



2019/20
ANNUAL REPORT

HEABC
HEALTH EMPLOYERS
ASSOCIATION OF BC

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ABOUT HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of more than 216 publicly funded health care employers. Our members range in size from affiliate organizations with fewer than 10 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 six major provincial agreements covering more than 141,000 unionized health care employees. In addition, HEABC's Physician Services team oversees and coordinates the negotiation of provincial and local physician contracts, including the Physician Master Agreement.

HEABC 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 members.

As part of its 2019-2024 strategic framework, HEABC has adopted the following vision and mission statements, and is guided by eight overarching principles.



HEABC, health employers, government and other stakeholders work in partnership to ensure BC's health workforce is supported to meet the future health needs of British Columbians.



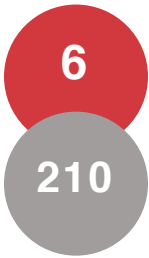
HEABC works with health employers and government to create the human resource and labour relations environment necessary to deliver high-quality health care.



We...

- Provide timely, effective services that add value
- Build and sustain long-term collaborative relationships
- Listen and understand others' perspectives
- Anticipate issues and take action
- Recognize the diversity of our membership when developing system-wide approaches
- Routinely seek feedback on the relevance and value of our contributions
- Demonstrate effective leadership regardless of the positions we hold
- Recognize and value teamwork while acknowledging individual contributions

OUR MEMBERS

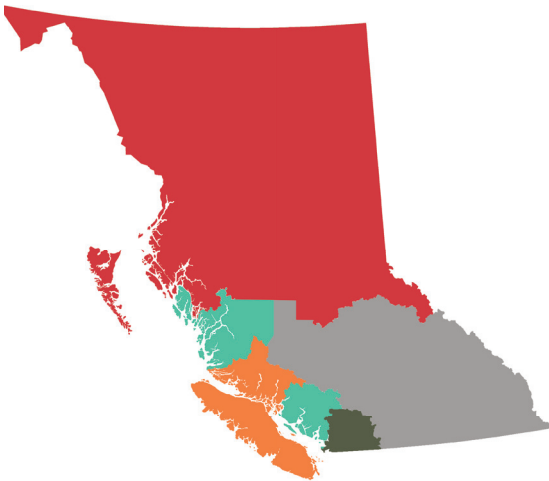


6 Health Authorities

210 Affiliates

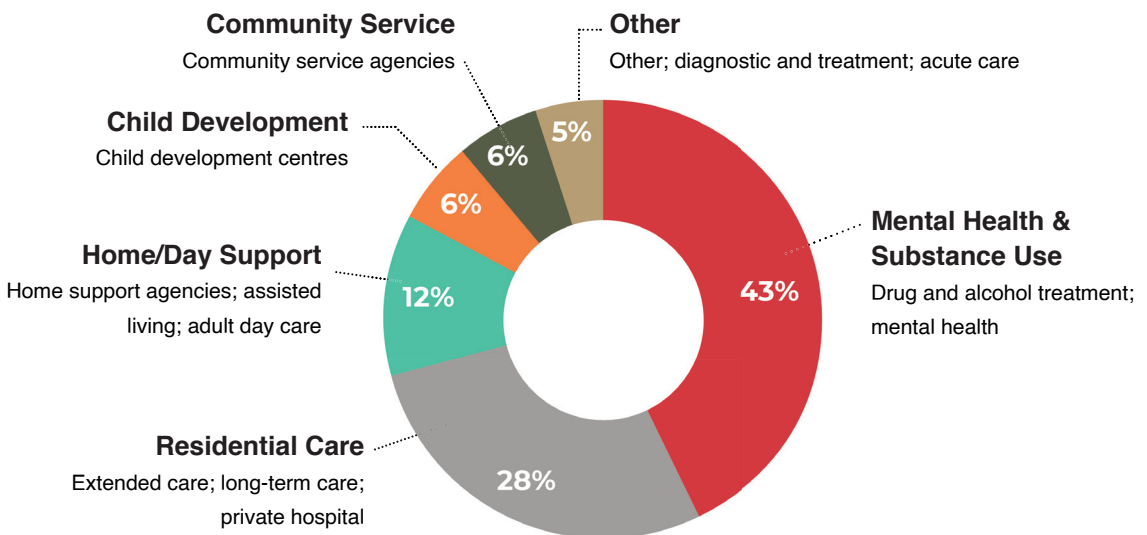
HEABC members provide a wide range of health care services. Health authorities provide comprehensive services that span the continuum of care. Affiliate members generally focus on one service type. Providence Health Care, our largest affiliate member, offers a range of services, comparable to the health authorities.

