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About HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of more than 230 publicly funded health care employers. This includes denominational, proprietary and non-profit affiliate organizations, as well as the province's six health authorities. Our members range in size from organizations with fewer than 25 employees to large, regional health authorities with thousands of employees.

HEABC is the accredited bargaining agent for most publicly funded health employers in the province. HEABC negotiates five major provincial agreements covering more than 115,000 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.

Vision

A knowledge organization that stimulates innovation in BC health human resources and contributes to the sustainability of the health care system.

Mission

We are trusted advisors to our members and government. Using our information and knowledge, we aim to improve health human resources by:

- Delivering high quality labour relations services
- Advancing system-wide health human resources productivity and efficiencies through the use of evidence
- Building an engaged and skilled organization attuned to members' needs and committed to providing excellent service

Values

At HEABC, we believe in:

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

HEABC Members

Health Authorities	6
Legal Entities other than Health Authorities	226
Health Regions	Number of Members
● Fraser Health Region	69
● Interior Health Region	27
● Island Health Region	37
● Northern Health Region	7
● Vancouver Coastal Health Region	77
Provincial & Cross Health Region (Province Wide)	31

Affiliate Members by Service Type

Service Type	Number of Members	% of HEABC members in the service category
Acute Care	2	0.88%
Adult Day Care	14	6.19%
Assisted Living	8	3.54%
Child Development Centre	19	8.41%
Community Public Mental Health	15	6.64%
Diagnostic & Treatment	1	0.44%
Drug & Alcohol	15	6.64%
Home Support Agency	11	4.87%
Long Term Care	89	39.38%
Mental Health	127	56.19%
Other	10	4.42%

Notes:

- Members are counted multiple times if their business provides more than one service type.
- The service type counts do not include health authorities, which provide a wide range of health services.

Message from the Board Chair

Betsy Gibbons

The past year saw a flurry of activity at HEABC with many successes as a result. It was the second year of our 2013-2016 strategic plan and I'm pleased to report all 53 planned activities due in 2014/15 in support of the strategic plan were implemented. For more details on our strategic plan activities and achievements, please see page 8. A few highlights are noted below.

Last year also saw a renewed stability at HEABC with five-year agreements at four of the five tables. Settlements were reached with the Facilities Bargaining Association and Resident Doctors of BC, and we are now transitioning to a collaborative joint benefits trust model at the Community, Facilities and Health Science Professionals tables, something you can read more about on page 13. Work towards an agreement at the Nurses' table continues and we anticipate negotiations will begin in earnest this fall.

Preparing to implement the Enhanced Disability Management Program (EDMP) for affiliate employers was a priority. Through consultation with employers and other stakeholders, support for the program's execution and funding was secured. A service provider was selected and the program will launch this summer. See page 17 for more information on the affiliate EDMP.

In addition, we continue to build on our knowledge and data excellence. At the request of the Ministry of Health, an integrated health human resource forecasting model and tool is under development. This tool supports government's broader health human resources strategy that positions BC's health sector workforce to best meet future population and patient needs. You can read more about this initiative on page 14.

As we enter the final year of the 2013-2016 strategic plan, development of the 2016-2019 plan will begin this fall. Taking what we have learned over the past three years, along with input from our members, government and the broader health community, the 2016-2019 strategic plan will build on our accomplishments to ensure our services best support BC's health care system.

Finally, a significant change occurred at HEABC with the recruitment of a new President & CEO as Michael Marchbank took on the leadership role at Fraser Health. David Logan was selected, coming to HEABC from the Ontario Public Service, and we are confident he is the ideal person to lead the organization for the future.

I would like to thank Michael Marchbank for his leadership and vision, and we are glad HEABC will continue to benefit from his expertise on our Board of Directors. I also would like to thank the entire Board for their invaluable insight and counsel as we work to fulfill our mandate.

As a knowledge organization, it is our people – the employees of HEABC – who bring our vision and our strategic plan to life. They are the ones working daily with our members, with government and with industry groups to fulfil our goals and objectives. I am very proud of our accomplishments over the past year and I want to express my gratitude to HEABC's incredible staff for their part in making 2014/15 such a success.



Message from the President & CEO David Logan

I am very pleased to have the opportunity to come to BC and lead this organization. As someone who has worked in labour relations for the past 16 years, I have watched with interest the evolution that has taken place in BC in recent years. HEABC's approach to negotiations and contract administration – one that is collaborative and that positions employers and employees as partners in the delivery of health services – is very appealing and I'm excited to be part of continuing this progression.

Coming on board at a time when there will be a period of stability with five-year agreements with most bargaining associations gives us an opportunity to really focus on our knowledge strategy. Members are telling me that they are looking for data that will help them improve their operations and patient care. I am eager to build on our data-sharing systems to help HEABC's members make informed human resource decisions that will help them accomplish their goals.

Our labour relations efforts will focus on contract implementation, and providing expert advice and support to our members. Preparations continue towards commencing productive bargaining with the Nurses' Bargaining Association in the coming months and I'm hopeful that an agreement can be reached that meets the needs of both employers and employees.

We will also focus on the roll out of the Joint Benefits Trusts, and build on our work in occupational health and safety, and disability and attendance management. Through the innovative Practice Ready Assessment pilot program, Health Match BC is helping address the ongoing issue of doctor shortages in rural and remote communities by placing internationally-educated family physicians in these areas. The Physician Services Secretariat, in consultation with the Ministry of Health, will expand its role in the areas of physician compensation, and negotiations and administration of the Physician Master Agreement.

