



HEABC

HEALTH EMPLOYERS
ASSOCIATION OF BC

Setting the Course

Annual Report 2010-2011

HEABC's

Vision:

The leader of strategic human resources in health care.

Mission:

To deliver expertise and innovation in human resources to health care in British Columbia.

Values:

At HEABC, we believe in:

- Integrity
- Respect
- Leadership
- Courage
- Excellence
- Teamwork

Strategic Objectives:

1. Ensure financial sustainability for HEABC services.
2. Create and deliver services that align with and support the priorities and goals of the provincial human resources framework, its customers and the BC health care system.
3. Enhance the value of HEABC's role to the membership, potential membership and government.
4. Implement systems, programs and services that support strategic human resources in BC's health sector.
5. Build a culture of accountability and continuous improvement.
6. Create and sustain a high performance organization.



About HEABC

The Health Employers Association of British Columbia (HEABC) coordinates the human resource and labour relations interests of more than 270 publicly funded health care employers in British Columbia. HEABC represents denominational, proprietary and affiliate health employers, as well as the province's six health authorities.

HEABC is also the accredited bargaining agent for most publicly funded health employers in the province. HEABC negotiates five major provincial agreements covering more than 100,000 unionized health care employees. HEABC negotiates agreements covering nurses, health science professionals, physician residents and support workers in both facilities and community settings.

HEABC takes a provincial leadership role in strategic planning related to human resources and labour relations issues management for BC's publicly funded health employers. Through collective bargaining and other industry initiatives, HEABC endeavours to build constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its membership.

HEABC has three main service areas aimed at meeting the needs of its diverse membership: Affiliate Services delivers sustainability, innovation, and service excellence to BC health care through the coordination of human resource and labour relations services. Services include transactional human resource and labour relations assistance, occupational health and safety (OH&S) consultation, third party representation, disability management, job classification and access to publications.

Health Authority Services & Negotiations delivers programs, practices, policies and decisions that make a direct contribution towards members achieving long-term strategic or operational objectives. The service area is comprised of two departments: Strategic Health Authority Services and Specialized Strategic Services, the latter including areas such as compensation, benefits and occupational health and safety.

Corporate Services & System Innovation delivers coordinated management practices for enhancing membership efficiencies and implementing human resource policies and initiatives. Departments under this service area include Legal Services and Research & Knowledge Management. Other services include education, executive compensation and project management.

HEABC operates out of offices located in Vancouver, BC.

For additional information, visit www.heabc.bc.ca



Message from the Chair

Last year, HEABC's Board of Directors set out the strategic objectives for the organization reflecting the mission, vision and values that were established in 2009. Our focus was on better aligning our services with member needs and strengthening the organization to enable us to provide strategic direction and leadership on issues requiring province-wide coordination. The objectives we set reflected our commitment to adding value for our member organizations while fostering a culture of accountability and shared leadership amongst staff.

We announced the new objectives in our last annual report. It is now time to report on the progress we have made towards achieving them. This is what you will find in the pages that follow. While we have taken significant steps towards reaching these objectives, there is recognition by our Board and senior management that much still needs to be done. I am confident HEABC will achieve these objectives and will make a positive contribution to a high quality, sustainable health care system through partnering with, and supporting, our members in addressing the many health human resource challenges that lie ahead.

This past year marked some changes to HEABC's Board of Directors. In June 2010, I was very pleased to welcome Stephen Brown, Chief Administrative

Officer and Assistant Deputy Minister, Health System Planning Division for the Ministry of Health to our Board. In March of this year, Stephen was named Deputy Minister for the Ministry of Children and Family Development, and subsequently stepped down from our Board. We wish him well in his new position and thank him for his contributions. I am pleased to announce that John Bethel, Chief Administrative Officer and Associate Deputy Minister for the Ministry of Health, has recently been appointed to replace Stephen.

We are fortunate to have Susan Emmons as our new Proprietary Care Provider Representative. Prior to joining Northcrest Care Centre as Executive Director in 2006, Sue held a number of senior positions in health care including the position of Regional Director with Vancouver Coastal Health, and previously served on the Board of the Canadian Institute for Health Information (CIHI). James Hsieh was appointed earlier this year as Vancouver Coastal Health's Representative on the Board. James is a Chartered Accountant and has been involved in the education field for many years. In addition, he has participated actively in a number of community organizations. Both Sue and James are completing the unexpired portion of the terms of their predecessors who resigned from the Board.

Darrell Burnham, the Affiliated Care Provider Representative on our Board, will be stepping down in June, having completed the maximum allowable time in office under our Bylaws. Darrell is the longest serving member of the HEABC Board and has made an extraordinary contribution as a Director, Committee Chair and Vice-Chair of the Board. He has also been a passionate cheerleader for the outstanding people who work in health care through his many contributions to the *Excellence in Health Care Awards* program since its inception.

HEABC welcomes a new President & CEO, Michael Marchbank, who comes to HEABC with an extensive depth and breadth of knowledge and experience gained through increasingly senior positions in health care, most recently as Chief Operating Officer at the Provincial Health Services Authority. We are confident that Michael's knowledge, background and experience will enhance relationships with our member organizations and our key stakeholders, and will contribute to our shared commitment to a high quality, sustainable health care system.

As HEABC transitions to new leadership, I would like to thank outgoing President & CEO Lee Doney for his exceptional work in leading HEABC through a period of transformation. We wish him the very best in his future endeavours.