HEALTH REGIONS | NUMBER OF AFFILIATE MEMBERS



<u>75</u>	Vancouver Coastal Health
<u>69</u>	Fraser Health
<u>31</u>	Island Health
<u>26</u>	Interior Health
<u>9</u>	Northern Health
<u>0</u>	Provincial Health Services Authority (no affiliate members due to provincial scope)

AFFILIATE MEMBERS % BY SERVICE TYPE



MESSAGE FROM THE BOARD CHAIR

The 2019/20 fiscal year started out like a typical year. It perhaps could even have been viewed as a “catch-your-breath” kind of year, with the last round of bargaining complete, contract implementation nicely underway and serious planning for the next round of negotiations yet to begin.

This, of course, was not to be the case. In March, BC declared a state of emergency to support the COVID-19 pandemic response and everything changed. HEABC has provided critical support for both the Ministry of Health and health care employers during the pandemic response, which meant setting aside some priorities to free up our capacity to do so. At the same time, HEABC, like many other businesses, moved the bulk of its operations off-site to protect the health of our own staff, family members and clients, and to do our part in support of provincial efforts to flatten the curve of new COVID-19 cases.

I am very proud of the leadership HEABC demonstrated in taking quick and comprehensive actions to protect the health of our own employees, and of our contributions to the provincial pandemic response. Responding in such a comprehensive and effective way has required collaboration and cooperation among government, employers, unions, and, of course, health care professionals. HEABC has played a significant role in bringing the affected parties together and coordinating important aspects of the

provincial plan, including the single site transition framework and, more recently, supporting the implementation of the surgical renewal strategy.

The pandemic will end. We are already seeing an easing of restrictions and a gradual return to normal; however, it is very likely that the pandemic will result in permanent changes to how health care is delivered with regard to both the provision of services and how the health care workforce is deployed. These changes will require human resources and labour relations support and expertise, and government and employers will be looking to HEABC to support and lead in different areas.

This past year was the first full year of HEABC’s *Amplifying Our Impact: Strategic Framework 2019-2024*, which is posted to HEABC’s website. The framework is not a departure from the services our health sector partners and members rely on. Rather, it is an outline of how we are amplifying our impact by focusing on four strategic directions: lead, anticipate, leverage and convene.

This past year, and throughout the five-year life span of this strategic framework, we have committed to applying this strategic lens to the work we do to ensure that we are achieving the greatest impact on behalf of our members and stakeholders with the resources available to us. In particular, the framework is now serving us well as our touchstone during the pandemic response, and I invite you to read about progress made on various projects and initiatives in support of our new strategic framework in this Annual Report.



MESSAGE FROM THE PRESIDENT & CEO

This past year was intended to be spent continuing the implementation of the 2019 - 2022 health sector collective agreements, and beginning pre-bargaining preparations in 2020/21. As they say, the best laid plans often go awry, and with the arrival of the COVID-19 pandemic in British Columbia in March, many priorities were put on hold to allow for a focused and coordinated provincial pandemic response.

HEABC's work to respond to the pandemic began in January and continues to this day. We have played a lead role in proactively managing labour relations issues, focusing on collaborative and inclusive approaches and strategies that recognize that protecting health care workers from the corona virus is not only the right thing to do, it is essential to ensuring BC has the resources necessary to manage any surge in demand for health care services.

I am extremely proud of HEABC's contributions to the pandemic response as we provided support and leadership for the province and employers on key initiatives, while taking quick action to protect the health of our own employees, their families, and our clients and stakeholders.