Throughout this report you will find more details on HEABC's 2014/15 achievements. As I continue to learn more about the organization, it is clear from the outcomes of the 2013-2016 strategic plan to date that HEABC has a great foundation and is on a strong path forward. Work on the next three-year plan begins this fall and it will build on our successes to ensure that HEABC continues to add value to the province's health care system.

I would like to thank HEABC's Board of Directors, senior leadership team and staff members for their support in making me feel so welcome. I continue to be impressed by the enthusiasm and knowledge of our staff and it gives me the greatest confidence that we can achieve any goal we set for the organization.

Looking forward to the year ahead, I am eager to lead HEABC through its next chapter as we continue to implement our vision to contribute towards building a first-rate and sustainable health care system through effective and innovative labour relations and human resource strategies.



2013-2016 Strategic Plan update

HEABC's 2013-2016 Strategic Plan is a three-year road map that supports our vision to be "a knowledge organization that stimulates innovation in BC health human resources and contributes to the sustainability of the health care system."

HEABC's role as a knowledge organization manifests in several ways, for example: advising members and government on labour relations strategy and tactics; turning data into intelligence that informs negotiations and health human resource planning; and sharing knowledge with other jurisdictions through conference presentations and consultation. However, HEABC's vision is not fulfilled unless value is being created for members. The summary below highlights how HEABC leveraged its expertise in 2014/15 to produce results for the health sector.

Objective 1: In collaboration with our members and government, conduct efficient collective bargaining, contract interpretation and administrative processes that align with the mid- and long-term goals of our members and government

Five-year agreements were reached with the Facilities Bargaining Association and Resident Doctors of BC (formerly Professional Association of Residents of BC) under government's Economic Stability Mandate.

The Physician Services Secretariat provided legal and analytical support to the Ministry during negotiation of the 2014 Physician Master Agreement (PMA). This included attendance at negotiations, preparation of Ministry proposals, review and analysis of Doctors of BC proposals, and the final drafting of the 2014 PMA and related agreements.

The Health Sciences, Community, Facilities and Resident Doctors 2014-2019 agreements were implemented. A significant task was establishing the Health Sciences, Community and Facilities Joint Benefits Trusts (JBTs). During pre-bargaining consultation, members identified escalating benefits costs as an unsustainable risk to their operating budgets. The JBTs are an innovative cost-containment solution that has drawn interest from other provinces in Canada.

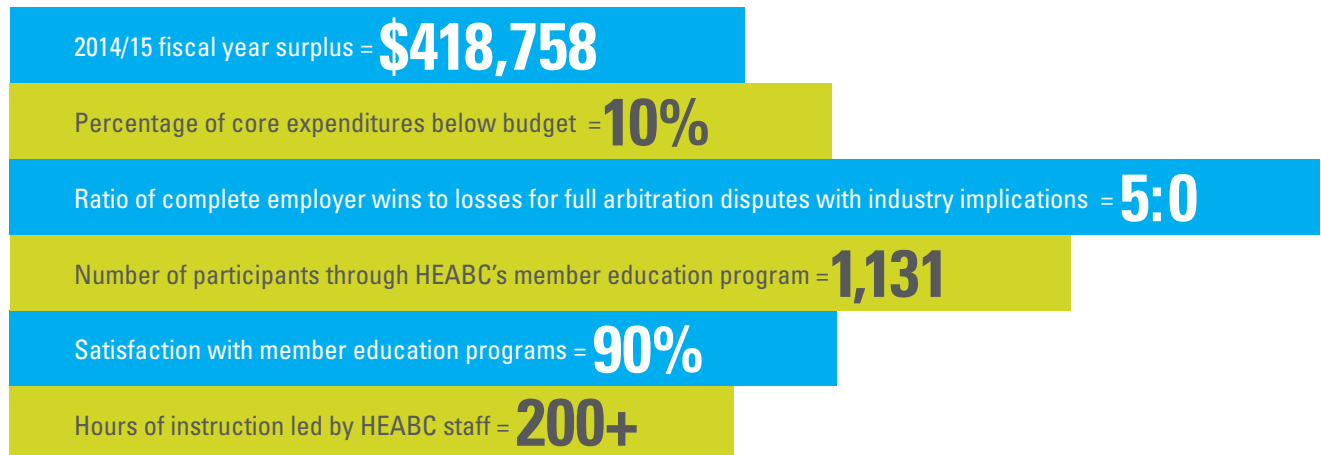
Several improvements were made to the contract administration processes. One was to implement standards for communicating the risk potential of third-party dispute outcomes to health authority and affiliate members. The standards were introduced to help members better understand the cost and other implications of settling grievances versus taking them to hearing. HEABC has modified its case management processes to support compliance with these standards.

Objective 2: Leverage our system-wide knowledge and the strength of our relationships with our members and government to be a catalyst for health human resources productivity efforts

For HEABC to be a catalyst for innovation, it needs to transfer its knowledge to health system decision makers – specifically, members and government. This transfer takes place through member workshops and webinars, health human resource metrics reports and working collaboratively on projects. In 2014/15, HEABC delivered a combined total of 55 workshops and webinars to 1,131 member organization employees. Average satisfaction ratings ranged were 90 per cent.

The *BC Health Employer Report* – a comprehensive overview of the health sector labour market – was released. The report features the distribution of health sector employees by selected demographic and practice characteristics covering management and bargaining unit employees. It also provides an analysis of sick leave, overtime and employee productivity. The report received member satisfaction ratings of 100 per cent. An updated version was released in January.

HEABC by the numbers



HEABC entered a partnership with the Ministry of Health to develop an integrated health human resource forecasting model and tool. Health authorities and other health system stakeholders will collaborate on development. The tool will supply the province with better intelligence to inform planning for the mix and distribution of health care professionals required to deliver care. The two-year project is a shared opportunity for the health sector to collaboratively pool expertise, build on collective strengths and position the health workforce to best meet the needs of British Columbians.