At the conclusion of the Annual General Meeting on June 20, I will be officially stepping down and a new Chair will be chosen by the Board. I would like to extend a heartfelt thank you to HEABC's Board of Directors, to HEABC staff and to members for making my tenure as Board Chair such a rewarding experience. I look forward to watching the organization successfully complete its transformation and achieve its objectives and above all, continue to make a positive contribution to BC's health care system.

I hope that I will continue to connect with many of you in my new role as Chair of the Canadian Healthcare Association.



Alice Downing
HEABC Board Chair



Message from the President & CEO

Bargaining 2010 efforts continued to be a main focus at HEABC over the past year. The 2010-2011 fiscal year saw the ratification of a two-year agreement with the Health Science Professionals Bargaining Association (HSPBA) and, of course, implementation of the changes to the Community Collective Agreement and the Facilities Collective Agreement, both of which were ratified in early 2010. This means that we have now reached agreements with four of five bargaining units, representing 99 per cent of unionized health care workers in BC, with no disruption in service. Discussions continue at the Residents table, and we are hopeful that we can bring conclusion to these discussions as quickly as possible. I would like to acknowledge the efforts of all of the members and HEABC staff on the various bargaining teams for their hard work and commitment towards reaching deals under challenging circumstances - including a net zero bargaining mandate.

We have also made significant progress with the various working groups that came out of the new collective agreements with the nurses, health science professionals, community and facilities bargaining associations. More on these working groups can be found under Strategic Objective #2 (page 8), which seeks to create and deliver services that align with and support the priorities

and goals of the provincial human resources framework, its customers and the BC health care system.

While bargaining and collective agreement implementation have been at the forefront we have also undertaken numerous other initiatives and projects at HEABC which are aligned with our vision as leader of strategic human resources in health care and which should see us achieving the strategic objectives that are outlined in this report. Among them – Health & Safety in Action, a project aimed at reducing the number of workplace injuries, occupational illnesses and the number and duration of short and long-term disability claims that is set to be launched in 2011 in BC health authorities. The project is being led by HEABC, in partnership with WorkSafeBC, the Healthcare Benefit Trust (HBT), health authorities and Providence Health Care. The first four initiatives to come out of HSIA will be implemented this year and we are hopeful that they represent positive steps towards reducing illness and injury in the health care sector, a benefit to both health care workers and ultimately the patients for whom they care.

HEABC has also played leadership roles in discussions with the health authorities, unions, WorkSafeBC and the Ministry of Health to ensure an orderly wind up of operations at the Occupational Health &

Safety Agency for Healthcare in BC, and in the development and implementation of a provincial grievance database for the health sector.

Much progress has been made in the area of our health authority service level agreements. Agreements are being developed for Fraser Health, Vancouver Coastal Health, Vancouver Island Health Authority, Interior Health and Northern Health. They outline the specific pieces of work that will be undertaken and are tailored to specific requirements. Performance indicators will also be put in place to ensure that services are carried out in a timely and effective manner.

In the area of Affiliate Services, this past year has seen the establishment of a service commitment to this important member group, which includes commitment to customer service and the service standards that we provide to member organizations. Affiliate Services also continues to monitor the type and frequency of service requested by members in an effort to continue to align its offering with member needs, and has also significantly increased its educational offerings to affiliates, having held a number of education sessions last year which were met with positive response and which will continue this year.

HEABC has also been engaged in internal initiatives in an effort to promote a culture of accountability and shared leadership. A few of these initiatives are included in this report and I would like to thank our staff for their willingness to

embrace new ways of doing things and for their patience while we are getting these initiatives off the ground.

As many of you know, I first came on board at HEABC in the fall of 2008 as an interim leader. After working closely with the senior management, Board, staff and members on a number of exciting initiatives and helping to guide the organization through a multi-phase restructuring effort, I was only too happy to continue as President & CEO for longer than originally expected.

But now it is time to give the reins to a new leader and with the appointment of new President & CEO Michael Marchbank, I am confident that HEABC is in very capable, very experienced hands. I would like to thank all of you for making my time at HEABC so enjoyable and rewarding. I had the opportunity to work with an exceptional group of individuals and wish all of you the very best in continuing with the great work that you have been doing and the strides that you have made in such a short period of time. There will be challenges to all of us in the health care system in the years to come but together, I have no doubt that you will rise to meet them.



Lee Doney
President & CEO



Strategic Objectives

Strategic Objective 1

Ensure financial sustainability for HEABC services.

In response to reduced funding, HEABC reduced its core 2010-2011 budget by approximately 10 per cent. As a result of organization restructure, streamlined and improved processes, and active management of expenses, HEABC was able to bring in its 2010-2011 expenditures below this reduced budget.



Introducing core services and servicing standards: (from left) Senior Consultant Dean Levangie and Tony Collins, Vice-President of Affiliate Services.



Pleased on the progress made with collective agreement working groups: Adrienne Hook, Director, Specialized Strategic Services, and Marno McInnes, Vice-President, Strategic Health Authority Services & Negotiations.

Strategic Objective 2

Create and deliver services that align with and support the priorities and goals of the provincial human resources framework, its customers and the BC health care system.