Under the leadership of Health Minister Adrian Dix and Provincial Health Officer Dr. Bonnie Henry, BC is viewed as a model for pandemic response, with some of the lowest infection and mortality rates among comparable populations. HEABC has played a significant role in facilitating and supporting the labour relations and human resource components of the provincial response. I want to thank the many dedicated staff members at HEABC who have worked long hours, and have in many cases stepped into leadership roles in areas outside of their traditional areas of focus.

Prior to shifting our focus to address pandemic-related issues, significant progress was made on several key priorities, including the development of a provincial framework for occupational health and safety for the health sector, and the establishment of a *Bill 47* working group to create guidelines and principles for assessing any potential return of previously contracted out services. HEABC played a lead role in moving both of these provincial priorities forward.

Another focus of our efforts over the past year has been support for provincial recruitment priorities, including the provincial anesthesia contract, which offers an alternative to the traditional fee-for-service contract in support of addressing a chronic shortage of these specialists. HEABC's Physician Services and Recruitment Solutions teams also drafted and negotiated contracts for the physicians and nurse practitioners needed to staff the province's new Urgent Primary Care Centres. To help meet the growing demand for Health Care Assistants in BC, Recruitment Solutions launched Choose2Care, a three-year marketing and recruitment strategy in collaboration with the Ministry of Health, health employers, educators, subject matter experts and stakeholders.

There are many more successes and accomplishments in support of provincial health care priorities that I could mention, and I invite you to read about more of them in this 2019/20 Annual Report.



2019/2020 was the first full year of HEABC's new five-year strategic framework, which was introduced to members at the 2019 Annual General Meeting. *Amplifying Our Impact: Strategic Framework 2019-2024*, which is posted to HEABC's website, is not a departure from the services our health sector partners and members rely on, rather, it is a commitment to amplify our impact by focusing on four strategic directions: lead, anticipate, leverage and convene.



LEAD

the negotiation and implementation of collective agreements and other agreements to maximize their strategic impact



ANTICIPATE

labour relations and human resource pressures and trends that may impact health care delivery



LEVERAGE

health human resource and labour relations data, information and knowledge as a strategic enabler for government and health employers



CONVENE

strategic conversations for health sector partners to respond to emerging labour relations and human resource issues

This year, and throughout the five years of the framework, we will be applying this strategic lens to our work plan priorities to ensure that we are achieving the greatest possible impact on behalf of our members and stakeholders. The five-year framework will guide an annual refresh of our organizational work plan to allow us to focus on how we can best support our members in achieving their priority objectives.

Last spring, HEABC identified four key work plan priorities for the 2019/2020 fiscal year

Implement the collective agreements and Physician Master Agreement

Develop and maintain a knowledge management system to support evidence-informed health human resource/labour relations decision making and practice

Support provincial recruitment and retention needs

Engage in foundational cultural change work to support the impact of our strategic framework

We made good progress on three of the four priorities throughout the year, and you can read more about specific accomplishments throughout this Annual Report. One of the strengths of a framework rather than a time-limited plan, is the ability to use the strategic directions to adapt to new circumstances and priorities. That was the case this spring as the COVID-19 pandemic hit, requiring HEABC to re-allocate resources and temporarily set aside some annual priorities to free up capacity to support BC's pandemic response plan. As a result, the capacity required to make meaningful progress on a knowledge management system was diverted to other emerging priorities.

As the pandemic wanes, we will turn our attention to completing this work and identifying work plan priorities for the 2020/21 fiscal year, using the strategic framework and related strategic directions as our touchstone.

SUPPORT FOR BC'S COVID-19 PANDEMIC RESPONSE

On March 18, BC declared a state of emergency to support COVID-19 pandemic response. HEABC has provided critical support for both the Ministry of Health and health care employers, facilitating and supporting the labour relations and human resource components of the provincial response. At the same time, HEABC, like many other businesses, moved the bulk of its operations off-site to protect the health of staff and their family members, and clients and to do our part in support of provincial efforts to flatten the curve of new COVID-19 cases.

