.

## Services to Eligible Communities

Understanding members' needs and having detailed information of the amenities in members' locations ensures Health Match BC's success in placements. This knowledge allows candidates to be matched to BC communities that best suit their professional and family preferences. Health Match BC's services include the following:

- Marketing vacancies and communities through an interactive web site and collateral materials.
- Guiding the communities with recruitment strategies and immigration procedures.
- Advocating with the College of Physicians and Surgeons of BC and the Registered Nurses Association of British Columbia on behalf of the communities to obtain licensure.

**Health Match BC is working**

**closely with BC's educational**

**institutions to encourage**

**residents, medical and nursing**

**students to establish their**

**careers in the province.**

- Facilitating contact with the candidates.
- Supporting successful candidates through the transition to their new job.

## Physician Services

Conferences continue to be the preferred vehicle used to network with prospective candidates and promote BC communities on behalf of members. Based on member input, Health Match BC has targeted general practitioners and specialists in psychiatry, radiology, internal medicine, and anesthesiology in its recruitment campaigns.

Health Match BC achieved an overall 30% increase in placements between September 1, 2001 and August 31, 2002 by filling 166 permanent and locum vacancies with 156 physicians in rural and underserved BC communities. This consists of the following:

- 82 physicians employed in permanent positions, which represents a 95% increase over the same period last year.
- 57 physicians accepted offers of employment with temporary license approval from the College of Physician and Surgeons of BC (CPSBC). Eleven of these physicians withdrew their candidacy.
- 35 physicians filled 38 locum vacancies.

Health Match BC is working closely with the UBC Faculty of Medicine to encourage medical students and residents to establish their careers in BC. Similar relationships continue to be developed with other medical schools and residency programs across Canada.

### **Nursing Services**

In November 2001, member representatives and Health Match BC consultants traveled to Australia and New Zealand for the first time on a government sponsored provincial foreign-trained registered nurse recruitment mission. The trip was a success in raising the profile of the province of British Columbia as a highly desirable destination for a nursing career.

From September 1, 2001 to August 31, 2002, Health Match BC has facilitated the hiring of 93 registered nurses at member facilities in rural and urban centres. Health Match BC's sourced candidate portfolio increased 100% to in excess of 400 registered nurses interested in employment opportunities in British Columbia. We continue to work with members at placing these candidates throughout the province.

Over the past year, Health Match BC attended 14 BC nursing school events to promote employment opportunities in the province to the graduating classes and to provide guidance in the preparation of professional resumes.

The Provincial Nominee Program (PNP) has served as a beneficial nurse recruitment and retention tool for our members. Since the inception of the PNP program, Health Match BC has processed 89 applications of which 76 candidates have been nominated. To-date, 29 candidates have received permanent resident status and 24 nurses have landed in BC. Health Match BC has held 14 workshops throughout the province to market the program and to assist employers and applicants with the completion of the documentation.

### **Partnerships and Liaisons**

Health Match BC works closely with members to acquire insight into the ever-changing physician and nurse recruitment needs of members in light of the restructuring of the health authorities. Through partnerships with the members, Ministries of Health, Ministry of Community, Aboriginal and Woman Services, the College of Physicians and Surgeons of BC, the Registered Nurses Association of British Columbia and the College of Registered Psychiatric Nurses of British Columbia, Health Match BC strives to maximize the return of dollars spent in the recruitment of qualified health professionals for the province.

### **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
- Canadian Healthcare Association
- COUTH Health Sciences Committee
- Health Match BC Advisory Council
- Health Match BC Nurse Recruitment Committee
- Health Sector Compensation Information System Advisory Committee (HSCIS)
- Healthcare Benefit Trust (HBT) Board of Trustees
- Healthcare Advisory Council on OH & S
- Human Resource Advisory Group (HRAG)
- Influenza Immunization Discussion Group
- Labour Relations Advisory Group (LRAG)
- Labour Relations Board (LRB)
- Ministry of Finance Contract Council
- Ministry of Health, Joint Advisory Committee
- Ministry of Health, Health Human Resources Advisory Committee (HHRAC)
  - Modeling and Information Working Group
  - Health Professions Working Group
  - Health Education Working Group
- Ministry of Health, Models and Information Requirements Working Group
- Ministry of Health, Nurse Advisory Committee
- Ministry of Health, Workload Measurement Committee
- Municipal Pension Board
- 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)



# Actions and Outcomes

## Health and Social Services Delivery Improvement Act

In January 2002 the government passed the *Health and Social Services Delivery Improvement Act* (Bill 29). HEABC has been actively representing members at the LRB as the unions battle against this legislation. Members welcomed Bill 29 as it provides employers with the tools necessary to meet budgetary and flexibility objectives. On the down side, relations with the health care unions continue to deteriorate significantly. Illegal work stoppages have become much more common and are likely to increase as more and more employers restructure health care.