Progress being made with new collective agreement working groups

The new 2010-2012 collective agreements include provisions for the establishment of several working groups in the Community, Facilities, Nurses and Health Sciences bargaining associations. "We are pleased with the headway that has been made to date. Two working groups on disability management have been completed and we are encouraged by the level of cooperation, collaboration and the success achieved by these groups," says Marno McInnes, Vice-President, Strategic Health Authority Services & Negotiations. "We are hopeful that this trend will continue."

Enhanced Disability Management & Short-Term Injury and Illness Plan (STIIP) Joint Working Group – Community Bargaining Association

The mandate of this working group is to develop a comprehensive, seamless, cost-effective disability management system for employees covered by the Community Collective Agreement. This group has been tasked with reviewing and revising the disability management process and developing corresponding collective agreement language changes and/or additions. This group will also

examine options for short-term disability models. The information-gathering and review stage has been completed and the group is currently developing its final recommendations which will be presented to the Community Bargaining Association (CBA) and HEABC.

Benefits Joint Working Group – Community Bargaining Association

The Benefits Joint Working Group is reviewing the extended health and dental benefit plans contained in the Community Collective Agreement. The purpose of this working group is to identify benefit plan changes that will improve the quality of benefits and reduce benefit cost growth. The working group is expected to consider a wide range of alternatives such as plan redesign, gain sharing opportunities, methods for reducing utilization and carrier alternatives. The group will submit a final report outlining recommendations to the CBA and HEABC in the next few months.

Note: the above two groups have been combined for the purposes of efficiency.

Enhanced Disability Management Joint Working Group – Facilities Bargaining Association

The mandate of this working group is to develop a comprehensive, seamless, cost-effective disability management system for employees covered by the Facilities Collective Agreement. The information-gathering and review stage is now complete, and the committee is now at the stage of conducting a comprehensive review of the new Enhanced Disability Management Program developed with the Nurses' Bargaining Association (NBA) and the Health Science Professionals Bargaining Association (HSPBA).

Enhanced Disability Management Program – Nurses Bargaining Association

Implementation of the Enhanced Disability Management Program (EDMP) is underway. The Provincial Steering Committee (PSC) has met a number of times and has agreed on the initial priority areas to address. Three sub-committees have been developed to address evaluation, implementation and education. This will be the first provincial disability management program to be delivered jointly. The program is targeting a reduction in both long-term disability premiums and sick leave utilization.

Enhanced Disability Management Program – Health Science Professionals Bargaining Association

HEABC and HSPBA have agreed on an Enhanced Disability Management Program (EDMP) that is comparable to the Nurses' program. HSPBA has agreed to participate jointly on the PSC making the coordination of the implementation process much more efficient.

Patient/Resident Handling Techniques Joint Committee – Facilities Bargaining Association

This group is responsible for recommending patient/resident handling strategies that support a reduction in the incidence of musculoskeletal injuries. Because of the overlap in objectives with the Health & Safety in Action projects (see page 14 in this report) this committee is working jointly with the Health & Safety in Action team to ensure that they develop complementary recommendations.

Facilities Bargaining Association Joint Engagement Committee (JEC)

The JEC was formed out of the 2010-2012 FBA Collective Agreement. This committee's mandate is to collaboratively address issues between the parties and to construct opportunities to create workforce engagement, optimize savings and increase productivity. The JEC is tasked with developing priorities that are focused on system-wide improvements and constructive change across the BC health care sector. In particular, the JEC will consider injury

prevention, optimal utilization of occupational groups, and education and training opportunities. The committee includes representation from the FBA, Ministry of Health and the health authorities.



Members of HEABC, the Nurses Bargaining Association and the Health Sciences Professionals Bargaining Association have been travelling around the province to introduce the new Enhanced Disability Management Program.

Bargaining preparation begins for 2012

With the 2010 round close to completion efforts are now being focused on Bargaining 2012. The preparation process will commence earlier, encourage broader consultation, focus on a longer-term strategic perspective and place a greater priority on the issues that are important to the Ministry of Health and to employers. Bargaining 2012 signals a new era in health sector bargaining, one that is more focused on contributing toward improving service delivery and ensuring the sustainability of BC's health care system.

Agreement reached with the Health Science Professionals Bargaining Association (HSPBA)

The Health Science Professionals Bargaining Association (HSPBA) was ratified by HEABC members and HSPBA unions earlier this year (2011). As with the Community and Facilities agreements, the tentative agreement falls within the mandate

as set by PSEC: a two-year term and zero per cent total compensation increase in each year of the agreement. In addition, it includes interim classification changes during the work of a Joint Classification Committee (which will develop a new classification system), and the consolidation of seniority and merging of certifications. The above changes will allow for more employer flexibility. The HSPBA was able to generate expanded health and welfare plan coverage similar to coverage in the Nurses' Agreement.

Negotiations continue with Professional Association of Residents of BC

HEABC is still in negotiations with the Professionals Association of Residents of BC (PAR-BC). At the heart of these discussions has been the goal of clarifying the limited responsibilities of the employer role under the 2006-2010 collective agreement in contrast to the responsibilities of the University of British Columbia (UBC) as administrator of the residency programs. PAR-BC has also presented a proposal on securing long-term disability and group life insurance benefits outside of the Healthcare Benefit Trust.