The comprehensive provincial pandemic response plan has required collaboration among government, employers, unions, and, of course, health care professionals. HEABC played a significant role in facilitating regular communication with health sector unions and other stakeholders, including coordinating and negotiating aspects of the single site transition framework to protect the health of residents and health care workers in long-term care.

Responding quickly and comprehensively in support of the provincial pandemic response plan has required new compensation models and contracts for health care workers. HEABC's Legal Services, Negotiations & Labour Relations team has supported health authorities in providing these services by negotiating/drafting contracts for urgent critical care services for patients who require intubation or other airway support, COVID testing/assessment clinics, non-COVID "pop-up" primary care clinics, and short-term individual and group contracts for physician redeployment.

HEABC has provided critical support to provincial efforts to ensure BC has sufficient capacity to respond to a surge in demand for services, in particular in the long-term care sector. Recognizing that the pandemic increased the demand for Health Care Assistants (HCAs), the BC Care Aide and Community Health Worker Registry, which is operated by HEABC, quickly implemented temporary measures to expedite the registration of applicant HCAs, including BC and out-of-province HCA program graduates, as well as nursing students who were eligible for temporary emergency registration to support the pandemic response.

HEABC played a lead role in creating forums to address physician compensation, policy, communications, and clinical matters arising from the pandemic, forging strong partnerships with system stakeholders, including Doctors of BC, the College of Physicians and Surgeons of BC, UBC and the Resident Doctors of BC. The Rural Locum Program, which is managed by HEABC's Recruitment Solutions team, was able to quickly adapt to the COVID response by working with the Ministry of Health and the Joint Standing Committee on Rural Issues to expand locum services to all Rural Subsidy Agreement communities, imbedding greater flexibility to program policies in support of both locum and host physicians.

Most recently, HEABC has supported the implementation of the BC government's surgical renewal strategy, providing an analysis of labour relations and collective agreement barriers and facilitators.

HEABC has now resumed or is in the process of resuming priority work that was temporarily put on hold to free up capacity for managing COVID-19, but remains ready to provide support for the provincial pandemic response as directed by the Ministry of Health and Provincial Health Officer.



LEGAL SERVICES, NEGOTIATIONS & LABOUR RELATIONS

This year, the Legal Services, Negotiations & Labour Relations (LSNLR) team continued to evolve under the leadership of Matt Prescott, HEABC's Vice President of Legal Services, Negotiations and Labour Relations. The department created four new positions through restructuring, using existing resources:

- Director, Labour Relations (Health Authority Services)
- Director, Labour Relations (Affiliate Services)
- Director, Negotiations and Implementation
- Senior Director, Legal Services and General Counsel

These positions build on the strong foundation of services HEABC provides to its members and enhances the team's ability to deliver strategic labour relations advice.

The LSNLR team maintained its work advising members on the implementation of recently negotiated collective agreements, representing employers at grievance arbitrations, and advocating at the Labour Relations Board, as well as advising members on Ministry of

Health initiatives and directions. HEABC continues to play an important role in the creation of primary care networks and resulting jurisdictional issues.

When the COVID-19 pandemic struck, the team took a lead role in assisting members navigate the labour relations implications of the crisis. Members were provided with updated information through:

- General Information Updates (GIUs)
- Contract Interpretation Updates (CIUs)
- Member Bulletins
- Town hall meetings

These communications reflect the team's deep knowledge and commitment to providing current and practical guidance, even in unprecedented times. The LSNLR team worked closely with our union partners on important initiatives such as the transition to single site restrictions ordered by the Provincial Health Officer. As the pandemic response continues, the LSNLR team will continue to provide timely advice to members on a wide range of issues.