Bill 29 allows employers increased flexibility in contracting out work, in transferring employees, and in reducing numbers of employees without significant employment security costs. HEABC has been actively interpreting the language of Bill 29 to ensure that members are utilizing the legislation to achieve their goals.

Unions have reacted very negatively to Bill 29 and have responded with illegal work stoppages, with ad campaigns against the government and the privatization of health care, with numerous applications to the Labour Relations Board, and grievances. Given the number and character of the applications to the LRB, it has become evident that the unions are using the LRB processes to attempt to delay the restructuring initiatives.

The following is a brief breakdown of activities that have taken place so far at the Labour Relations Board as a direct result of Bill 29:

1. The unions have initiated forty-one different cases arising out of Bill 29 and health restructuring. The unions later withdrew some of these but many proceeded or are scheduled to proceed to hearings at the LRB.
2. A major hearing centered on the unions' Section 35 applications to have seniority lists for all sites owned and operated by a Health Authority merged for most purposes of applying the collective agreement. The Health Authorities were off to a difficult start with this case when the LRB granted the unions' request for production of documents. In an unprecedented move in health care, employers were ordered to provide the unions with

any emails, correspondence, etc., that occurred within the Health Authority which would show that there was interaction between the Health Authorities and their sites. Binders of material were produced for the unions at an incredible cost to HEABC and to the health industry.

The first decision of the Board determined that there should be some degree of dovetailed seniority lists within a health authority for the purposes of ameliorating the effects of layoffs and displacements. The parties were urged to engage in a mediation process to work out the details of how this would work. Despite several days spent at mediation, no resolution was reached and a second hearing was convened. This second decision, unlike the first, largely supported the employers' position that the dovetailed seniority lists should not all be Health Authority-wide and should be used for restricted purposes related to job loss.

3. Another area where the unions seem intent on frustrating the restructuring process involves Section 54 applications regarding proper notice periods. The first policy decision found in favour of the employers' position that notice under Section 54 did not have to be provided to the unions until 60 days before a change to terms and conditions of employment were actually going to be made.

Although at first the unions proceeded with numerous other challenges, alleging employers have not complied with Section 54 of the Labour Relations Code, recently some of these challenges have been withdrawn by the unions leaving only a few to be addressed by the LRB.

4. An additional consequence of the enactment of Bill 29 was the closure of the Healthcare Labour Adjustment Agency (HLAA) and the removal of employment security language in the collective agreements. The unions applied to the LRB claiming that parts of the employment security provisions and the HLAA services must continue. Employers argued that these provisions were void effective January 28, 2002 the date the legislation was passed. The LRB found in favour of the employer.

## Arbitration Activity

While Bill 29 issues dominated the activity at the LRB this year, HEABC continued to represent members' interests in numerous other hearings. The following highlight some other prominent decisions from the last year.

Members welcomed Bill 29 as it provides employers with the tools necessary to meet budgetary and flexibility objectives.

## Nurses' Subsector

### *Calculation of Workers' Compensation Board*

#### *Leave with Net Pay*

After establishing a WCB net pay procedure under the 1998 to 2001 Nurses Collective Agreement, the Nurses' Bargaining Association (NBA) took issue with how net pay was calculated. In particular, it claimed that:

- a. Overtime should be included in employers' calculations of net pay.
- b. Employers should not be deducting certain payroll items from an employee's pay cheque.
- c. Employers should only be reimbursed by the WCB for the amounts actually paid to employees on claim. Any excess amounts paid by the WCB to an employer should be forwarded to the employees on claim.

The arbitrator concluded that a nurse on WCB net pay leave should have normally scheduled overtime included in her net pay calculation. They also concluded that nurses on claim should have normal deductions made and should not receive any portion of the WCB's reimbursement to employers.

The NBA raised further issues with HEABC when the Award was being implemented. These issues included 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 nurses as part of the net pay calculation. The arbitrator reconvened the hearing to adjudicate these matters, and ruled that all other payments normally granted to nurses should be included in the calculation of net pay. HEABC appealed this decision and an appeal hearing is scheduled.