Objective 3: Improve access to a full range of human resource services with and for affiliate members

In 2013/14, HEABC established targets for an Affiliate Services Improvement Work Plan to be implemented in 2014/15. Twenty-six priorities were identified and action plans developed in response. Of the 26 action plans, 23 were completed while the remaining long-term projects are ongoing. The action plans include changes in servicing practices and other measures designed to better meet affiliate members' needs. Affiliate member service satisfaction will be measured in 2015/16.

Objective 4: Invest in our people and our systems to build an effective and highly regarded organization for our employees to work in and our members to work with

HEABC's knowledge base resides within staff members and the knowledge management systems they use. HEABC launched several initiatives to promote employee engagement, including an enhanced performance management system that allows employees to create strategic plans for reaching their performance and development objectives. System improvements were also made to allow staff to do their work and serve members more efficiently. The multi-year HEABC Electronic Information Records System (HEIRS) project was launched in 2015 to improve policies and procedures for storing and retrieving labour relations and negotiations information.

Labour Relations

Employer bargaining teams build on early success

HEABC and its member employers are currently implementing four collective agreements reached under government's Economic Stability Mandate. For all sectors/subsectors that have reached agreements, HEABC implementation activities include holding contract implementation sessions, issuing sector-specific Contract Interpretation Updates for members, as well as participation on health sector committees established as part of the collective agreements, regarding:

- Benchmarks
- Claims Adjudication
- Enhanced Disability Management Program
- Occupation Comparability
- Joint Benefits Trusts
- Joint Retraining
- Shift Premium
- Health & Safety re. Shift Work
- Multi-Employer Stewards Process
- Recruitment & Retention
- Classification
- LTD Plan Advisory
- Qualification
- Safe Transport

Five-year agreements provide stability to BC's health sector

Following the unprecedented achievement of two early settlements, a third was achieved in May and a fourth agreement reached in August. With long-term negotiated settlements at four of the five health sector bargaining tables covering more than 75,000 unionized health care employees working in diverse areas of the health sector, including community health workers, care aides, pharmacists and resident physicians, HEABC and its member employers are entering into a phase of relative stability. For all sectors/subsectors that have reached agreements, the focus now is on establishing a joint benefits trust (JBT) for each sector. See *Joint benefits trusts – a move towards certainty and sustainability* on page 13. The only agreement outstanding is with the Nurses' Bargaining Association (NBA).

Nurses bargaining update

Arbitration hearings got underway in March under a protocol agreement attempting to resolve outstanding issues from the last collective agreement and to identify a path forward to commence bargaining for a renewed collective agreement. It is hoped that negotiations with the NBA will resume in the fall.

Labour relations by the numbers



555 ADJUDICATION FILES OPENED*

*Defined as third party adjudication process initiated
– e.g., arbitration referral or Labour Relations Board (LRB) application



HEALTH AUTHORITIES (HA) VS. AFFILIATES

HA or multi-employer = 421 Affiliate = 134



BY FORUM:

Industry Troubleshooter (ITS) = 61
Expedited = 267
Full arbitration = 172
LRB = 54 (does not include essential services designation process)
Human Rights Tribunal (HRT) = 1



BY BARGAINING ASSOCIATION

(does not include LRB files):
CBA = 153 HSPBA = 111
FBA = 148 NBA = 89
RDBC/PAR = 0



TOP 5 TOPICS:

1. Discipline & Discharge (121)
2. Leaves (73)
3. Classification (72)
4. Hours of Work (65)
5. Union Certification files (32)



INDUSTRY ARBITRATION DECISION:

Ten cases with industry impact were not resolved and were decided by an arbitrator. Of these:

- HEABC's position on all issues was accepted in 5 cases (5 complete employer wins)
- HEABC's position on the majority or substantive issue(s) in dispute was accepted in 4 cases (4 substantive employer wins)
- Union's position on the majority or substantive issue(s) in dispute was accepted in 1 case (1 substantive employer loss)

Labour Relations Board highlights

Baptist Housing and Hospital Employees' Union and International Union of Operating Engineers

In 2014, Baptist Housing closed two of its long-term care facilities and opened a new expanded facility. Residents and staff from both facilities were transferred to the new facility; however, the employees being transferred were represented by two separate unions in the Facilities subsector. At one facility, employees were represented by the International Union of Operating Engineers (IUOE), and at the other, by the Hospital Employees' Union (HEU). The employer proposed that the appropriate way to determine union representation at the new facility was through a vote. The HEU agreed, but the IUOE sought to have both the HEU and IUOE continue to represent employees at the new facility. The matter came before the Labour Relations Board (LRB), which agreed with the employer and ordered a vote. The LRB ruled that there was no meaningful separation of the employees in the new facility and that it would be inappropriate to have two bargaining agents representing the facilities subsector employees in one location.

Organizing Activity and Unfair Labour Practices [BC Nurses' Union and Health Sciences Association]

In 2014, the Health Sciences Association (HSA) filed three unfair labour practice complaints arising out of the BC Nurses' Union (BCNU) campaign to represent registered psychiatric nurses (RPNs). The LRB issued decisions in two of these applications. A decision in the third case involving organizing activity at Island Health is pending.

In the first case, the LRB found BCNU organizers had breached the *Labour Relations Code* through on-site organizing of RPNs working in psychiatric units. The LRB noted that "the nature and purpose of the Employer's workplace in the health care industry attracts the need for special protection to protect the public interest during organizing campaigns under the Code". By way of remedy, the LRB dismissed the certification application, ruling that there was a need to provide a strong disincentive and that a cease and desist order would be inadequate to protect the public interest in the health care system.

