




2016-2017 ANNUAL REPORT

A grayscale photograph of a hand with the index finger pointing upwards, positioned at the bottom center of the page. The hand is pointing towards a large, solid green circle that is centered in the upper half of the page. Inside this green circle, the text "Leadership through collaboration" is written in a white, sans-serif font, arranged in three lines. The background of the page is white, with a faint, light gray vertical bar behind the hand and circle.

Leadership
through
collaboration

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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 group 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, negotiating five major provincial agreements covering more than 115,000 unionized health care employees. HEABC also takes a provincial leadership role in strategic planning related to human resources and labour relations for BC's publicly funded health employers.

Through collective bargaining and other industry initiatives, HEABC builds constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its membership.

Vision

The strategic leader in health human resources and labour relations for a sustainable health care system.

Mission

In partnership with our stakeholders, we deliver exceptional services to position health human resources in BC for the future.

Values

Because

we value... We...

Integrity

- Are accountable for our actions and responsibilities
- Are consistently honest and trustworthy
- Keep confidences and commitments
- Always strive to do the right thing

Respect

- Appreciate, regard and consider others
- Are open and nonjudgmental
- Foster a culture of empowerment and diversity
- Include individuals with different backgrounds, ideas and viewpoints

Leadership

- Think critically and strategically
- Continuously look for proactive solutions
- Inspire others to reach their potential
- Promote and share best practices

Courage

- Challenge assumptions and the status quo
- Are open and are not afraid to say what needs to be said
- Stand for what is right despite the threat of adversity
- Admit when we are wrong

Excellence

- Deliver products and services that add value
- Endeavour to exceed client and colleague expectations
- Look for new ideas and goals that are ambitious and make us reach further
- Always strive to improve our systems and processes

Teamwork

- Work together to achieve common goals
- Provide support to each other
- Communicate openly and honestly
- Engage in peaceful resolution to conflict
- Do our part by participating fully

Collaboration

- Engage parties with mutual interests to achieve shared goals
- Work with stakeholders on initiatives that directly impact them
- Seek out expertise that advances health sector goals
- Exchange knowledge with other jurisdictions and sectors

HEABC Members

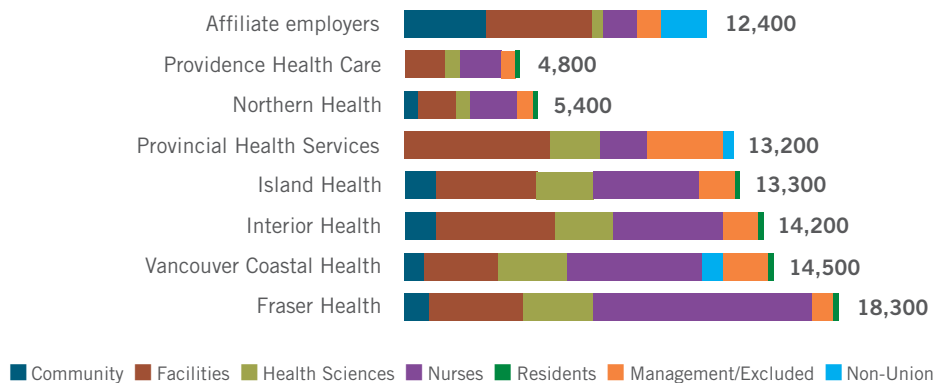
Health Authorities	6
Affiliates	227
Health Regions	Number of Affiliate Members
Fraser Health	74
Interior Health	28
Island Health	80
Northern Health	34
Vancouver Coastal Health	10
Provincial	1

Affiliate Members by Service Type

Service Type	%
Mental Health & Addictions	45
Residential Care	30
Home/Day Support	9
Child Development	6
Community Service	5
Other	5

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

HEABC Member Employers: FTEs by Bargaining Unit



Message from the Board Chair

BETSY GIBBONS

The theme of this year's annual report is *leadership through collaboration*. At HEABC, it is becoming increasingly clear that success only comes through partnerships and true collaboration.

Health sector negotiations and labour relations are a major part of our business, but they are not our purpose. Our purpose is to enable and facilitate improvements to health care service delivery. Our efforts support our partners to establish the work and care environment necessary to make improvements to the health system, and ensure that services are sustainable over the long run.

No single entity owns BC's health care system. Government provides priorities and policy direction. Health authorities and affiliate employers run the hospitals, clinics, residences and community and outpatient programs that deliver health care services. Our amazing health care professionals, represented by a range of unions and associations, provide the world-class clinical, diagnostic and personal care that BC residents deserve and expect. Finally, the role of patients and families is increasingly recognized as integral in the provision of world-class services.

Each partner has its own unique role and accountabilities. As an employer association, we are, first and foremost, accountable to our members. We are also accountable to the provincial government and work closely with both the Ministry of Health and the Public Sector Employers' Council (PSEC) Secretariat. Ultimately, we are all accountable to the residents of BC who are both the consumers of health care services, and through the taxes they pay, the true funders of health care services.

I am very proud to report that this past year was marked by true collaboration and partnerships that have resulted in significant progress towards a more effective, efficient and sustainable health care system.

This year saw the completion of the first phase of the Integrated Health Human Resource Project, a partnership with the Ministry of Health that required significant consultation with health employers. After several years of planning and preparation, the health sector joint benefits trusts have assumed responsibility for providing benefits for more than 75,000 health sector employees. In the joint trust model, employers and unions are true partners in delivering health and welfare benefits.

Another area of HEABC that is built on collaboration is Health Match BC (HMBC). As a physician, nurse and allied health professional recruitment service, HMBC's partnerships are extensive, including other provinces, immigration and citizenship agencies, professional colleges, employers, the provincial government, Divisions of Family Practice, the Doctors of BC, and communities across BC. You can read more about the work of HMBC on page 20 of this report.

Finally, following the ratification of the nurses' collective agreement last spring, HEABC and the Nurses' Bargaining Association worked together to create joint interpretations of the new contract language and host joint education sessions for employer and union representatives. This innovative and cooperative approach to labour relations should result in fewer disputes and is a real step forward in fostering a cooperative approach to contract implementation.

These are just a few examples of how HEABC's leadership through collaboration is delivering results for BC's health care employers and system.



Message from the President & CEO

MICHAEL MCMILLAN

One year ago, I attended HEABC's Annual General Meeting as the incoming President and CEO. As a Chief Operating Officer for Northern Health, I was familiar with HEABC and its labour relations services, and had even participated in several rounds of bargaining, but despite that it has been a year of learning.

I have learned that HEABC is an organization of true professionals who are committed to providing the best possible labour relations advice and service to our members. In addition to that, HEABC staff members are committed to working collaboratively with employers, government stakeholders, our union partners and other organizations to foster a labour relations environment that supports the delivery of the best possible health care for BC residents, while also ensuring affordability and sustainability for BC taxpayers.