## Nurses' and Paramedical Subsectors

### *Calculation of Maternity Leave Top Up (SEB)*

In the Nurses' Subsector, the Union's interpretation of a previous Award on the calculation of the SEB led it to claim that the benefit should be based on all hours worked by an employee. For a part-time employee, that meant that the calculation is based on all hours worked in addition to the posted "six week schedule" under Article 25.04. The Arbitrator disagreed with the Union's interpretation ruling that the calculation must be based on the six week schedule that is posted in the ward, unit, or program. The calculation does not take into account hours that are worked by a part-time nurse as a result of scheduling developments occurring after the Article 25.04 schedule is posted.

In the Paramedical Professional Subsector, the Arbitrator ruled that the calculation should be based on an employee's 12-day schedule that is posted under Article 27.02 and should not take into account additional shifts assigned after the schedule is posted.

## Facilities Subsector

### *Calculation of Severance Allowance*

The following issues were resolved to guide the parties in the calculation of severance allowance under the Facilities Subsector Collective Agreement for employees who terminate employment while on a long term disability claim:

First, employees on LTD accrue service for the calculation of severance allowance only during the initial 20 days of the leave of absence period. Service does not accrue from the 21st day of the leave until the last day of the leave, and the 20-day accrual period is not "refreshed" (does not apply) in each subsequent calendar year of a continuous leave. Accordingly, aside from the initial 20 day "grace period", all other time spent on LTD is not included in the calculation of service for severance purposes.

Second, when an employee on LTD retires, the rate of pay for the severance and sick leave payout is calculated as of the date of retirement, not as of the date when the employee became ill or injured.

Third, employees on LTD who choose to accept an early retirement incentive benefit under the LTD plan are not entitled to the severance allowance under Article 43.01(d) of the Collective Agreement because they are not being required to retire by virtue of a medical disability. To be eligible for the severance allowance, they would have to meet the other criteria set out in Article 43.01 (a).

### *Assignment of Overtime*

The Union claimed that when the Employer requires overtime to be worked by casual employees, those employees must be called in to work it in order of seniority. The Arbitrator dismissed the Union's grievance, ruling that overtime does not need to be offered to casual employees by seniority, in the same way that it need not be offered regular status employees by seniority.

**While Bill 29 issues dominated the activity at the LRB this year, HEABC continued to represent members' interests in numerous other hearings.**