Determining the application of the Facilities Collective Agreement to the BC Ambulance Services

HEABC and the Emergency and Health Services Commission (EHSC) held discussions last fall and into early 2011 with the Facilities Bargaining Association (FBA) regarding how the Facilities Collective Agreement will be applied to BC Ambulance Service (BCAS) paramedics, dispatch and other support employees represented by the Canadian Union of Public Employees (CUPE) Local 873 and the BC Government and Service Employees' Union (BCGEU). These discussions followed the placement of the EHSC in the health sector on March 31, 2010 and the agreement by the parties on July 30, 2010 to place the employees in the Facilities Subsector. The discussions, which began in November 2010, focused on determining the scope and timing of the application of the Facilities Collective Agreement to BCGEU and CUPE 873 employees and the extent to which variations to the collective agreement are necessary to accommodate key interests of the BCAS. With negotiations for a renewed Facilities Collective Agreement expected to commence within a matter of months, the continuation of these discussions will be left for 2012 collective bargaining. These discussions are expected to proceed despite CUPE 873 having filed applications to the Labour Relations Board claiming that the bargaining scheme set out under the Health Authorities Act (five appropriate bargaining units) is unconstitutional and that certain unfair labour practices were committed by the EHSC in failing to recommend that the government establish a separate bargaining unit in the health sector for the BCAS.

Resolving Physician Master Agreement issues

The Physician Services Secretariat (PSS) supports the Ministry of Health (Medical Services Division) and health authorities by providing consulting, analytical and legal services related to physician compensation, negotiations, contract administration and dispute resolution under the Physician Master Agreement (PMA).

In 2010, PSS staff, representing the Ministry of Health's Medical Services Division, resolved two of three provincial disputes with the BC Medical Association (BCMA). One dispute related to the interpretation of the "callback" provisions in the Physician Master Agreement. The other concerned the control and use of unexpended funds by the Specialist Services Committee. Resolution of the callback dispute included new criteria for determining entitlement to callback compensation by physicians and a process for dealing with retroactive claims for callback.

Servicing data reveals most affiliate members have received HEABC services in past year

Affiliate Services continues to track and analyze the type, frequency and duration of service provided to affiliate member employers. Since February 2010:

- 82 per cent of affiliate members have received services from HEABC staff.
- 59 per cent of servicing time is related to the interpretation or administration of our collective agreements.
- 20 per cent of servicing time is related to third party preparation or presentation.
- 6 per cent of servicing time is related to interpretation and advice regarding classification systems.

Affiliate core services and service standards introduced

A list of core services affiliate members can expect to receive from HEABC together with service standards were communicated to affiliate members in April 2010. HEABC will survey affiliate members to determine their satisfaction with these services on a regular basis.

Physician/nurse recruitment activity brisk in 2010/2011

Health Match BC reports that for the 2010 calendar year it arranged 256 physician matches, an increase of nine per cent over 2009. Of these, 157 (61 per cent) were specialists and 99 (39 per cent) were family physicians. Of the 99 family physicians matched, over half (55 per cent) went to underserved rural communities, including Dawson Creek, Cranbrook, Penticton,

Port Alberni, Fort St. James, Nelson, Comox, Terrace, Powell River.

In the area of nursing and allied health services, during the 2010 calendar year Health Match BC processed 1,114 new applications from registered nurses globally. Of these only 59 were rejected as ineligible for licensure.

BC Care Aide and Community Health Worker Registry up and running

Health Match BC is responsible for the new BC Care Aide and Community Health Worker Registry launched in January 2010. The goal was to fully operationalize the registry by June 30, 2010 by registering an estimated 25,000 care aides and community health workers in publicly funded facilities. In total 31,000 were registered by the deadline for grandparenting their qualifications. That number has since risen to 34,000. Further registrations are ongoing for those who meet the new competency requirements.

Mostly, new graduates of health care assistant training programs in BC are now being registered. Discussions are underway with all stakeholders on the implementation of a new health care assistant training curriculum and assessment process for out-of-province applicants. In addition an advisory committee has been formed with health authority representation. To date (as of March 31, 2011), there have been 24 alleged discipline abuse cases reported to the registry. In 14 of those cases a registry appointed investigator was requested. Of those 14 cases that went to an investigator seven have been resolved and seven are currently outstanding.



Liza Sebastian (pictured with her family), an Intensive Care Nurse from India that Health Match BC and Interior Health recruited, began working in Cranbrook in July 2010.





Building on a reputation of excellence in Legal Services: (from left) Legal Counsels Jennifer Lamont and Matt Prescott with Director, Legal Services, Mark Slobin.

Strategic Objective 3

Enhance the value of HEABC's role to the membership, potential membership and government.

HEABC's Legal Services successful in criminal records check proceedings; opposing BCNU 'raid' applications

HEABC was successful in arbitration proceedings concerning policy grievances filed by the Facilities and Community bargaining associations on the issue of whether employers are responsible for payment of the prescribed fee for criminal record checks required every five years under the Criminal Records Review Act. A similar policy grievance filed by the Health Science Professionals Bargaining Association (HSPBA) was withdrawn.

The BC Nurses' Union (BCNU) applied to the Labour Relations Board (LRB) to represent licensed practical nurses (LPNs) only in Community subsector bargaining units where LPNs and other care and support staff are already represented by the United Food and Commercial Workers Union and the BC Government and Service Employees Union. HEABC opposed the application on the basis that the bargaining unit applied for is not appropriate as the applications should have included all other support staff in the existing certifications. On March 11, 2011, the LRB issued a decision dismissing these applications as they would lead to an inappropriate proliferation of bargaining agents at each of the worksites in question.