HEABC was created in 1993 to represent public sector health care employers. In its early days, this work was mostly in the form of providing labour relations support and advice, and collective bargaining services. This core labour relations work will always be at the heart of HEABC's mandate.

Increasingly, HEABC is functioning in a provincial leadership role, bringing partners together to solve complex health sector human resource challenges. Our focus remains labour relations and human resource planning, but our work is more closely aligned to support provincial health system priorities.

There are many examples from the past year of this leadership through collaboration. In late 2013, the Ministry of Health identified the need for a tool to support longer term health human resource planning. Due to its expertise in research and data analysis and access to provincial health system employee data, HEABC was well-positioned to lead the Integrated Health Human Resource Project. You can read more about this project on page 14 of this Annual Report.

Another area where leadership and collaboration was needed to better advance provincial priorities is in the area of physician contracts and negotiations. In 2015, HEABC took on a strategic leadership role in the coordination of local physician contracts and with regards to the negotiation of the provincial Physician Master Agreement. You can read more on page 23 about HEABC's work with the Ministry, health authorities, the Provincial Medical Services Executive Council and Doctors of BC to move this work forward.

Practice Ready Assessment-BC., a program that provides qualified family physicians educated outside of Canada with a new pathway to obtaining a license to practice in BC, is another good example of partnerships in action. The program is led by Health Match BC in partnership with the Ministry of Health, Doctors of BC, the College of Physicians and Surgeons of BC, health authorities and UBC Faculty of Medicine, among others. This collaborative effort has achieved significant results, especially for rural BC communities.

These are just a few examples of where HEABC is using leadership through collaboration to advance health system priorities on behalf of its members and government stakeholders. You can read about other examples on the following pages, and I look forward to reporting back on further progress at this time next year.



Planning for results

You can't achieve results if you don't plan. Following consultation with members, HEABC's leadership team, government representatives and staff in late 2015 and early 2016, HEABC developed four new strategic objectives to focus our work. The objectives, which form part of HEABC's 2016-2019 Strategic Plan, were approved by our Board of Directors on April 1, 2016.

To measure our progress in achieving those objectives, the Board also approved 11 key performance indicators (KPIs). At the end of year one of our current three-year Strategic Plan, most KPIs are on track.

Objective 1 – Lead high quality labour relations, negotiations and contract implementation and interpretation aligned with government's and members' strategic directions.

Objective 1 – Key performance indicators	Notes		
KPI #1	Collective agreements achieved within government mandate Target: 100%	On Target	Preparations are underway for the next round of bargaining
KPI #2	Implementation of new priority collective agreement provisions Target: 100%	In Progress	HEABC is working closely with employers and unions to implement collective agreement commitments
KPI #6	Member satisfaction with services provided by HEABC's Legal Services & Strategic Labour Relations team Target: Benchmark established in 2016/17, with subsequent improvement targets set for 2017/18 and 2018/19	Off Target	Benchmark survey has been delayed to 2017/18

Objective 2 – Develop, analyze, and apply information to support health human resource innovation, decision-making and talent acquisition; contributing to a high performing, sustainable health care system.

Objective 2 – Key performance indicators	Notes		
KPI #7	Satisfaction with member data reports Target: 85% satisfaction	In Progress	Knowledge Management has rolled out a new report format and will measure satisfaction in 2017/18
KPI #8	Workshop/webinar participation satisfaction Target: 85%	On Target	In fiscal year 2016/17, overall satisfaction rate was 97.3%

Objective 3 - Lead Physician Master Agreement negotiations, coordinate physician contract management, and address physician supply challenges.

Objective 3 – Key performance indicators		Notes	
KPI #3	Health Match BC recruitment targets Target: 235 physician matches, 150 nurse matches and 10 allied health professional matches by March 31, 2017	Near Target	Hires for fiscal year 2016/17: Physicians: 260 hires Nurses : 97 hires Allied Health: 12 hires
KPI #4	Coordination of physician alternate payment agreements Target: 85 per cent in HEABC's database by March 31, 2019	On Target	79% of agreements are in Shared Physician Contracts Database
KPI #5	Effective functioning of the Provincial Medical Services Executive Council Target: Overall improvement in effectiveness and engagement scores from March 2016 baseline to March 2017 measurement	On Target	Post-baseline measurement in April 2017 indicates a marked improvement

Objective 4 - Position the organization for the future by leveraging our talent, continuing to build our capacity and promoting opportunities for employee and organizational growth.

Objective 4 – Key performance indicators		Notes	
KPI #9	Efficiency through shared services/joint collaborations Target: Document progress with new arrangements and efficiencies realized	In Progress	Co-location project with other employer associations on track
KPI #10	Balanced budget Target: Balanced budget or surplus	In Progress	2016/17 fiscal year ended in a balanced position
KPI #11	Employee engagement Target: TBD	In Progress	Health sector is working on developing an engagement survey

LABOUR RELATIONS & NEGOTIATIONS

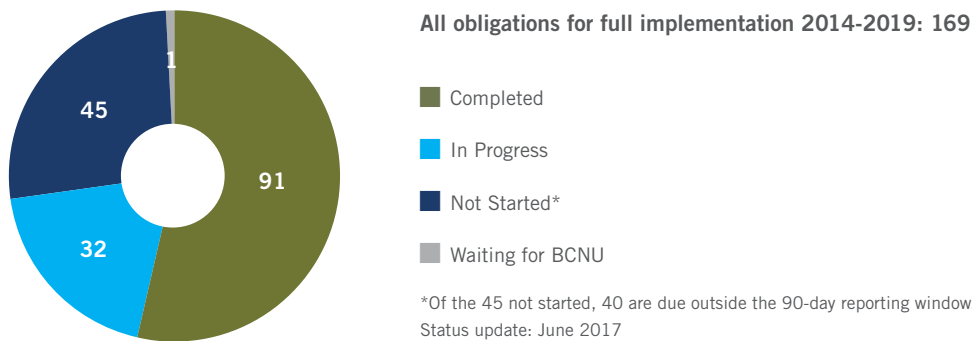
Bargaining and labour relations update

With long-term agreements with all five health sector/subsectors in place until March 31, 2019, the focus over the past year shifted to ensuring that the collective agreements are fully implemented, sorting out any inconsistencies and differences of interpretation related to collective agreement language, and laying the foundation for the next round of bargaining.

The five agreements, which collectively cover more 115,000 unionized health care employees, provide the necessary labour stability that will allow health care employers to focus on other priorities, including improving patient care while also ensuring long-term affordability and sustainability.

HEABC activities to support complete implementation included holding contract interpretation sessions, issuing sector-specific Contract Interpretation Updates (CIUs) and participating in working committees established as part of the collective agreements.