In the second case, HSA alleged that BCNU committed an unfair labour practice through their organizing at various sites within Fraser Health. The HSA also alleged that the employer had breached the Code by condoning the BCNU's organizing activity. The LRB narrowed the scope of the dispute, finding that most of the allegations were moot. In dismissing the complaint against the employer, the LRB recognized the difficult situation for the employer during a raid, ruling that the employer's actions had been entirely reasonable in the circumstances and could not be interpreted as supporting the BCNU's campaign. The HSA has filed an application for reconsideration of the decision with respect to mootness.

Joint benefits trusts – a move towards certainty and sustainability

Employers know one of the keys to sustainability is health and welfare benefits reform. In human services sectors like health care, salaries increase roughly in step with inflation but the cost of benefits can be more unpredictable.

Employers want to be able to provide employees with the benefits they want and need. Comprehensive and competitive benefits plans are critical for recruitment and retention, and are a key factor in maintaining a healthy and productive workforce.

With this in mind, the 2014-2019 Health Science Professionals, Community and Facilities collective agreements each include provisions to establish a joint benefits trust (JBT). Joint benefits trusts are one way to ensure that benefits are sustainable and affordable now, and into the future.

In a joint benefits trust, employees and employers become partners in delivering health and welfare benefits. Working together, both parties are motivated to operate efficient and sustainable benefits plans that provide the best possible benefits for members. Each JBT will be managed by a Board of Trustees – equally representing employers and union bargaining association employees.

Joint benefits trusts are funded by participating employers, with contributions held in trust to pay for health and welfare benefits for employees and eligible dependents. Employers provide JBTs with a fixed dollar amount that trustees choose how to spend.

Joint trusts are legally obliged to provide the best possible health and welfare benefits within a fixed funding framework. With JBTs, employers and employees share some of the financial risks, and employees play an equal role in shaping their benefits, ensuring employers get some level of cost certainty and employees get the benefits that are important to them.

Over the past year, working groups for each of the joint trusts have been busy negotiating trust agreements – the legal documents that define the authorities and responsibilities of the parties. There are still details to be sorted out before the joint trusts take over governance of the benefits plans on April 1, 2016, but with the cooperative approach shown by both employers and unions, the goal of achieving sustainability in health care benefits plans is becoming a reality.

Knowledge Management

HEABC's Knowledge Management team supports the work of our member organizations and the provincial government by compiling and producing a variety of health human resources data and reports. By providing relevant, timely, system-wide data, HEABC Knowledge Management supports our vision to be "a knowledge organization that stimulates innovation in BC health human resources and contributes to the sustainability of the health care system."

Health human resource planning

BC's health care system is supported by more than 115,000 public sector employees. Evidence-based planning is a vital part of making sure the province's health care system has the human resources needed both today and in the future. To support this planning, Knowledge Management collects data on workforce demographics, health human resource information and other metrics to publish reports which enable health employers and policy makers to make informed decisions in health human resource planning.

Publications include:

- Annual BC Health Employer Report
- Bi-annual HR Metrics Report
- Quarterly Difficult-to-fill Vacancy Report
- Sick Leave and Overtime Metrics Report

HHR project will help shape future of health care in BC

The Ministry of Health has asked HEABC to oversee the development and implementation of an Integrated Health Human Resource (IHHR) forecasting model and tool that health system planners can use to determine what mix of health care professionals is needed now and into the future.

The forecasting model and tool will be a key driver of change in the health care system – supporting the overarching goal of providing more responsive, effective and patient-focused care in BC's health care system. The tool will give health system planners the information needed to make evidence-informed decisions and adapt to changing demographic and social needs from the provincial to the community level.

BC is the first province in Canada to take an integrated, collaborative and strategic approach to health human resource planning. This presents a great opportunity for BC to position itself as a leader in this area.

"Having this important work be completed by HEABC is a real vote of confidence from the Ministry of Health for our organization and our staff," says David Logan, President & CEO. "Through this project, HEABC has an opportunity to make a long-term positive impact on the future of health care in BC."

The project will be completed over the next two years. Phase 1 (2015) will focus on the development of the forecasting model. Phase 2 (2016) will focus on the development and implementation of the IHHR forecasting tool that employers will use to make health human resource projections.

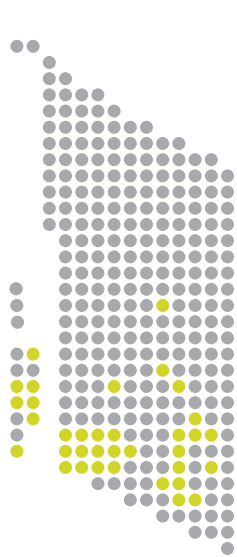
Education Services

HEABC's education programs offer current, health care specific workshops and webinars that provide management and supervisors in public health care settings with the information, processes and tools they need to effectively deal with various workplace labour relations issues.

Taught by HEABC staff, the courses are designed for adult learners to provide opportunities for discussion as well as tools to apply concepts in the workplace. The member education program is a key service for HEABC members and workshops and webinars often sell out. Courses are very well received with an overall satisfaction rating of 90 per cent.

By offering an increasingly wider variety of courses and using alternative delivery methods such as webinars, revenues have continuously increased over the past five years. In 2012, revenues climbed to \$41,900 from \$32,200 in 2011. Webinars were introduced in 2013 and revenue increased to \$47,500. The last fiscal year saw a huge spike in revenues to \$81,000 as improved internal processes led to additional workshops and webinars offered.