Leadership workshops re-launched in 2010

Last fall, HEABC announced that it is once again offering one-day leadership workshops, to be held between October and December 2010. The workshops were offered on a variety

of topics including managing the grievance and discipline processes; conducting effective investigations, duty to accommodate and effective management of WorkSafeBC and disability claims. Response was strong and as a result, HEABC is offering workshops through 2011. In addition to the on-site workshops at HEABC's Vancouver office, HEABC has been exploring a variety of electronic education delivery models. HEABC has engaged the assistance of Open School BC (a division of the government of BC) to undertake an e-learning survey of potential workshop audiences, to assess the possible interest and viability of these electronic options. HEABC's member education services is also working with the Provincial Staffing Working Group to help develop province-wide educational support programs for staffing departments. As the working group proceeds to establish provincial standards, protocols and mechanisms for the staffing function, practitioners across the province will require orientation and ongoing forums to remain up-to-date.

Research & Knowledge Management supports bargaining, releases DTFVS and Affiliate reports

HEABC's Research & Knowledge Management department continued to build on its excellent reputation for data and human resources forecasting in the past year. To support HEABC bargaining, the department provided research, analysis and data support at the Health Sciences and Residents bargaining tables in the last year. Research & Knowledge Management also played a key role in the planning and assessment phase of the Health & Safety in Action (HSIA) project (formerly called

the WorkSafeBC Initiative), having completed the data and technology assessment report for the HSIA Steering Committee and incorporated the document into the Health & Safety in Action Project Plan and Year One initiatives.

In the area of provincial human resources planning, Research & Knowledge Management released the 2010 Q2 and Q3 Difficult to Fill Vacancy Survey (DTFVS) reports and completed and released the first HEABC Affiliate Health Employer Report in 2010.

Long-term, strategic approach taken to health human resources in BC

In line with HEABC's vision as leader of strategic human resources in health care, Strategic Health Authority Services & Negotiations has developed an approach to promote long-term relationships with BC's six health authorities to ensure that it continues to meet their needs. These relationships will be outlined in detail through service level agreements that are in the process of being developed with each health authority. Strategic Health Authority Services & Negotiations will also work towards creating a collaborative environment in which health authorities and unions can engage in problem-solving and data-sharing. The forums for this collaboration will include committees, working groups and other joint initiatives.



2010 Excellence in BC Health Care Awards celebrates unsung health care heroes

HEABC and its members had the chance to applaud some of the exceptional individuals and teams in BC health care at HEABC's 4th annual *Excellence in BC Health Care Awards*, held June 21, 2010 at the Vancouver Convention Centre West.

Among those receiving "Gold Apples" were a social worker who has dedicated close to 40 years to improving the quality of life for children and young adults with disabilities by bringing them back to their homes and communities and an ergonomic specialist who, together with her team, devised a low-friction slider sheet system for moving patients that increases their comfort and reduces the risk of injury to nurses. Other recipients included a public health nurse who routinely goes above and beyond to ensure that a high-risk population in North Surrey gets the compassionate care that they need and a Vancouver physician who is a tireless champion for the rights of palliative patients.

At the June 21 awards luncheon, 12 Gold Apples were presented to the following teams and individuals:

- Lower Mainland Innovation & Integration Fund: Distal Extremity Project, Providence Health Care (Top Innovation: Affiliate category)
- TelePathology/CoPath Project, Vancouver Island Health Authority (Top Innovation: Health Authority category)
- Changing the Sheets Project, Interior Health (Workplace Health Innovation category)
- Integrated Care Clinic, Renal Program, Providence Health Care & Provincial Health Services Authority (Collaborative Solutions category)
- Dr. Romyne Gallagher, Physician, Clinical Assistant Professor, Providence Health Care (Healthcare Hero: Affiliate category)
- Lucinda Schwab, Public Health Nurse, North Surrey Health Unit (Healthcare Hero: Fraser Health category)
- Dr. Edith Blondel-Hill, Microbiologist, Kelowna General Hospital (Healthcare Hero: Interior Health category)
- Mara Cote, Executive Assistant to Health Service Administrator and Manager of Executive Services (Healthcare Hero: Northern Health category)
- Dorothy McNaughton, Clinical Coordinator, Social Work, Sunny Hill Health Centre for Children (Healthcare Hero: Provincial Health Services Authority category)
- Patti Zettel, Primary Care Nurse, Bridge Clinic Nurse, Ravensong Community Health Centre, (Healthcare Hero: Vancouver Coastal Health category)
- Dr. Rivian Weirnerman, Site Chief of Psychiatry, South Island (Healthcare Hero: Vancouver Island Health Authority category)

The event concluded with the naming of the Provincial Healthcare Hero – Dorothy McNaughton of Sunny Hill Health Centre for Children. For close to 40 years, Dorothy has been on the forefront of the most innovative changes in the treatment and lifestyle for children with medical fragility and severe disabilities.

For more information on the *Excellence in BC Health Care Awards*, visit: www.BCHealthCareAwards.ca.



Strategic Objective 4

Implement systems, programs and services that support strategic human resources in BC's health sector.

Health & Safety in Action (HSIA) moves toward implementation of Year One initiatives

In January 2011, Health & Safety in Action was launched, a project aimed at reducing the number of workplace injuries, occupational illnesses and the number and duration of short and long-term disability claims in BC health authorities.