Nurses' joint contract interpretation/implementation



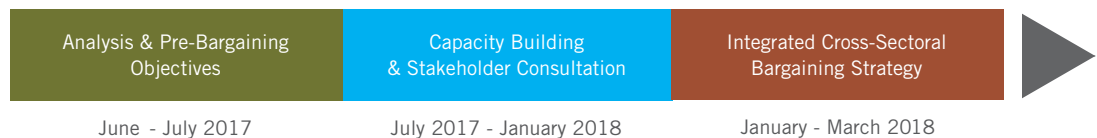
Following the ratification of the 2014-2019 Nurses' Bargaining Association (NBA) Provincial Collective Agreement, HEABC and the NBA committed to work together to create joint interpretations for new collective agreement language and articles. This cooperative approach to labour relations should result in fewer disputes and grievances as employers and the union will have agreed in advance as to how new language and articles should be interpreted.

The parties reached agreement on many contentious provisions, including policies to expedite filling vacant positions, providing training and more options for displaced nurses, and expediting the accommodation process to return disabled nurses to the workforce. The parties held many joint education sessions for union and employer representatives across the province, and feedback on those joint sessions has been very positive.

HEABC has also been working closely with health authority senior management and implementation leads to track each organization's progress in implementing the 2014-2019 NBA collective agreement. Health authorities update their status on a provision-by-provision basis and this information is reported regularly to HEABC's Board of Directors.

Bargaining 2019

Working with employers and the provincial government, HEABC has begun work on an integrated, cross-sector strategy for the next round of bargaining. The process will include broad consultation with members in developing the bargaining objectives.



617 Adjudication
files opened

BY HEALTH AUTHORITY or AFFILIATE

Health Authority or multi-employer ~ **457** Affiliate ~ **160**

BY FORUM

Judicial Review	1
Human Rights Tribunal	9
Labour Relations Board	35
Industry Troubleshooter	76
Full Arbitration	172
Expedited Arbitration	368

TOP 5 ISSUES

Discipline / discharge	146
Hours of work	129
Classification / rate of pay	86
Posting & selection	76
Leaves (special, education)	74

BY BARGAINING ASSOCIATION

Nurses' Bargaining Association	94
Health Science Professionals Bargaining Association	126
Community Bargaining Association	170
Facilities Bargaining Association	174

Cases of note

Arbitration decisions

Arbitrator upholds management right to schedule work – The Hospital Employees' Union (HEU) grieved the employer's decision to cancel a compressed work week schedule for maintenance workers and replace it with a Monday-to-Friday shift. The arbitrator dismissed the grievance, finding that the employer had the right to make the change and the change in schedule was reasonable.

Employers entitled to refuse to pay for lieu days – In this second part of an arbitration concerning HEU's grievance claiming union leave days, the arbitrator agreed with the employer that estoppel did not arise and that, generally, employers were not required to pay for union lieu days (except for those employers that had an established and purposeful practice to do so).

Employer not required to grant long-term unpaid leave for union business – The arbitrator dismissed HEU's grievance finding that the employer was not required to grant an unpaid leave of absence so that the grievor could conduct union business as granting the request would, in these circumstances, unduly disrupt the operation of the department.

Jurisdiction over grievance declined by arbitrator – In this grievance brought by the BC Nurses' Union (BCNU), the arbitrator granted the employer's preliminary application that he decline jurisdiction and that WorkSafeBC was the proper adjudicative body to hear the union's complaint.

Labour Relations Board (LRB) decisions

LRB confirms arbitrator's decision to reinstate employee who committed privacy breaches – In this case, the LRB upheld the arbitrator's decision to reinstate a nurse after her employment was terminated for multiple inappropriate privacy breaches. Notwithstanding that the arbitrator found serious misconduct had occurred, he reinstated the grievor after a lengthy suspension. The employer appealed on the basis that the arbitrator had considered post-discharge evidence of remorse, but the LRB concluded this consideration was permissible in the circumstances given the arbitrator's findings of fact that she was too overwhelmed at the time of the investigation and given other mitigating circumstances.

Court decisions

BC Supreme Court upholds LRB's dismissal of BCNU's raiding applications for egregious conduct of BCNU union organizers – The BC Supreme Court dismissed the BCNU's application for judicial review of two LRB decisions that dismissed BCNU's raiding application to represent Health Sciences Association of BC (HSA) members at Interior Health's Royal Inland Hospital. In the first decision, the LRB determined that the BCNU had conducted organizing activity during working hours which was a violation of s. 7(1) of the *Labour Relations Code*. It also determined that there was an "aggravated" set of facts, namely that BCNU organizers had gained entry into a locked psychiatric unit and were engaged in union organizing activity while a psychiatric patient was trying to escape from the ward. The LRB found that the BCNU organizers presence was evidence of "a level of unacceptable danger to vulnerable members of the public who are accessing health services and to RPNs themselves."

The LRB also found that the violations of the *Code* were "blatant and wilful." The LRB therefore dismissed BCNU's application and determined, in these extreme circumstances, that no membership ballots should be counted. BCNU applied for a review of that decision, but it was dismissed and the LRB upheld the original decision. The union then applied to the Court for judicial review; however, the Court declined to set aside the LRB's decisions finding that there had been no breach of procedural fairness or natural justice and that the decisions were not patently unreasonable.

BC Supreme Court upholds time limits for filing of an appeal – A nurse in an extended care home was unsuccessful in her claim for compensation for mental stress injury (under *Workers' Compensation Act* s. 51). The nurse sought to appeal the Workers' Compensation Appeal Tribunal (WCAT) decision, but did so approximately 10 months after the deadline to do so had expired and failed to provide any evidence to explain the reasons for her lengthy delay. The Court dismissed the appeal and agreed with the employer's argument that the appeal was out of time.

Supreme Court of Canada upholds WCAT's causation analysis – This decision concerned the application for compensation under the Workers' Compensation Act by three Fraser Health laboratory technicians who were diagnosed with breast cancer and whom asserted that they suffered from an occupational disease. WorkSafeBC denied the claim, however, WCAT determined that there was a sufficient causal link to establish that the cancers constituted an occupational disease, in accordance with WorkSafe's policies, notwithstanding that the expert evidence did not support a causal link. The BC Supreme Court and BC Court of Appeal reversed the WCAT decisions, but the Supreme Court of Canada reinstated it, finding that the WCAT findings of causation were findings of fact, with which the court was not entitled to interfere.

BC Supreme Court upholds Human Rights Tribunal's decision on accommodation – This case involved an evaluation of whether or not it was undue hardship for the University of British Columbia (UBC) and the health employer to be required to provide interpreter services to a medical resident requiring sign language interpreters to complete training as a dermatology resident. The Tribunal concluded that UBC and Providence Health Care (the employer) had not explored all possibilities for accommodation and that the cost of providing the interpretive services required were not the level or expense suggested by them when they determined that her residency and employment had to end. The Court upheld the Tribunal's decision in the complainant's favour, including its finding on the admissibility and consideration of certain expert evidence.