While HEABC workshops and webinars are currently open only to employees of HEABC member organizations, opening registration to non-member health service organizations and taking a more pro-active approach to course promotion is currently under discussion.



HEABC delivered workshops and webinars to human resources and labour relations staff from:

Vancouver	Trail
Surrey	Chilliwack
Burnaby	Comox
Kelowna	Courtenay
Nanaimo	Cranbrook
Kamloops	Creston
Victoria	Delta
New Westminster	Fernie
Prince George	Golden
100 Mile House	Invermere
Abbotsford	Langley
Richmond	Maple Ridge
Castlegar	Nelson
Coquitlam	Port Hardy
Duncan	Revelstoke
Langley	Salmon Arm
Penticton	White Rock
Port Alberni	

HEABC workshops & webinars

Total registrants = **1,131**

By member: • Affiliate = **569** total registrants • Health authority = **562** total registrants

Hours of instruction by HEABC staff = **200+**

Number of workshops & webinars offered = **55**

Affiliate Services

Enhanced Services Work Plan implemented & complete

One of HEABC's 2013-2016 Strategic Plan goals is to "*assume a greater role in enabling our affiliate members to access the human resource assistance and expertise they require.*" To fulfil this goal, HEABC surveyed affiliate members to determine which human resource services they required most. Based on the survey responses, 26 priority servicing areas were identified and incorporated into the Enhanced Services Work Plan which was implemented throughout 2014/15.

At April 2015, 23 activities are complete and the remaining three are ongoing.

Key deliverables in the Enhanced Services Work Plan include:

- Improve consultation processes for collective bargaining, secure funding for settled collective agreements and update the interpretation manuals as quickly as possible after bargaining is over.
- Provide more education sessions and new courses.
- Improve disability management advisory services by retaining in-house expertise and making more online resources available. Design, coordinate and implement the Enhanced Disability Management Program (EDMP) included in the collective agreements for affiliate members.
- More visits with members to develop stronger relationships, better understandings of operations and better sharing of emerging issues and developments.
- Update the online sample HR policies and procedures, particularly on topics such as occupational health and safety, and respectful workplaces.
- Improve the usability of the essential services database and work with unions and the Labour Relations Board to reduce local disputes on essential services planning.

A follow-up survey of affiliate members was conducted in spring 2015 to secure feedback on satisfaction with the enhanced services and member services in general. The results will inform continuous improvement to affiliate members servicing.

Occupational Health & Safety

Enhanced Disability Management Program – affiliate employer launch

The Enhanced Disability Management Program (EDMP), negotiated and developed in partnership with employers and unions, is a province-wide initiative that provides early, appropriate and ongoing support for employees affected by illness or injury to return to work in a safe and timely manner. The program supports a reduction in long-term disability, WorkSafeBC premiums and sick leave utilization.

With the program underway in health authorities, the focus shifted to launching EDMP for approximately 200 unionized affiliate employers.

In May 2014, HEABC, together with an affiliate employer committee and the bargaining associations, began to work on program design and delivery. Following a request for proposal process, Morneau Shepell was selected to deliver EDMP services to participating Healthcare Benefit Trust (HBT) members.

From November 2014 to April 2015, Morneau Shepell, HEABC, the bargaining associations and a group of 13 test employers began to refine the resources and processes to trial EDMP. The result was the publication of promotional materials and education packages, and the finalization of an automated EDMP referral process.

The promotional and educational materials were then used to support the broader rollout of EDMP to all unionized affiliate members in spring 2015. Most employers will be launching EDMP in summer 2015.

Health & Safety in Action moves to Phase 2 – violence prevention

Led by BC's six health authorities and Providence Health Care in partnership with HEABC, WorkSafeBC and Healthcare Benefit Trust, Health & Safety in Action (HSIA) aims to reduce the number of workplace injuries, occupational illnesses and the number and duration of short and long-term claims. Originally launched in 2011, five Phase 1 initiatives were completed over three years.

With all Phase 1 initiatives complete, a single Phase 2 initiative with a budget of \$3 million was approved by WorkSafeBC in November 2014 to support the health authorities and Providence Health Care expand their violence prevention programs.

Building on Phase 1 successes in rolling out the provincial violence prevention curriculum and the training of violence prevention facilitators throughout BC, the main focus now is to accelerate violence prevention training in high risk units. The goal is to have employees in high risk areas fully trained, after which employers will focus on refresher training and the training of new hires. WorkSafeBC defines high risk units and programs as mental health/psychiatric units and emergency departments. Accelerated training will occur in other areas where funding is available. As part of Phase 2, reporting of education enrolment and violent incidents will be improved by linking the various databases currently used to track these statistics.

Health Match BC

Health Match BC (HMBC) is a government-funded health professional recruitment service. It is a non-core division of HEABC with separate contract requirements and funding. Since 1999, HMBC has recruited thousands of Canadian and internationally-educated health professionals to work in underserved communities in BC.

Physician Recruitment

Physician recruitment increased slightly (two per cent) in 2014 with 212 positions filled compared to 207 in 2013, and it appears placements are on the rise again.

HMBC successfully matched 108 family physicians – 41 in rural/remote BC communities. Of the 104 specialists placed provincially, 17 located to rural/remote communities. There were more than twice as many matches to permanent positions compared to fee-for-service locum positions, and in many cases, health authorities and/or local clinics were able to fill vacancies without assistance. During this period, 846 vacancies were posted.