The project is being led by the Health Employers Association of BC (HEABC), in partnership with WorkSafeBC and the Healthcare Benefit Trust (HBT), health authorities and Providence Health Care. The project has the involvement of health care unions, including the BC Government and Service Employees' Union, the Health Sciences Association of BC, the Hospital Employees' Union, the United Food and Commercial Workers and the BC Nurses' Union.

Funding for HSIA comes from an acute care contribution surplus identified by WorkSafeBC and it has been agreed by the health authority board chairs and CEOs to invest the funds in health and safety in the health authorities. The WorkSafeBC funding is to be targeted for system-wide initiatives that have the support of the key stakeholders and that demonstrate positive changes within 12 to 18 months of implementation.

The goal is to create safe and healthy workplaces and to achieve a measureable value of \$50 million by 2015. Improvements in employee health and safety will ultimately result in improvements in patient care and services – beneficial outcomes to all residents of BC.

In Year One, the HSIA Steering Committee will focus on selecting, monitoring and evaluating provincial initiatives in the health care sector in the areas of health and safety, illness and injury prevention and disability management. Unions, WorkSafeBC, HBT and health authorities are participating in the HSIA Advisory Group which advises the Project Management Team and the Steering Committee on the status of current and future initiative opportunities.

The following initiatives have been endorsed by the HSIA Steering Committee and are to be implemented in 2011:

1. **Provincial Reporting and Data Management**
2. **Provincial Workplace Health Call Reporting Centre**
3. **Provincial Residential Care Musculoskeletal Injury Prevention (MSIP)**
4. **Provincial Violence Prevention Program Rollout**
5. **Provincial Absence Reporting Call Centre**



Members of the Health & Safety in Action team: (from left) Gentil Mateus Vice-President, Corporate Services & System Innovation and Project Coordinator Nancy Kwan.

HEABC asked to lead post-OHSAH discussions

After 10 years of operation and over approximately \$40 million in government funding, the Occupational Health & Safety Agency for Healthcare in BC (OHSAH) ceased operations on October 1, 2010. HEABC led discussions with the health authorities, unions, WorkSafeBC and the Ministry of Health and brokered five agreements between the parties to ensure an orderly wind up of the operations, transfer of key assets and continued access to data. The key assets transferred to Provincial Health Services Authority included White.Net, OHS-Connect and a health sector MSDS (material safety data sheets) database.

HEABC oversees development of provincial grievance database

Leadership Council has requested that HEABC lead in the development and implementation of a provincial grievance database for the health sector. Some of the anticipated benefits include the enhanced ability of employers to coordinate industry responses to emerging labour relations issues, more accurate identification of problematic collective agreement language and better overall data to inform bargaining. A steering committee comprising the Health Human Resource Strategic Council has been created as well as an advisory group. Terms of reference have been agreed to and work is already underway to evaluate and identify potential platforms that could be used provincially for grievance tracking and management.

CJDD Database allows for full customization

HEABC's Compensation Job Description Database (CJDD) is an online accessible database where assigned users can

manage and maintain employer job descriptions and appeal information. There have been several redesigns of the system and the latest version now allows for full customization amongst both internal and external users. The ability to track industry practice as well as the advanced report functionality will make it an indispensable tool for all who use it.

Disability management project funded by WorkSafeBC

HEABC is working with eight residential care facilities on a pilot project to provide a Disability Management Advisor for the facilities in a shared service type of arrangement. WorkSafeBC has agreed to subsidize the cost of the two-year trial project and participating employers will share the balance of the costs.

The goal of the project is to provide the following services related to both work-related and non-work related disabilities:

- Coordination and delivery of return to work programs;
- WorkSafeBC/long-term disability claims management;
- Cooperating with external providers (WorkSafeBC, HBT, etc.) to provide employers with a comprehensive menu of services related to disability management;
- Assistance with duty to accommodate requests;
- Attendance promotion education; and
- Program evaluation.

Metrics will be gathered and analyzed to assess the value of the investment and outcomes and will be communicated to all HEABC members.



Strategic Objective 5

Build a culture of accountability and continuous improvement.

New performance management system developed

For the past year, HEABC has been developing a new Employee Performance Management (EPM) system which was implemented in April. The EPM system is a user-friendly online tool that will allow staff to set performance objectives that contribute towards the achievement of HEABC’s strategic objectives and organizational goals as well as professional development goals. For almost two years, HEABC has been transforming the organization to be of greater value to its members and to the health system in BC as a whole. As part of this change HEABC announced a new vision, mission and values for the organization and began a shift to a new culture that promotes shared leadership and an environment of continuous improvement. The EPM system builds on this philosophy by empowering staff to take an active role in their success and growth within the organization.

Customer satisfaction survey

Affiliate Services has been measuring customer satisfaction by surveying members at the conclusion of each third party activity. HEABC has a record of these results which are mostly favourable. As mentioned on page 10 of this report, Affiliate Services also sent affiliate employers its commitment to customer service and the service standards that it provides to member organizations in the spring of 2010 and will be surveying members, based on those standards.

Improving collaboration across the health sector with technology such as video conferencing: (from left) HEABC's Mimi Wong, Barry Lee, Alannah Fox and Sheri Lara-Faure.



Strategic Objective 6

Create and sustain a high performance organization.