Human rights decisions

Human Rights Tribunal dismisses male nurses' claim of discrimination – The Human Rights Tribunal dismissed, on a preliminary basis, a complaint against HEABC and BCNU that financial benefits under section 38.06 of the nurses' collective agreement (Supplemental Employment Benefits) were discriminatory to biological fathers as they were only available to mothers. The Tribunal determined there was no reasonable prospect of success of the complaint as the law is settled that ineligibility of biological fathers for benefits related to pregnancy or maternity is not discriminatory under the *Human Rights Code*.



INNOVATION & EFFICIENCIES

Knowledge management solutions to support evidence-based planning

Information is power, but that power can only be harnessed if it is accessible, usable and reliable. Developing and maintaining a sustainable health care system in the face of challenges such as an aging workforce and growing population requires reliable, relevant and comprehensive data to support evidence-based decision making. Over the past year, HEABC's Knowledge Management team has redesigned the way information is shared with our members, providing customized solutions and support that are supporting our members to harness the power of health sector data.

Tableau data portal

HEABC's Knowledge Management team has set up a data portal using Tableau software that allows external audiences to view data, dashboards and reports. This portal will enable our stakeholders to access and interact with current data in a user-friendly format wherever they have an internet connection. It will also allow HEABC to track the utilization of the reports it produces and solicit feedback on how they can be improved.

Nurse Staffing Secretariat dashboard

Knowledge Management staff have developed a tool that shares monthly data with local Nurse Relations Committees (NRCs), which are composed of union and employer representatives. The dashboard also contains executive level summaries available to the Nurse Staffing Secretariat Steering Committee, replacing the spreadsheets NRCs were using to review and evaluate nurse staffing levels. The tool, which has been launched for health authority and union use, will ensure consistent data is available to NRCs in an easy-to-use and interactive format.

Affiliate comparative report

Following the affiliate data presentation at HEABC's 2016 Annual General Meeting, Knowledge Management staff have created individualized reports for each employer that submits data to the Health Sector Compensation Information System (HSCIS). This report compares employer performance measures, based on data they submit, with other employers in their service peer group. Each report will be unique to one specific member and will compare measures such as sick leave, overtime and skill mix with provincial and regional averages.

Draft versions of the report have been reviewed by the Affiliate Advisory Committee and the report is being officially launching at HEABC's 2017 AGM. If you would like to receive a copy of your organization's report, please contact Jesse Joice, Director of Knowledge Management at jessej@heabc.bc.ca.

Planning for the future

Imagine that you've been asked to predict how many nurses, doctors, social workers and other health professionals you will need to deliver health care to British Columbians in ten years' time. You need this information to ensure the province is training and recruiting enough health professionals now to ensure a strong supply when we need them in the future. The population is aging, health service needs are becoming more complex and the system must be able to adapt to new models of care that combine the skills of health care teams in ways that ensure the best quality of care. Given the number of potential service delivery scenarios, how do you begin to project supply and demand?

Thanks to an ongoing partnership between HEABC and the Ministry of Health, known as the Integrated Health Human Resource Project, the province now has a forecasting model that allows users (policy makers and employers) to test what the human resource requirements would be given a number of different scenarios of service delivery models and team/skill composition. This helps policy makers and employers to plan how they will best meet the health service needs of British Columbians. Work over the coming year will increase the sophistication and predictive ability of this tool.

Over the past year,
HEABC's Knowledge
Management team has
redesigned the way
information is shared
with our members



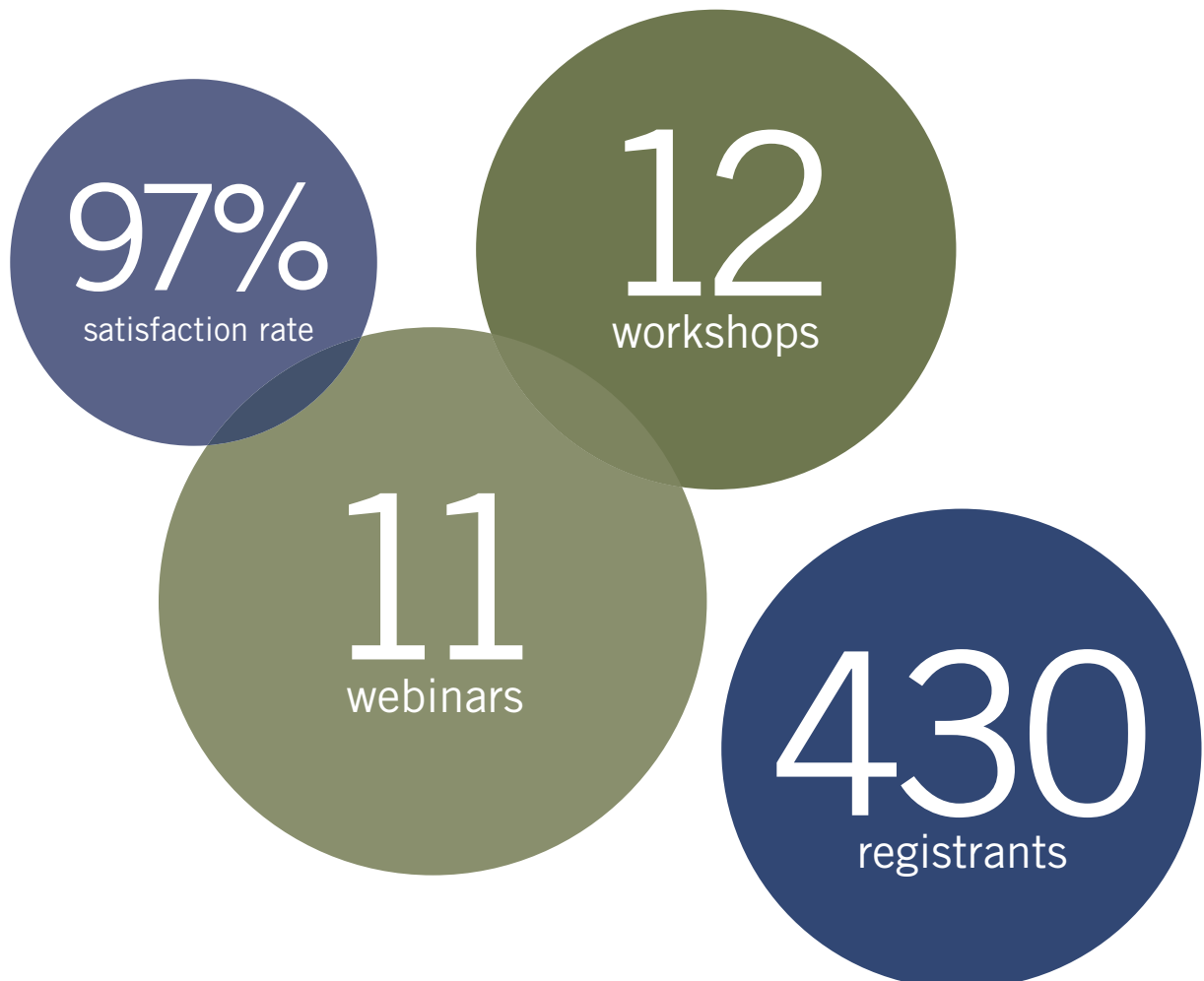
Education services to meet our members' needs

Workplace education is usually thought of in terms of workshops and webinars, but increasingly the education services HEABC provides for members is also in the form of learning curriculum expertise, project management or support to meet specific and/or emerging needs.