Regional Distribution of Vacancies and Matches by Health Match BC (2014)

Health Employers/Regions	Vacancies Posted	Permanent Matches	Locum Matches	Total Matches
Fraser Health	190	47	9	56
Interior Health	148	22	14	36
Island Health	179	19	16	35
Northern Health	92	12	3	15
Providence Health Care	15	5	0	5
Provincial Health Services Authority	83	9	3	12
Vancouver Coastal Health	139	40	13	53
Total	846	154	58	212

Practice Ready Assessment – British Columbia

In 2015, government launched the Practice Ready Assessment – British Columbia (PRA-BC) pilot program for internationally-educated family physicians who completed residencies outside Canada. The program provides qualified family physicians with a new pathway to licensure through four key phases:

- Screening and selection
- Orientation and examination
- A 12-week Clinical Field Assessment
- Application for a provisional license from the College of Physicians and Surgeons of BC

Participants must commit to a three-year Return of Service (ROS) period in a rural community identified by BC's health authorities. In addition to promotion, application processing and candidate screening, HMBC also provides financial and operations management and ROS contract administration.

Nurses and Allied Health Professionals

Registered nurses with specialty training in areas such as critical care, emergency and operating room practice are in high demand. To meet this demand, HMBC registered and screened more than 1,400 candidates in 2014, referring 207 with appropriate qualifications to health authority recruiters; 66 were hired.

In addition, almost 800 allied health professionals were registered and screened in 2014; 58 were referred to health authority recruiters and at least seven candidates were hired.

BC Care Aide & Community Health Worker Registry

Established in 2010, the BC Care Aide & Community Health Worker Registry protects vulnerable patients, residents and clients receiving care from care aides and health care assistants (HCAs) by registering all care aides and HCAs to improve standards of care.

The Registry has more than 33,000 registered HCAs. It investigates allegations of abuse and works to improve the educational standards and competencies of all HCAs. Up to February 2015, the Registry has received 351 alleged abuse reports from employers. Of these, 187 were terminated by their employers and 164 received temporary suspensions.

In December 2014, the Ministry of Health announced a follow-up review of the Registry to address some outstanding issues, in particular: labour relations processes, governance and accountability, sustainability and the registration of all HCAs.

Physician Profile: Balancing life and work in Cranbrook

After completing her residency in family practice at Dalhousie University in Nova Scotia, Dr. Karen Fordham decided to move to Cranbrook: "You can find that balance between work and life right outside your doorstep."

She and her husband JR grew up in Saskatchewan. "We always knew we wanted to live somewhere in BC and chose the interior to be closer to our relatives on the Prairies. Cranbrook was always at the top of our list."

The Health Match BC website proved extremely helpful during her job search, as Dr. Fordham explains: "It's user friendly and provides accurate information about communities and jobs. Other provinces didn't offer the same."

Before making a final decision, the couple was invited by Cranbrook's Red Carpet Welcome Program to visit the scenic southeastern BC town. Shortly after Dr. Fordham joined the F.W. Green Clinic and moved to Cranbrook. "It's such a beautiful part of the world and offers us what we want in terms of lifestyle and work."

Physician Services Secretariat

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

The PSS provided support to the Ministry during the negotiations for the 2014-2019 Physician Master Agreement (PMA), including attending negotiations, preparation of Ministry proposals, review and analysis of Doctors of BC proposals, and the final drafting of the PMA.

In addition to supporting the PMA negotiations, ongoing PSS activities include:

- Policy analysis and administrative services to support the Physician Strategic Services Advisory Committee
- Consultation, legal and analytical services to health authorities in respect of their obligations under the PMA and related physician issues
- Project oversight to, and/or participation in, designated projects relating to the provision of physician services, as requested by the Ministry
- Government representation on committees related to the PMA as requested by the Ministry
- Education to health authority staff on various issues relating to physician compensation and contract administration

2014 Excellence in BC Health Care Awards

The *Excellence in BC Health Care Awards* (renamed *BC Health Care Awards* in 2015) recognize outstanding health care employees and reward innovation and best practices within BC's publicly funded health care providers. The awards shine a spotlight on health employees who are improving the provincial health care system and delivering outstanding care – both on the frontlines and behind the scenes.

2014 Gold Apple winners:

Provincial Health Care Hero & Health Care Hero – Interior Health

Pearl Broswick – Diagnostic Imaging Technologist (Dr. Helmcken Memorial Hospital, Clearwater)

Health Care Hero – Affiliate

Jill Blacklock – Registered Nurse, Cancer Care (St. Joseph's General Hospital, Comox)

Health Care Hero – Fraser Health

Sheila Finamore – Director, Site Operations (Burnaby Hospital)

Health Care Hero – Island Health

Marguerite Rowe – Executive Director, Continuing Health Services

Health Care Hero – Northern Health

Dr. Marius Pienaar – Physician Specialist: Obstetrician/Gynecologist (Prince Rupert)

Health Care Hero – Provincial Health Services Authority

Lori Roxborough – Therapy Leader & Evidence Centre Coordinator (Sunny Hill Health Centre for Children)

Health Care Hero – Vancouver Coastal Health

Anne McNabb – Director, Inner City Mental Health & Addiction Services

Top Innovation – Affiliate

Providence Health Care – Inner City Youth Program

Top Innovation – Health Authority

BC Cancer Agency (Provincial Health Services Authority) – Centre for Clinical Genomics

Workplace Health Innovation

Island Health – WorkSafeBC Duration Reduction Project

Collaborative Solutions

Interior Health – Medication Management: Acute Care Audit

2014 Award of Merit recipients:

Top Innovation – Affiliate

- Beacon Community Services – Licensed Dementia Housing
- Cerwydden Care Centre (Park Place Seniors Living) – Ethical Framework Development: A Successful Journey

Top Innovation – Health Authority

- BC Centre for Disease Control (Provincial Health Services Authority) – Mobile Interferon Gamma Release Assay Testing Program
- Vancouver General Hospital (Vancouver Coastal Health) – Clostridium Difficile Infection Working Group