LABOUR RELATIONS BY THE NUMBERS



621

AJUDICATION FILES OPENED
(From April 1, 2019 to March 31, 2020)



486

HEALTH AUTHORITY
(Including Providence Health Care)

135

AFFILIATES
(Excluding Providence Health Care)



BY BARGAINING ASSOCIATION

192
CBA

109
FBA

153
HSP

129
NBA

BY FORUM



248 Expedited arbitrations

194 Full arbitrations

74 British Columbia Healthcare
Office of Arbitration

73 Industry Trouble Shooter

32 Labour Relations Board

TOP TOPICS



132 Discipline and discharge

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79 Overtime

57 Classification

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47 Posting/selection

16 Wage rates

NEGOTIATIONS UPDATE

Negotiation of the 2019-2022 health sector collective agreements was completed in September 2019 with ratification of a three-year collective agreement with the Ambulance Paramedics & Ambulance Dispatchers Bargaining Association (APADBA). The agreement provides for a major transformation of the ambulance service model with new and permanent paramedic jobs in smaller communities and other changes which support service delivery improvements. In addition, through the establishment of several joint committees, the parties have taken a collaborative approach to tackling issues such as critical incident stress management and substance abuse, and fostering a safe work environment free from discrimination, harassment and bullying.

The collective agreement is the first with APADBA as a stand-alone bargaining unit. For the past two rounds of collective bargaining, members were part of the Facilities Bargaining Association. Prior to this, ambulance paramedics and dispatchers were direct employees of government and not included in health sector bargaining.

Employer bargaining priorities were informed by an extensive pre-bargaining consultation process whereby HEABC consulted with Provincial Health Services Authority, BC Emergency Health Services, as well as health authority and government stakeholders to learn their priorities for service delivery and determine how these priorities can best be supported through the collective bargaining process. The agreement, along with the other

five health sector collective agreements, is consistent with the Government of BC's Sustainable Services Negotiating Mandate, including general wage increases of 2.0 per cent in each year.

IMPLEMENTATION UPDATE

Overall, the 2019-2022 collective agreements are characterized by a collaborative, interest-based approach in which the parties agree to work together to support provincial priorities such as:

- recruitment and retention;
- workload management;
- and occupational health & safety.

The focus for HEABC in 2019/20 was providing support for implementation of these provincial priorities. Updates on key contract implementation initiatives are included below.

For updates on work to implement a new classification system for Health Science Professionals and priorities flowing from the Nurses' collective agreement:

- » Compensation & Classification page 22
- » Nurse Staffing Secretariat page 27

For an update on the development of a provincial framework for occupational health and safety in the health care sector:

- » Health Sector Occupational Health & Safety Framework page 25

IMPLEMENTATION UPDATE

Bill 47 Working Group

Over the past year, HEABC led the working group that completed a labour adjustment template agreement to be used where the Ministry of Health and a health authority/ Providence Health Care determines, in consultation with the union, that a previously contracted out service, such as housekeeping and food services, will be returned to the direction and control of the employer. The working group was created through a Memorandum of Understanding contained in the Facilities Bargaining Association (FBA) collective agreement that acknowledges that contracted support services are a valued and integral part of the health care team and supports government's commitment to a better path forward that provides stability and equal respect for all health care workers, and continuity of care for patients.

The upfront work of HEABC and the working group will support a smooth transition that ensures continuity of services and fair treatment of employees.

Home support services repatriation

Over the past 18 months, HEABC has advised and assisted Island Health, Vancouver Coastal Health, Fraser Health and a number of affiliate home support agencies in transferring approximately 4,000 home support employees from the agencies into the health authorities. Most of these transfers, which involve both unionized and non-union/excluded employees are now complete.

HEABC played a key role in this work, providing strategic labour relations advice, negotiating transfer agreements and chairing the working group meetings. The aim of all parties has been to ensure that continuity of care to clients and continuity of employment for transferring employees is maintained.

Low wage redress (Community subsector)

In 2019/20, HEABC worked with members to complete the implementation of compensation increases flowing from a \$40 million low wage redress fund negotiated as part of the 2019-2022 Community Bargaining Association (CBA) collective agreement. The intent of the funding is to help address wage gaps between CBA occupations and similar occupations under the FBA identified by a joint review committee. The focus in 2019/20 was completing the implementation of low wage redress funding for "unclassified" and "layered over" jobs.