HEABC's member education program offers current, health care specific workshops and webinars that provide health sector managers, supervisors, and human resources professionals with the information, processes and tools they need to effectively deal with various workplace labour relations issues. These courses will remain a key service for HEABC members. Workshops and webinars often sell out and are very well received with follow-up surveys showing an overall satisfaction rating of over 97 per cent. The most popular topics are Performance Management and Discipline, a core competency for any health care manager. This spring HEABC introduced a new *Classification* workshop, which will be offered in webinar format in 2017/18.

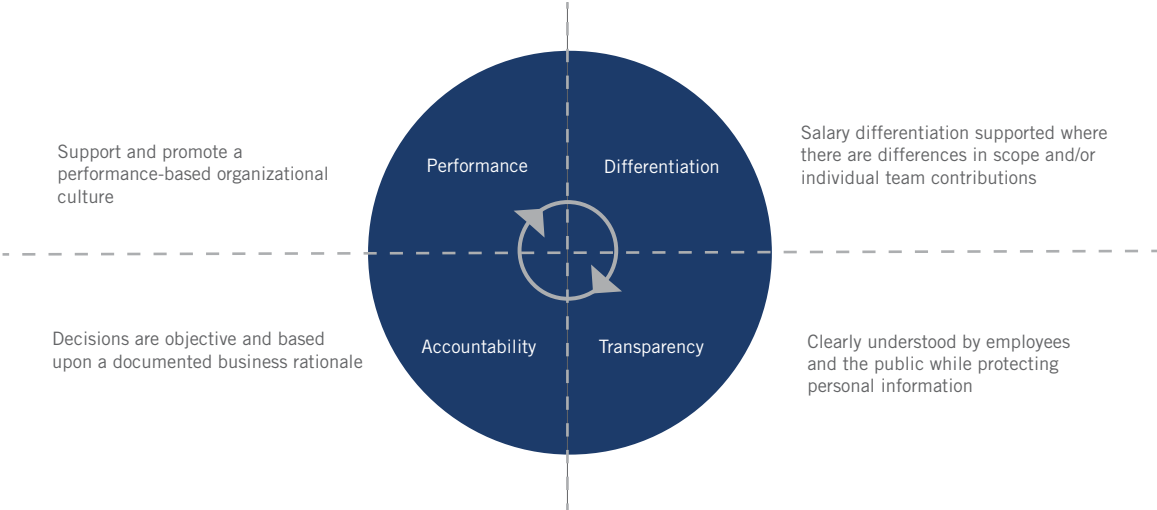
Over the past year, HEABC Education Services also provided education support for other health system priorities, such as the province-wide violence prevention curriculum, joint nurses' collective agreement interpretation/implementation sessions, and support for the Bargaining Academy coordinated by the provincial government to increase capacity for public sector bargaining. In addition, HEABC collaborated with the Community Social Services Employers' Association (CSSEA) on preliminary work to launch co-branded courses in 2017-18.

2016/17 Member Education



Establishing fair and consistent compensation for excluded employees

Salary ranges for unionized health professionals are bargained and set out in the relevant collective agreements, but there are approximately 10,000 health sector employees who have management or supervisory responsibilities and are therefore excluded from the collective agreements. For these employees, compensation parameters are set out in the health sector *Compensation Reference Plan*, which was updated in 2016 as part of a review of compensation practices across the public sector. The *Compensation Reference Plan* establishes a fair, defensible and competitive total compensation package that is aligned to the following core principles:



In 2012, the BC Government imposed a wage freeze for all public sector executive and management positions. HEABC continues to collaborate with employers and government to support a measured and consistent transition out of this province-wide management compensation freeze.

In 2016/17 HEABC engaged consulting firm Mercer on behalf of healthcare employers to complete a compensation survey. Market compensation data was collected on benchmark jobs within a designated comparator group of public and health sector employers. This information, along with other key talent acquisition, turnover and engagement metrics, will inform the development of a proposal for a two-year plan for salary range structure adjustments. The proposal, to be submitted to government in fall 2017, will ensure health employers are well positioned to attract and retain a qualified, diverse and engaged leadership group focused on delivering high-quality health services to the people of BC.

WORKPLACE WELLNESS & SAFETY

The evolution of the Enhanced Disability Management Program

Having an effective disability management program is a key component of maintaining a healthy workforce. If employees are provided appropriate, effective case management when affected by illness or injury, they are more likely to be able to remain at work, or return to work sooner. They also use less sick leave and long-term disability and, are more productive and satisfied when they are at work.

Recognizing this fact, unions and health care employers worked together to develop and implement an Enhanced Disability Management Program (EDMP). EDMP provides early, appropriate and ongoing support so that ill/injured employees are able to return to work in a safe and timely manner. The program is mandatory and comprehensive, and supports a reduction in LTD premiums, WorkSafeBC premiums and sick leave utilization.

The program was first implemented by health authorities for each health sector collective agreement in 2013/14. The EDMP program for health authorities is working well and achieving its goals, managing more than 10,000 cases in 2016. The number of grievances and disputes relating to disability management and return-to-work processes is down, employees are getting the support and case management they need, and survey feedback shows that there is strong support for the program among employers and employees.

EDMP for unionized affiliates was implemented in 2015. Recognizing that these employers did not have the same in-house disability management resources as health authorities, employers were given access to the case management services of a third-party disability management provider. The EDMP program for affiliates has experienced some growing pains and HEABC has received significant feedback from affiliate members on EDMP services since the program was rolled out in 2015. In summary, affiliate members have reported that they are looking for:

- More clarity on the process, procedures and roles within the EDMP program
- Increased advice and support with challenging disability management issues
- More timely support and services from EDMP service providers
- More affiliate-oriented services

As a result of this feedback, HEABC has initiated a process to work with affiliate members, unions and potential service providers to improve the affiliate EDMP program and support. This work is well underway with a plan to complete most of the work by the end of December 2017.

Ensuring sustainable and competitive benefits

In some ways it was like giving birth to a baby elephant, but after three years of planning and preparation, on April 1, 2017 the three health sector Joint Benefits Trusts (JBTs) took over the administration and management of benefits for more than 75,000 unionized employees.

The JBTs, which were negotiated as part of the 2014-2019 Health Science Professionals, Community and Facilities collective agreements, are an innovative approach to the design and management of employee benefits and are the first significant change to the way we manage benefits plans in many years.

In the joint trust model, employers and unions are partners in delivering health and welfare benefits. Working together, both parties have a common goal of efficient and sustainable benefits plans that provide the best possible benefits for members. Placing benefit decisions in the hands of trustees appointed by unions and employers creates more flexibility in plan design. It also is a move towards a total compensation model for collective bargaining which will provide cost certainty for employers and competitive and sustainable benefits for employees.