Workplace Health Innovation

- Island Health – Online Ergonomics Assessment Project
- Vancouver General Hospital (Vancouver Coastal Health) – Smoke-free Campaign

Collaborative Solutions

- Fraser Health – Community REDi program
- Northern Health & Interior Health – BC Rural Collaborative Partnership: Workplace Health & Safety

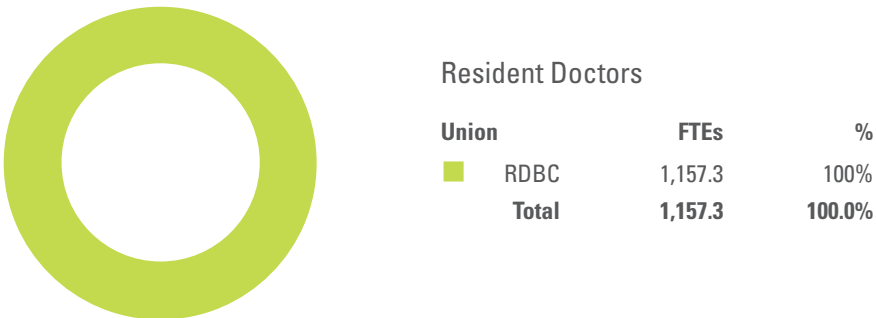
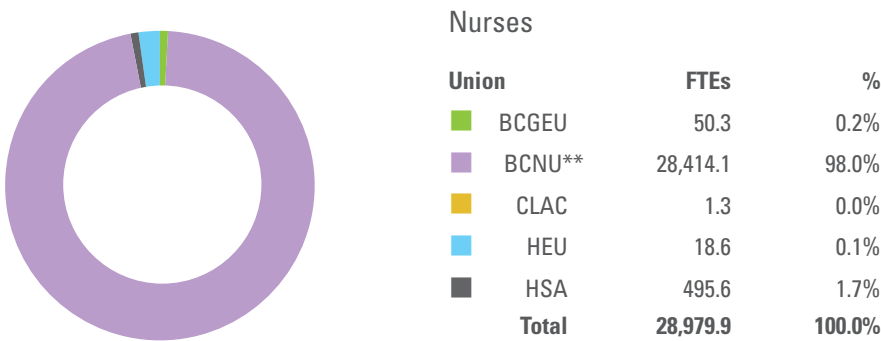
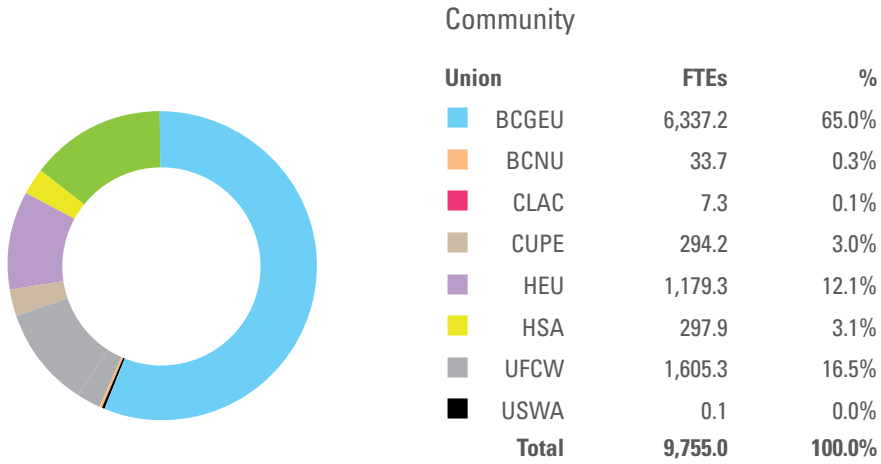


BC HEALTH CARE
AWARDS

2014 Provincial Health Care Hero

Pearl Broswick, a Diagnostic Imaging Technician at Dr. Helmcken Memorial Hospital in Clearwater for 38 years is known as the hospital's "most valuable asset." Pearl was the go-to person for all staff as she would have an answer to every question and a solution for every problem. She devoted herself wholly to enhancing health and community services for rural patrons, taking the term "above and beyond" to stratospheric levels.

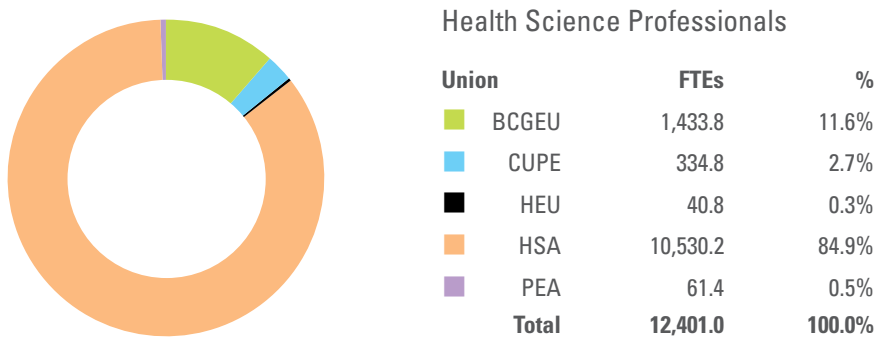
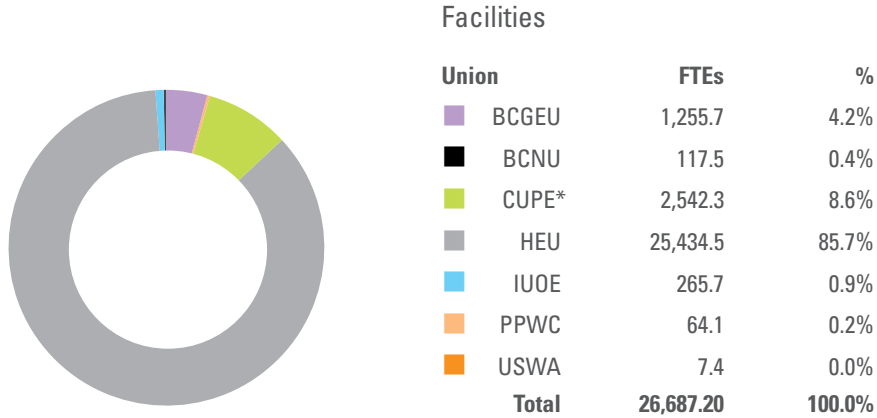
Full-time Equivalents by Bargaining Table & Union