Pre-bargaining preparation

Health sector collective agreements expire on March 31, 2022. Member and stakeholder consultation to develop objectives and priorities for the next round of contract negotiations will commence in 2021 in association with the release of the 2022 BC government mandate for public sector bargaining.

CASES OF NOTE

ARBITRATION DECISIONS

Arbitrator rules on appropriate rate for regular part-time employees working additional shifts

HEABC recently received an award confirming that regular part-time employees who pick up additional shifts are paid for the work they are performing and not in the classification of their regular position. The Health Sciences Association filed a grievance after an employee, who held a Grade III regular part-time position, accepted additional Grade I shifts and was paid at the Grade I rate of pay for all additional shifts. The union claimed that the employee was entitled to his Grade III rate of pay for all shifts worked. The arbitrator dismissed the grievance, finding that employees who pick up additional shifts are to be paid the wage rate for the work they are performing.

Arbitrator agrees with BCGEU regarding vacation entitlements and accruals

The British Columbia Government and Service Employees' Union (BCGEU) filed two grievances related to vacation entitlements and accruals in Article 18.1 of the Community subsector agreement. In the first decision, a grievance arose when the employer changed its practice around vacation pay accrual when it determined that the percentages outlined in the table in Article 18.1(b), when applied to all straight-time pay, would result in employees earning more vacation pay than vacation days. Although the arbitrator acknowledged that percentages outlined in the agreement did not match the vacation entitlement, he declined to

rectify the percentages, finding that employees must accrue vacation pay in accordance with the percentages outlined in 18.1(b) of the collective agreement.

The second decision concerned an application of the employer's policy which prohibited part-time employees from scheduling vacation over and above their budgeted full-time equivalent FTE (i.e., regularly scheduled shifts). Under the disputed policy, part-time employees accrued vacation when working additional shifts but additional shifts were paid out and could not be scheduled as days off. The arbitrator concluded that, under the Community subsector agreement, part-time employees are entitled to earn and use all vacation days accrued while working additional shifts.

Clarity provided on meaning of a "supervisor" in Health Science Professionals collective agreement

The Health Sciences Association filed individual grievances on behalf of two medical radiation technologists who were working in breast imaging technologist positions at different hospitals. These positions were paid at the Grade III level; the union sought to reclassify the grievors to the Grade IV level on the basis that the positions supervised other technologists.

In denying the grievance, the arbitrator found that the term 'supervise' contemplated a superior-subordinate relationship that involves responsibility for both directing and controlling the work performed, and ensuring work is completed properly.

CASES OF NOTE

The arbitrator set out that supervisors control and direct the work of employees and oversee performance when they engage in the following work:

- scheduling employees in respect of the times they are to perform work, subject to the provisions of the collective agreement;
- calling employees back to work when circumstances require, subject to the provisions of the collective agreement;
- approving overtime and employee requests for leave, to take vacations and the like in circumstances where there is not an automatic entitlement to these benefits or to take them of their own choosing;
- conducting formal work performance evaluations in circumstances where poor performance could have a negative impact on an employee's continuing employment; and
- directing an employee's work in the sense of what work they are to perform and how they are to perform it in circumstances where a failure by the employee to follow the direction given could result in discipline.

SETTLEMENT AGREEMENT

Revisions to the Provincial Influenza Policy

The Provincial Influenza Policy, and particularly the obligation to either get immunized or wear a mask in patient care areas during the flu season, has remained a contentious issue with health care unions. Although HEABC successfully defended a grievance by the Health Science Professionals Bargaining Association in 2013, the Nurses' Bargaining Association filed an industry-wide application dispute in 2015 which was set for hearing in 2020/21.

The Provincial Health Officer, Dr. Bonnie Henry, viewed the dispute as an opportunity to adopt a different approach in meeting the goals of preventing the spread of influenza. As a result, the policy was amended to remove the mandatory requirement for covered employees to be immunized or wear a mask. Such measures are the expectation, and should be encouraged by employers, but are not strictly mandatory as it was before.

To support this approach, HEABC has negotiated an agreement with the BC Nurses' Union to collaborate on the promotion of the flu vaccine for health care workers.