This new approach is truly transformational and is a major step forward in achieving sustainable benefits.

Initially, Healthcare Benefit Trust (HBT) will provide third-party billing and enrolment services for the trusts. The provision of these services will be reviewed during 2017/18 followed by an RFP process for third-party administration services. To make the most efficient use of resources, the JBTs have agreed that there will be one third-party administrator.

Nurses' benefits plans

Although the Nurses' Bargaining Association is not part of the health sector JBTs, the 2014-2019 nurses' collective agreement contains a commitment by both parties to develop a detailed plan to manage and reduce LTD costs and a benefits growth management plan for extended health, dental, group life and accidental death and dismemberment.

**EDMP is working well for health authorities
and is achieving its goals, managing more
than 10,000 cases in 2016.**

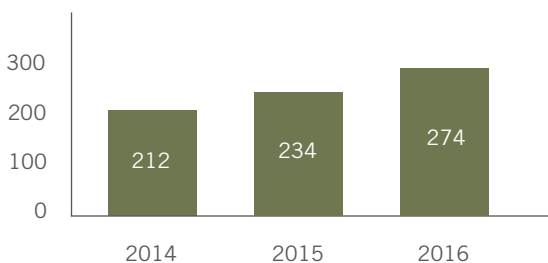
PHYSICIAN NEGOTIATIONS, CONTRACTS & RECRUITMENT

Health Match BC: Supporting quality health care services in underserved communities

Health Match BC is a health professional recruitment service funded by the provincial government. Since it was established in 1999, Health Match BC has recruited thousands of Canadian and internationally educated health professionals to work in underserved communities in BC.

Physician Recruitment

Physician recruitment continued to increase in 2016, with 274 positions filled compared with 234 in 2015 and 212 in 2014.



Of the 274 physicians matched in 2016, 162 were family physicians and 112 were specialists. Rural/remote communities received 108 physicians, including 72 family physicians and 32 specialists. The number of permanent positions filled was five times greater than the number of temporary positions. The 274 matches is the best result since the inception of Health Match BC.

Practice Ready Assessment – British Columbia

In 2015, the provincial government launched Practice Ready Assessment – British Columbia (PRA-BC), a program for internationally educated family physicians who completed residencies in Family Medicine outside of Canada. The program provides qualified family physicians with a new pathway to obtaining a license to practice in BC.

Since spring 2015 the program has successfully placed 55 family physicians in communities of need. Fifty-three (53) were placed in rural/remote communities within Northern Health (23), Interior Health (18), Island Health (11) and Vancouver Coastal Health (1). During 2016/17, 28 of the 55 family physicians were placed in 100 Mile House, Campbell River, Chetwynd, Cobble Hill, Dawson Creek, Enderby, Fort St. John, Keremeos, Ladysmith, Logan Lake, Nakusp, Nelson, Port Hardy, Quadra Island, Quesnel, Salt Spring Island and Williams Lake. Two family physicians were placed in Kamloops in March 2017.

Locums for Rural BC

Locums for Rural BC was created in 2016/17 to administer the Rural Locum Programs on behalf of the Ministry of Health and Doctors of BC. These comprise Rural GP Locum Program (RGPLP), the Rural GP Anesthesia Locum Program (RGPALP), and the Rural Specialist Locum Program (RSLP). The availability of locums to provide relief for physicians in rural areas is an essential element in ensuring the sustainability of medical services in these communities. Relief is needed for well-deserved vacations, education and other leaves.

During the period, 5,687 days of relief coverage were provided, resulting in a 83 per cent fill rate.

Nurses and Allied Health Professionals

Registered nurses, especially those with specialty training in areas such as critical care, emergency and operating room practice are in high demand. Health Match BC registered and screened more than 1,880 candidates and completed 664 referrals of 209 candidates. All candidates were screened to ensure they were eligible for licensure. In addition, 922 allied health professionals were registered and screened in 2016/17; 62 referrals of 21 Allied Health Professionals were made to health authorities.

Leading a coordinated approach to physician contract negotiations

Physician services consume nine per cent of our provincial budget and 20 per cent of health care funding. Physicians hold a pivotal role in delivering health care to British Columbians and HEABC Physician Services is leading a coordinated approach to the negotiation and management of physician agreements.

Physician Master Agreement

The Physician Master Agreement (PMA) covers the relationship and economic arrangements between government and approximately 10,000 physicians in BC who are compensated through government funding. At the beginning of 2016, Physician Services initiated its role in developing and leading a coordinated strategy for PMA negotiations. While the current five-year PMA expires in 2019, the parties have agreed to engage in policy discussions and collaborative work towards shared goals in 2017. In partnership with the Ministry of Health and in consultation with health authority executives, Physician Services developed negotiation objectives which were subsequently endorsed by the Ministry of Health, to explore the potential to enlist physicians as active partners in positive change to address issues of resource allocation and quality.

Local physician contract negotiations

Following the Auditor General's recommendation that health authorities negotiate physician contracts as one entity, the Ministry of Health positioned Physician Services to lead strategic coordination of local physician contract negotiations. In 2016, Physician Services developed the Shared Physician Contracts Database as a critical tool to enable knowledge sharing among HEABC and health authorities in support of a coordinated, province-wide approach. A total of 2065 contracts have now been included in our Shared Physician Contracts Database, representing 79 per cent of the province's spend on physician service, sessional and salary agreements.

Physician Services also consulted with health authorities and the Ministry to develop strategies and processes for negotiation of anesthesia, hospitalist and emergency department physician contracts within each health authority, and provided expert advice to health authorities and the Ministry on a wide variety active physician contract negotiations.

Expert advice to health system partners

In addition to coordinating local and provincial contract negotiations, Physician Services also provides expert advice to health system partners on their relationships with physicians. Physician Services provided strategic and legal advice to health authorities and the Ministry on a number of emerging issues and initiatives, including: local and provincial disputes regarding interpretation of the PMA, contractual arrangements in support of primary care strategies, health authority engagement with facility-based physicians, and review of the MSP Payment Schedule.

Physician compensation by the numbers

9% OF PROVINCIAL BUDGET **10,000** ACTIVE PHYSICIANS

20% OF HEALTH CARE FUNDING

Award-winning collaboration promotes physician opportunities in BC

The Family Medicine Forum (FMF), Canada's largest and most comprehensive annual conference for family physicians, was held in Vancouver, November 10 to 12, 2016, and for the first time ever, Health Match BC's booth was a collaborative effort open to all health authorities and Divisions of Family Practice.

Drawing on its success with Western Canada collaborative recruitment of physicians in Ireland, the UK, and the US, Health Match BC booked a large block of prime space at the FMF to launch a new high-profile exhibit called *Jobs for Doctors in BC*, a physician-centred gateway to opportunities in BC where attendees could get information on licensing and an overview of province-wide vacancies from Health Match BC consultants as well as detailed information on local facilities and amenities from regional experts. The custom-designed booth showcased the major geographical regions in the province and was staffed by representatives from five health authorities and 15 Divisions of Family Practice.