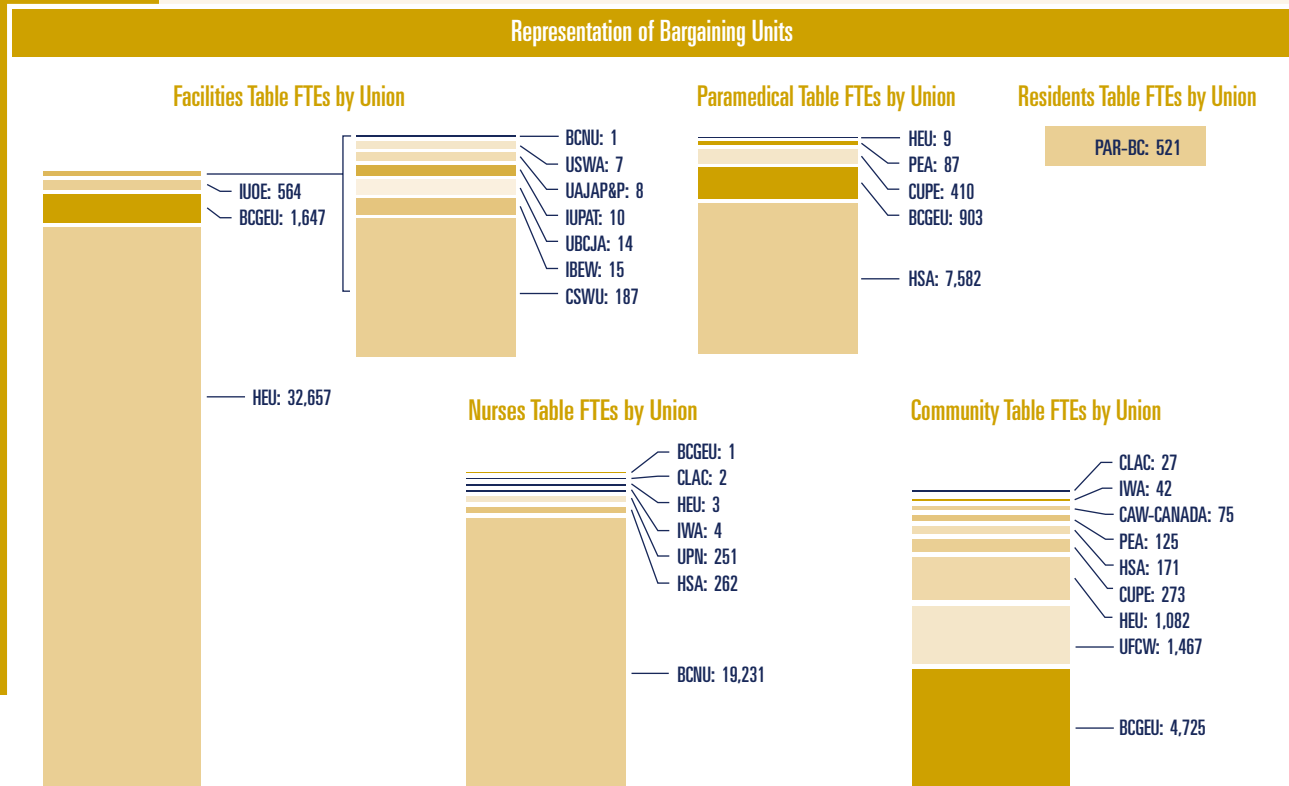
## Compensation/Classification Issues

### Community Agreement

#### Job Classification Plan

HEABC and the Community Bargaining Association are continuing to work towards finalizing the new classification

plan for the Health Services & Support (Community) Subsector. The parties have completed the Maintenance Agreement, Classification Manual, and benchmark jobs. Discussions are currently underway in relation to the classification hierarchy and target wage rates for the seventy-one (71) benchmark jobs.



### Acronyms

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



The parties have also begun the initial implementation process that will involve all Community employers and the classification of approximately 2600 jobs.

### **Nurses' Collective Agreement**

*Memorandum of Understanding #15 – Nurses Transferring from Government to the Health Sector*

Memorandum of Understanding #15 (MOU #15) sets out the process for the classification of approximately 290 nurse jobs, represented by the Union of Psychiatric Nurses (UPN), transferred from the Ministry of Health to the Health Sector. To date the parties have successfully resolved a majority of the 54 appeals filed by the Union under MOU #15 with 15 appeals remaining unresolved.

*Nurses' Levelling Processes – 1996/1998 Levelling and Appendix Z Levelling*

Significant progress has been made in relation to the levelling processes originating from the 1996-1998 Nurses' Agreement and Appendix Z from the 1998-2001 Agreement. BC Nurses' Union and HEABC have been conducting joint reviews with employers and employees to reach consensus on outstanding issues.

### **Paramedical Collective Agreement**

*Paramedical Levelling Process*

*Taylor Levelling*

Agreement has been reached between HEABC and the Paramedical Association on the disbursement of the Colin Taylor levelling fund to eligible employees.

*Appendix 5*

Appendix 5 of the Paramedical Professional Collective Agreement sets out the process of levelling certain employees, and HEABC and the Paramedical Association continue ongoing discussions on this process. To date the parties have successfully finalized the classification of approximately 300 Public Health Inspectors and Environmental Health Officers across the province.

### **Facilities Collective Agreement**

*Clerical Benchmark Review*

HEABC and the Facilities Bargaining Association have agreed to a joint review of the Clerical Benchmark Series. As well, expecting to commence in the near future is a joint review of all Facilities benchmarks for housekeeping and administrative efficiency changes.

## **HEABC Publications for Members**

- 2002 – British Columbia Health Employer Report
- 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
- Guidelines for Employers on Service, Seniority, and Benefits for Employees on Unpaid Leaves of Absence in Excess of 20 Workdays
- 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
- Personnel Policies & Procedures for Executives
- Personnel Policies & Procedures for Non-Contract Employees
- Physician Recruitment Guide for Rural and Remote Communities in British Columbia
- Senior Executive Compensation in the Health Sector (Compensation Reference Plan)
- Shift Rotation Manual