Legend

BCGEU	BC Government and Service Employees' Union	RDBC	Resident Doctors of British Columbia
BCNU	British Columbia Nurses' Union	PEA	Professional Employees Association
CLAC	Christian Labour Association of Canada	PPWC	Pulp, Paper, & Woodworkers of Canada
CUPE	Canadian Union of Public Employees	UFCW	United Food and Commercial Workers Union
HEU	Hospital Employees' Union	UPN	Union of Psychiatric Nurses
HSA	Health Sciences Association of BC	USWA	United Steelworkers of America
IUOE	International Union of Operating Engineers		

Full-time Equivalents by Bargaining Table & Union



Notes:

- Data is annualized to a 365-day reporting period
- FTEs reflect data as reported in HSCIS 2014-Q4. No adjustments made to account for non-reported FTEs.
- FTE: Straight-time Hours divided by the annual Standard Work Hours for a full-time employee according to bargaining group
(Health Sciences - 1879.2 hours, Nurses, Community & Facilities- 1950 hours, *BC Emergency Health Service CUPE employee - 1827 hours)
- Figures reflect changes of Nurses' Bargaining Association (NBA) on the transfer of all LPNs and LPN Supervisors from Community and Facilities subsectors to NBA in 2013
- An effort has been made to redistribute FTEs with no valid union certifications to other valid unions based on the latest information available at the time of printing.
- ** Includes UPN employees

Health Employers Association of British Columbia

Statement of Operations

March 31, 2015, with comparative information for 2014

	2015 Budget	2015	2014
Revenue:			
Provincial government funding	\$ 9,068,215	\$ 9,068,215	\$ 9,068,215
Member assessments	180,000	180,804	180,804
Interest and other revenue	150,000	136,737	128,521
Fee for service	150,000	149,358	129,530
	9,548,215	9,535,114	9,507,070
Funding from deferred contributions operations	5,730,484	4,967,662	4,776,060
	15,278,699	14,502,776	14,283,130
Expenses			
Strategic negotiations and contract administration	4,337,855	3,455,097	3,681,977
Knowledge management and information technology	2,631,680	2,538,531	2,433,360
Legal services	1,162,690	1,307,830	1,344,827
Finance and administration	898,940	900,360	836,297
Executive services and board governance	848,630	712,092	749,228
Communications	408,420	374,413	366,709
General	180,000	318,237	421,479
Expenses from ongoing operations	10,468,215	9,606,560	9,833,877
Contracted operations:			
Recruitment services - Health Match BC	2,227,578	2,142,553	2,064,850
Physician services	1,328,500	1,199,476	993,175
Health cross jurisdictional labour relations database	643,406	577,260	545,785
Care aide registry	550,000	526,877	554,882
Integrated health human resource planning	-	31,292	-
Total expenses from contracted operations	4,749,484	4,477,458	4,158,692
Total expenses from operations	15,217,699	14,084,018	13,992,569
Annual Surplus	61,000	418,758	290,561
Accumulated surplus, beginning of year	3,754,152	3,754,152	3,463,591
Accumulated surplus, end of year	\$ 3,815,152	\$ 4,172,910	\$ 3,754,152

See accompanying notes to financial statements.

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.

Health Employers Association of British Columbia

Statement of Financial Position

March 31, 2015, with comparative information for 2014

	2015	2014
Financial assets:		
Cash	\$1,599,577	\$1,102,296
Short-term investments	7,145,426	8,134,965
Long-term investments	800,000	1,700,000
Accounts receivable	2,643,926	481,265
	12,188,929	11,418,526
Liabilities:		
Accounts payable and accrued liabilities	2,102,250	1,416,625
Deferred contributions	5,765,145	6,112,350
Tenant inducements	447,270	596,368
Retirement benefit liability	293,398	260,854
	8,608,063	8,386,197
Net financial assets:	3,580,866	3,032,329
Non-financial assets:		
Tangible capital assets	465,677	581,000
Prepaid expenses	126,367	140,823
	592,044	721,823
Commitments		
Accumulated surplus	\$ 4,172,910	\$ 3,754,152

See accompanying notes to financial statements.

Approved on behalf of the Board:



Director



Director

Board of Directors – 2014-2015

Betsy Gibbons — Board Chair

Catherine Kohm — Affiliated Care Provider Representative

Howard Johnson — Denominational Care Provider Representative

Michael Marchbank — Fraser Health Representative

Sabine Feulgen — Government Representative

Christina Zacharuk — Government Representative

Dr. Robert Halpenny — Interior Health Representative

Dr. Brendan Carr — Island Health Representative

Cathy Ulrich — Northern Health Representative

Gavin McIntosh — Proprietary Care Provider Representative

Carl Roy — Provincial Health Services Authority Representative

Mary Ackehusen — Vancouver Coastal Health Representative



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