The new collaborative *Jobs for Doctors in BC* booth was awarded the prize for Most Innovative Booth at FMF 2016.

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 health care assistants (HCAs) by registering the HCAs to improve standards of care and investigating allegations of abuse. About 33,000 HCAs are currently registered.

To ensure that all HCA education meets provincial standards, the Registry assesses and recognizes BC HCA training programs. All first-time recognition site visits have now been completed and there are 38 recognized BC HCA programs (17 public colleges, 1 school district program, and 20 private colleges). Educator recognition status (Full, Interim or New Program) are published on the Registry website.



BC HEALTH CARE AWARDS

2016 BC Health Care Awards

The *BC Health Care Awards* 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.

Since the awards launched in 2007, 114 Gold Apples and 85 Awards of Merit have been awarded to health employees who are improving BC's health care system and patient care. The 2016 awards, which were held June 27 at the Pan Pacific Hotel in Vancouver, were attended by more than 250 health care leaders and professionals from across the province.

2016 Gold Apple winners

Provincial Health Care Hero (tie) & Health Care Hero – Island Health

Heather Dunne – Site Manager, Ladysmith Primary Health Care Centre

Provincial Health Care Hero (tie) & Health Care Hero – Provincial Health Services Authority

Dr. E. Jane Garland – Child and Adolescent Psychiatrist, BC Children's Hospital

Health Care Hero – Affiliate

Dr. Christine Gemeinhardt – Medical Coordinator, KinVillage

Health Care Hero – Fraser Health

Dr. Joshua Greggain – Site Medical Director, Fraser Canyon Hospital and Community

Health Care Hero – Interior Health

Karen Ritchie - Regional Home Health Operations Knowledge Coordinator, East Kootenay Region

Health Care Hero – Northern Health

Barb Crook - Health Services Administrator, Mackenzie & District Hospital and Health Centre

Health Care Hero – Vancouver Coastal Health

Sandra Edelman - Manager, Public Health & Chronic Disease Services, Parkgate Community Health Centre

Top Innovation – Affiliate

Providence Health Care – Daily Chlorhexidine Gluconate (CHG) Bathing Project

Top Innovation – Health Authority

BC Cancer Agency (Provincial Health Services Authority) – Get Your Province Together! Emotional Support Transformation project

Workplace Health Innovation

Lower Mainland Consolidated Integrated Protection Services (Fraser Health) – Reducing Violence in the Workplace – Client Services Ambassador program

Collaborative Solutions

Provincial Health Services Authority – Trans Care BC program



2016 Award of Merit recipients:

Top Innovation – Affiliate

- Lower Mainland Health Information Management (Providence Health Care) – Transcription Services Project: Improving Quality, Efficiency and Accessibility
- Providence Health Care – Practice-based Research Challenge

Top Innovation – Health Authority

- BC Children’s Hospital (Provincial Health Services Authority) – HEARTSSMAP Tool
- BC Cancer Agency - Sindi Ahluwalia Hawkins Centre for the Southern Interior (Provincial Health Services Authority) – Collision Detection Team

Workplace Health Innovation

- Vancouver Coastal Health – Respect Starts Here: Workplace Anti-Bullying Project
- BC Cancer Agency - Vancouver Centre (Provincial Health Services Authority)– The Five Cs of Culture

Collaborative Solutions

- BC Cancer Agency (Provincial Health Services Authority) – Permanent Breast Seed Implants
- BC Cancer Agency (Provincial Health Services Authority) – Personalized Onco-Genomics (POG) Program

2016 Provincial Health Care Heroes (tie)

Heather Dunne – Site Manager, Ladysmith Primary Health Care Centre, Island Health

When it comes to advancing the scope and elevating the standards of her profession, Heather Dunne is a pioneer and a trailblazer who is fiercely committed to both quality and her community. Throughout her almost 50 years as a nurse, Heather Dunne has pushed the boundaries of nursing, especially with regards to championing the role of the Nurse Practitioner and working to improve both access and the quality of health care service provided to remote and isolated communities, including First Nations. Heather started her nursing career in Ottawa in 1969 after graduating from the Nightingale School of Nursing. In 1980, she arrived on Vancouver Island and has called the Ladysmith – North Cowichan region home ever since. Heather has been a champion and catalyst for change in her community, working to break down barriers and forge fruitful partnerships, including with the First Nations Health Authority and First Nations communities in the North Cowichan area.



Dr. E. Jane Garland – Child and Adolescent Psychiatrist, BC Children’s Hospital, PHSA

As a child and adolescent psychiatrist specializing in mood and anxiety disorders, Dr. Jane Garland inspires her patients to develop their own strengths and in doing so has forever changed the lives of thousands of children and young adults. Dr. Garland founded the Mood and Anxiety Disorders Clinic at BC Children’s Hospital in 1994 and has been at its head ever since, establishing the clinic as a centre of excellence where patients and families receive world-class treatment. In addition to her work at the hospital, Dr. Garland is also a clinical professor at UBC where colleagues and students describe her as a “medical and spiritual mentor” who is a perfect example of a well-rounded care giver. Dr. Garland has spent decades engaged in research and consultation on psychopharmacological and cognitive behavioural treatment of mood and anxiety disorders, and is a tireless advocate for evidence-based treatment.

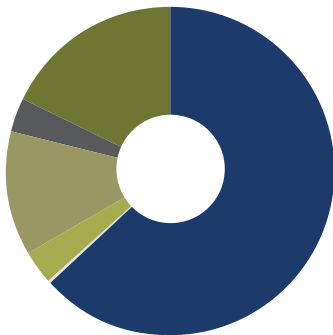


ORGANIZATION INFORMATION

Bargaining Associations

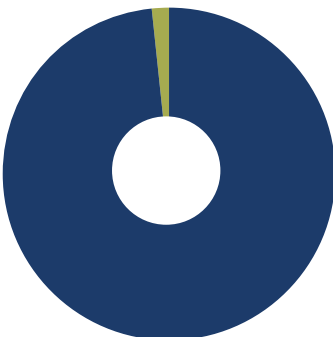
Full-time Equivalents by Associations & Constituent Unions

Community



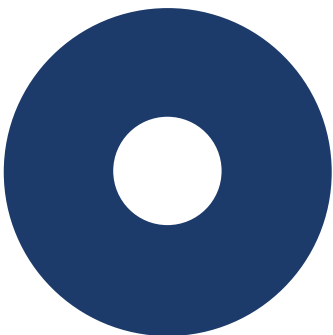
Union	FTEs	%
BCGEU	5,546.9	62%
UFCW	1,569.5	17.5%
HEU	1,216.0	13.6%
HSA	312.7	3.5%
CUPE	289.1	3.2%
BCNU	15.1	0.2%
USWA	0	0.0%
Total	8,949.3	100.0%