New technologies aimed at increasing efficiency, reducing costs

HEABC has implemented new technology to allow for better collaboration with organizations, affiliates and health authorities throughout the province. These technologies, which include a video conferencing system and a fully integrated time management system, position HEABC to better implement systems, programs and services that support strategic human resources in BC's health sector:

- **Cost savings through video conferencing**

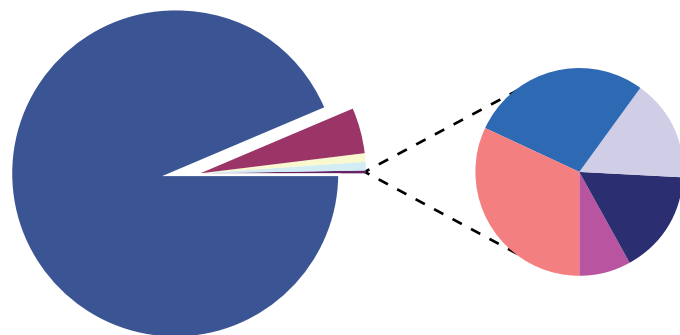
There is expected to be over 100 meetings in the next year due to working groups resulting from collective bargaining (in addition to over 1,000 meetings at HEABC annually). The recently implemented video conferencing hardware at HEABC should provide a sizeable reduction in face-to-face meetings which will lead to a significant annual cost savings.

- **Kronos workforce management project**

HEABC has recently implemented a new web-based time management system. The system, Kronos Workforce Central, is a user-friendly platform that will allow employees to help manage their information such as vacation and other leave balances. Workforce Central will reduce the administrative burden on support staff and enable each staff member to access their timekeeping and leave information quickly and easily. This system supports HEABC's move towards a new culture that promotes shared leadership and an environment of continuous improvement. The Kronos timekeeping system has been fully implemented at HEABC.

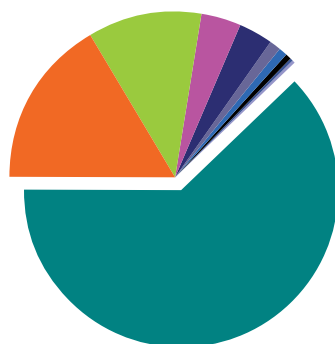
FTEs by Bargaining Table

Facilities Table FTEs by Union



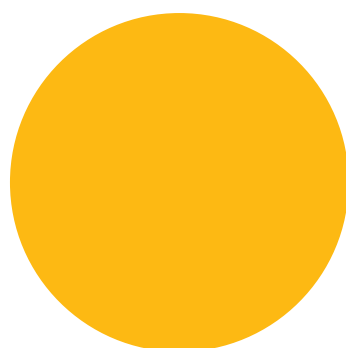
Union	FTEs	%
HEU	27,379	93.42%
BCGEU	1,271	4.34%
IUOE	385	1.31%
BCNU	208	0.71%
PPWC	40	0.14%
USWA	8	0.03%
IBEW	7	0.02%
UBCJA	4	0.01%
UAJAP&P	4	0.01%
IBPAT	2	0.01%

Community Table FTEs by Union



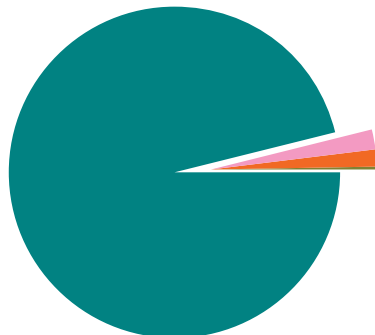
Union	FTEs	%
BCGEU	5,830	62.25%
UFCW	1,549	16.54%
HEU	1,042	11.12%
CUPE	365	3.90%
HSA	293	3.13%
PEA	123	1.31%
CAW	72	0.77%
USWA	44	0.47%
BCNU	31	0.33%
CLAC	16	0.17%

Residents Table FTEs by Union



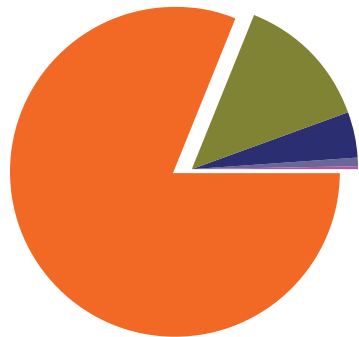
Union	FTEs	%
PAR-BC	1,004	100.00%

Nurses Table FTEs by Union



Union	FTEs	%
BCNU	21,741	96.2%
HSA	458	2.03%
UPN	394	1.74%
BCGEU	6	0.03%
CLAC	1	0.00%

Health Sciences Table FTEs by Union



Union	FTEs	%
HSA	9,529	81.28%
BCGEU	1,545	13.18%
CUPE	527	4.49%
PEA	105	0.90%
HEU	18	0.16%

Legend

BCGEU BC Government and Service Employees Union
 BCNU BC Nurses' Union
 CAW Canadian Auto Workers – Canada
 CLAC Christian Labour Association of Canada
 CSWU Construction and Specialized Workers' Union
 CUPE Canadian Union of Public Employees
 HEU Hospital Employees' Union
 HSA Health Sciences Association
 IBEW International Brotherhood of Electrical Workers
 IBPAT International Brotherhood of Painters and Allied Trades

IUOE International Union of Operating Engineers
 PAR-BC Professional Association of Residents of BC
 PEA Professional Employees Association
 UAJAP&P United Association of Journeymen and Apprentices of the Plumbing, Pipefitting, and Sprinklerfitting Industry of the US and Canada
 UBCJA United Brotherhood of Carpenters and Joiners
 UFCW United Food and Commercial Workers Union
 UPN Union of Psychiatric Nurses
 USWA United Steelworkers of America

Source: Health Sector Compensation Information System (HSCIS) 2010-Q4 (Payroll Extract Web).