**HEALTH EMPLOYERS ASSOCIATION OF  
BRITISH COLUMBIA**  
Balance Sheet  
March 31, 2002

	2002	2001
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash	\$ 193,600	\$ 293,292
Restricted cash	1,379,081	411,206
Short-term investments	2,119,566	2,523,345
Accounts receivable	141,612	169,108
Prepaid expenses	36,466	34,319
	<b>3,870,325</b>	<b>3,431,270</b>
<b>CAPITAL ASSETS</b>	<b>485,030</b>	<b>396,554</b>
	<b>\$ 4,355,355</b>	<b>\$ 3,827,824</b>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable	\$ 1,140,478	\$ 1,290,074
Deferred contributions		
Operations	488,105	1,022,503
Administrative	1,379,081	411,206
	<b>3,007,664</b>	<b>2,723,783</b>
<b>ACCRUED RETIREMENT LIABILITY</b>	<b>178,549</b>	<b>170,966</b>
	<b>3,186,213</b>	<b>2,894,749</b>
<b>NET ASSETS</b>		
Net assets invested in capital assets	485,030	396,554
Net assets internally restricted	8,427	110,000
Unrestricted net assets	675,685	426,521
	<b>1,169,142</b>	<b>933,075</b>
	<b>\$ 4,355,355</b>	<b>\$ 3,827,824</b>

**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, 2002**

	2002	2001
<b>REVENUES</b>		
Government funding	\$ 9,445,000	\$ 7,814,660
Fee for service	703	8,895
Benefits fee	284,428	272,108
Annual general meeting / conference fees	54,796	73,548
Member training fees	19,813	43,066
Interest and other revenue	89,040	141,991
	<b>9,893,780</b>	<b>8,354,268</b>
Funding from deferred contributions – operations	<b>830,223</b>	<b>1,422,708</b>
	<b>10,724,003</b>	<b>9,776,976</b>
<b>EXPENSES</b>		
General operations		
Salaries and benefits	5,795,899	5,421,722
Travel and meetings	485,555	562,327
Arbitration and hearing costs	111,016	169,307
Legal and professional	1,060,028	883,253
Recruiting and relocation	5,810	8,480
Staff training – research and memberships	80,294	80,731
Office expenses, printing and reproduction	416,841	457,049
Rental – office and equipment	1,259,026	1,120,982
Annual general meeting / conference	39,740	73,433
Member training	26,931	31,164
Amortization	151,031	154,003
GST – unrecoverable	127,045	140,889
	<b>9,559,216</b>	<b>9,103,340</b>
Non-general operations		
Leadership development program	57,500	93,200
Recruitment services – Health Match	871,220	864,845
<b>TOTAL EXPENSES FROM OPERATIONS</b>	<b>10,487,936</b>	<b>10,061,385</b>
<b>EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS</b>	<b>236,067</b>	<b>(284,409)</b>
<b>FUNDING FROM DEFERRED CONTRIBUTIONS -</b>		
Administrative		
Revenues	38,763	537,690
Expenses	38,763	537,690
	–	–
<b>EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES</b>	<b>\$ 236,067</b>	<b>\$ (284,409)</b>

*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

## **Northern Health Authority**

Jeff Burghardt  
*Governor, Northern Health Authority*

## **Lower Mainland**

Darrell Burnham  
*Executive Director,  
Coast Foundation Society (1974)*

## **Provincial Health Services Authority**

Lynda Cranston  
*Chief Executive Officer,  
Provincial Health Services Authority*

## **Fraser Health Authority**

Glen Grant  
*Governor, Fraser Health Authority*

## **Lower Mainland**

Gerald Herkel  
*Executive Director, St. Michael's Centre*

## **North East**

Andrew Neuner  
*Honourary Secretary-Treasurer,  
Chief Operating Officer,  
Northern Health Authority*

## **Vancouver Island Health Authority**

Linda Petch  
*Governor, Vancouver Island Health Authority*

## **Provincial Health Services Authority**

Brian Schmidt  
*HEABC Board Chair,  
VP Strategic Health Development &  
Performance Management,  
Provincial Health Services Authority*

## **Interior Health Authority**

Roger Sharman  
*Governor, Interior Health Authority*

## **Vancouver Coastal Health Authority**

Andrew Smith  
*Governor, Vancouver Coastal Health Authority*

# Special Appointments

## **Propriety Care**

Neil Stuart  
*Owner/Administrator,  
Acacia Ty Mawr Holdings Ltd.*

# BC Government Appointments

Rick Connolly  
*President and Secretary to the Council,  
Public Sector Employers' Council Secretariat,  
Ministry of Finance*

Bert Boyd  
*Assistant Deputy Minister, Performance  
Management & Improvement Division,  
Ministry of Health Services*

Ron McEachern  
*Deputy Commissioner,  
Public Service Employee Relations Commission,  
Ministry of Management Services*

Annette Wall  
*Vice President,  
Public Sector Employers' Council Secretariat,  
Ministry of Finance*



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