Nurses



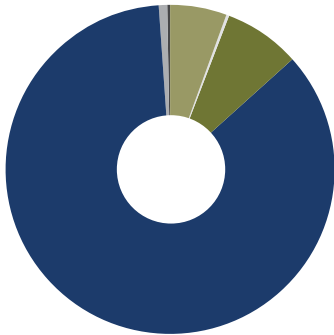
Union	FTEs	%
BCNU**	29,834.6	98.4%
HSA	483.5	1.6%
BCGEU	6.6	0.1%
HEU	1.3	0.0%
UFCW	0.9	0.0%
Total	30,327.0	100.0%

Resident Doctors



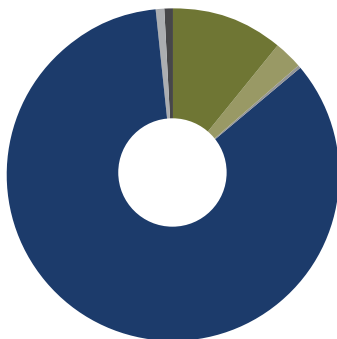
Union	FTEs	%
RD-BC	1,241.1	100.0%
Total	1,241.1	100.0%

Facilities



Union	FTEs	%
HEU	25,894.8	85.6%
CUPE*	2,307.1	7.6%
BCGEU	1,673.1	5.5%
IUOE	231.2	0.8%
BCNU	68.1	0.2%
PPWC	64.6	0.2%
USWA	7.9	0.0%
Total	30,246.7	100.0%

Health Science Professionals



Union	FTEs	%
HSA	11,059.2	85.0%
BCGEU	1,466.8	11.3%
CUPE	353.4	2.7%
PEA	79.0	0.6%
HEU	46.8	0.4%
Total	13,005.2	100.0%

BCGEU BC Government and Service Employees' Union
BCNU British Columbia Nurses' Union
CUPE Canadian Union of Public Employees
HEU Hospital Employees' Union
HSA Health Sciences Association of BC
IUOE International Union of Operating Engineers

PEA Professional Employees Association
PPWC Pulp, Paper, & Woodworkers of Canada
RD-BC Resident Doctors of British Columbia
UFCW United Food and Commercial Workers Union
UPN Union of Psychiatric Nurses
USWA United Steelworkers of America

Notes:

- » Data is annualized to a 365-day reporting period
 - » FTEs reflect data as reported in HSCIS 2016-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 (1950 hours), * BC Emergency Health Service CUPE employee's FTE = (Straight-time hours + Standby hours)/2121.6 hours
 - » 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

Year ended March 31, 2017, with comparative information for 2016

	2017 Budget (note 2 (j))	2017	2016
Revenue:			
Provincial government funding	\$ 9,448,215	\$ 9,448,215	\$ 9,068,215
Fee for service (note 8)	110,000	100,810	136,172
Member assessments	-	-	135,603
Interest	120,000	81,259	105,564
	9,678,215	9,630,284	9,445,554
Restricted funding from deferred contributions for operations (note 4)	11,426,141	8,918,670	7,298,705
	21,104,356	18,548,954	16,744,259
Expenses (note 11):			
Ongoing operations:			
Legal services and strategic labour relations	2,787,870	3,179,372	3,381,727
Knowledge management and compensation services	2,938,430	2,804,065	2,589,707
Strategic negotiations and benefits administration	945,415	1,168,692	1,748,375
Executive services and board governance	1,480,560	1,356,179	1,233,280
Finance and administration	880,220	764,693	775,089
Absence management and occupational health & safety	587,720	369,970	717,282
Nurse staffing secretariat	-	340,777	-
General	125,000	198,881	224,115
Expenses from ongoing operations	9,745,215	10,182,629	10,669,575
Contracted operations:			
Recruitment services - Health Match BC	2,635,000	2,363,600	2,097,681
Practice ready assessment BC	2,750,000	2,146,164	1,768,939
Physician services	2,872,150	1,832,899	1,307,792
Rural GP Locum	1,777,690	664,307	271,142
Care aide registry	600,000	519,183	525,037
Integrated health human resource planning	360,000	510,285	272,350
Health cross jurisdictional labour relations database	431,301	329,887	376,853
Expenses from contracted operations	11,426,141	8,366,325	6,619,794
Total expenses from operations	21,171,356	18,548,954	17,289,369
Annual surplus (deficit)	(67,000)	-	(545,110)
Accumulated surplus, beginning of year	3,627,800	3,627,800	4,172,910
Accumulated surplus, end of year	\$ 3,560,800	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA


Statement of Financial Position

March 31, 2017, with comparative information for 2016

	2017	2016
Financial assets:		
Cash	\$ 3,660,568	\$ 2,279,075
Investments (note 3)	5,458,692	8,685,036
Accounts receivable	874,419	852,419
	9,993,679	11,816,530
Liabilities:		
Accounts payable and accrued liabilities	1,175,312	1,950,518
Deferred contributions (note 4)	5,248,348	6,184,644
Tenant inducements	149,072	298,172
Retirement benefit liability	258,592	268,041
	6,831,324	8,701,375
Net financial assets	3,162,355	3,115,155
Non-financial assets:		
Tangible capital assets (note 5)	412,231	394,377
Prepaid expenses	53,214	118,268
	465,445	512,645
Commitments (note 9)		
Accumulated surplus (note 6)	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

Approved on behalf of the Board:

 Director	 Director
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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 office of HEABC.

BOARD OF DIRECTORS 2016/17

Board Chair - Betsy Gibbons, Senior Client Partner (retired), Korn/Ferry International

Affiliated Care Provider Representative - Joseph McQuaid, Executive Director, Alberni-Clayoquot Continuing Care Society

Denominational Care Provider Representative - Howard Johnson, Chief Executive Officer, Baptist Housing

Fraser Health Representative - Michael Marchbank, President & CEO, Fraser Health

Government Representative - Lynn Stevenson, Associate Deputy Minister, Ministry of Health

Government Representative - Christina Zacharuk, President & CEO, Public Sector Employers' Council Secretariat, Ministry of Finance

Interior Health Representative - Chris Mazurkewich, President & CEO, Interior Health

Northern Health Representative - Cathy Ulrich, President & CEO, Northern Health

Proprietary Care Provider Representative - Elissa Gamble, National Director, Home Health Operations, Bayshore HealthCare

Provincial Health Services Authority Representative - Carl Roy, President & CEO, Provincial Health Services Authority

Vancouver Coastal Health Representative - Mary Ackenhusen, President & CEO, Vancouver Coastal Health

Vancouver Island Health Authority Representative - Dr. Brendan Carr, President & CEO, Island Health



HEABC
HEALTH EMPLOYERS
ASSOCIATION OF BC

200-1333 West Broadway
Vancouver, BC V6H 4C6
T 604.736.5909
F 604.736.2715
www.heabc.bc.ca