Note: FTEs also include estimates for non-reported FTEs in HSCIS.

Health Employers Association of British Columbia

Statement of Revenues and Expenses

year ended March 31, 2011

	2011	2010
	\$	\$
Revenues		
Government funding	10,503,215	10,980,489
Benefits and administration fees (Note 7)	237,342	248,211
Member assessment	185,825	171,301
Annual general meeting/conference fees	53,200	80,848
Interest and other revenue	97,140	72,289
Member training fees	32,255	30,558
Fee for service	9,910	4,261
	11,118,887	11,587,957
Funding from deferred contributions - operations (Note 4)	3,741,603	4,813,688
	14,860,490	16,401,645
Expenses		
Compensation and benefits	6,641,977	7,704,436
Premises rent and operating expenses	982,320	1,138,424
Legal and professional	482,944	918,889
Travel and meetings	395,585	362,334
Office, printing and reproduction	275,675	546,045
Amortization	204,268	206,795
GST/HST - unrecoverable	135,775	83,385
Staff training, research and memberships	117,052	204,184
Recruiting and relocation	95,707	33,567
Arbitration and hearing costs	65,240	52,798
Annual general meeting/conference	56,955	177,512
Member training	7,525	58,005
Expenses from core operations	9,461,023	11,486,374
Non-core operations		
Recruitment services - Health Match BC	2,361,997	2,270,604
Physician services	1,078,850	1,824,959
Healthcare cross jurisdictional database	876,985	387,509
Pandemic preparedness	242,138	594,252
Care aide registry	191,081	114,922
Nurse policy section	71,824	413,337
Bill 29	-	3,371
Total expenses from operations	14,283,898	17,095,328
Excess (deficiency) of revenues over expenses from operations	576,592	(693,683)
Funding from deferred contributions - administrative (Note 4)		
Revenues	536,130	11,641,283
Expenses	536,130	11,641,283
	-	-
Excess (deficiency) of revenues over expenses	576,592	(693,683)

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statement. Complete Audited Financial Statements are available at the offices of HEABC or in the members' section of HEABC's website at www.heabc.bc.ca.

Health Employers Association of British Columbia

Balance Sheet

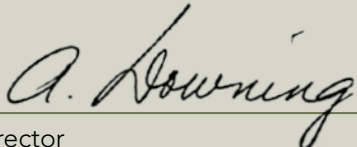
as at March 31, 2011

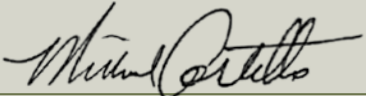
	2011	2010
	\$	\$
Assets		
Current assets		
Cash	332,320	1,109,806
Short-term investments	15,602,358	17,552,536
Accounts receivable	418,883	172,149
Prepaid expenses	135,763	113,328
	16,489,324	18,947,819
Leasehold improvements and equipment (Note 3)	822,917	883,164
	17,312,241	19,830,983
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	1,611,246	1,895,727
Deferred contributions (Note 4)	11,748,093	14,521,041
	13,359,339	16,416,768
Tenant inducements	803,910	842,428
Retirement liability	292,009	291,396
	14,455,258	17,550,592
Net assets		
Net assets invested in leasehold improvements and equipment	822,917	883,164
Internally restricted net assets (Note 5)	307,263	407,698
Unrestricted net assets	1,726,803	989,529
	2,856,983	2,280,391
	17,312,241	19,830,983

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statement. Complete Audited Financial Statements are available at the offices of HEABC or in the members' section of HEABC's website at www.heabc.bc.ca.

Commitments (Note 8)

Approved by the Board


 Director


 Director

Board of Directors

Alice Downing
Deanie Kolybabi
Glenn Sutherland



Betsy Gibbons
James Hsieh
Michael Costello



Darrell Burnham
Howard Johnson
Susan Emmons



John Bethel
David Morel



HEABC Board of Directors 2010 - 2011

Health Authority Representatives

Alice Downing, Board Chair
Northern Health Representative

Deanie Kolybabi
Fraser Health Representative

Glenn Sutherland
Interior Health Representative

Betsy Gibbons
Provincial Health Services Authority Representative

James Hsieh
Vancouver Coastal Health Representative

Michael Costello
Vancouver Island Health Authority Representative

Provincial Representatives

Affiliated Care Provider Representative
Darrell Burnham, Vice-Chair
Executive Director, Coast Foundation Society (1974)

Denominational Care Provider Representative
Howard Johnson
President and CEO, Baptist Housing Ministries

Proprietary Care Provider Representative
Susan Emmons
Executive Director, Northcrest Care Centre

Government Representatives

John Bethel
Associate Deputy Minister, Chief Administrative Officer,
Ministry of Health (MoH)

David Morel
Assistant Deputy Minister, Labour Relations
Public Sector Employers' Council (PSEC)

A photograph of a sailboat on the water, viewed from the deck. The sun is high in the sky, creating a large, bright flare that dominates the upper half of the image. The sailboat's mast and rigging are visible on the right side, and the blue water of the ocean is in the background.

The leader of strategic human
resources in health care

www.heabc.bc.ca



HEABC

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ASSOCIATION OF BC

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