LEGISLATIVE UPDATE

EMPLOYMENT STANDARDS ACT

On March 23, 2020, the BC Legislative Assembly passed the *Employment Standards Amendment Act (No. 2)*, which created the COVID-19 Leave. These amendments were retroactive to January 27, 2020 and requires employers to grant an unpaid leave to qualifying employees where the employee:

- a. Has been diagnosed with COVID-19 and is acting in accordance with the instructions or order of a medical health officer, medical practitioner, nurse practitioner, or registered nurse;
- b. Is in self-isolation or quarantine;
- c. Needs to stay home to care for a child under 19 years old, a dependent adult who is unable to withdraw from the charge of the employee and is under the day-to-day care of the employee, or prescribed person (including because of the closure of a school, daycare, or similar facility);
- d. Has been directed by their employer to stay home due to concerns about exposure; or
- e. Is outside of BC and cannot return home due to travel or border restrictions.

For unionized employees, the *Employment Standard Act* mandates that employment is deemed continuous for the duration of the leave. This means that employees continue to accrue seniority, service and service-related benefits and employers must continue to pay for employer-paid health and welfare benefit plans as if the employee has been working.

PHYSICIAN SERVICES

SUPPORTING PROVINCIAL PHYSICIAN RECRUITMENT PRIORITIES

Following ratification of the Physician Master Agreement last spring, HEABC's Physician Services team has focused its efforts on providing support for provincial physician recruitments priorities, in particular drafting and negotiating specialized contracts such as the Provincial Anesthesia Contract, and contracts for physicians and nurse practitioners needed to staff BC's new Urgent Primary Care Centres.

Provincial Anesthesia Contract

To address a chronic shortage of anesthesiologists, the Ministry of Health has invested a significant amount of new funding for anesthesiology contracts that offer an alternative to the traditional fee-for-service arrangement by providing predictable and competitive hourly rates, including differentials for evenings, nights, weekends and statutory holidays, and compensation for out-of-operating room (OR) services at the same rate as OR services.

This is a significant departure from previous approaches that aims to make BC an attractive choice for anesthesiologists by incentivizing stable service delivery, ensuring that service delivery is comprehensive and responsive to patient care needs, both now and in the future. In addition to the competitive hourly pay, physicians working under the contract are eligible to receive up to a 10 per cent incentive payment for providing full coverage of scheduled services.

The contract provides for quarterly service delivery reviews with physician groups and health authorities to enable improvements

to patient care and service delivery and to openly discuss challenges. It also includes processes to ensure a collaborative and proactive approach to recruitment and human resource planning, which aims to strengthen the supply of physicians in BC and support local groups, while respecting the expertise of anesthesiologists regarding suitability.

Since early 2019, HEABC has been partnering with health authorities to offer the contract to physician groups at sites that provide full anesthesia services. Contracts have been successfully negotiated at Royal Inland, St. Paul's, Mount Saint Joseph, Royal Columbian, Eagle Ridge, Caribou Memorial and Mills Memorial hospitals, with negotiations underway at other key sites.

Support for Urgent Primary Care Centres

The establishment of Urgent and Primary Care Centres (UPCCs) across BC are a key feature of the Ministry of Health's primary and community care strategy. UPCCs will increase same-day access to urgently needed, culturally safe, patient-centred primary care for unattached patients as well as for attached patients that are unable to access their primary care provider on a timely basis.

HEABC has provided physician and nurse practitioner contract negotiating and drafting services, and recruitment support as UPCCs opened, and continues to do so as additional UPCCs are brought online. To date, all Site 1 and 2 contracts have been finalized, including West Shore (Langford), Vancouver (REACH), Kelowna and Nanaimo, which were completed during fiscal year 2019/20. Site 3 contracts have been completed at Vernon, Maple Ridge and North Vancouver.

JOINT BENEFITS TRUSTS

REVIEW OF CLAIMS ADJUDICATION SERVICE PROVIDERS

The Joint Benefits Trusts (JBTs) assumed full control of employee benefits in 2017. The JBTs were negotiated as part of the 2014-2019 Health Science Professionals, Facilities and Community subsector collective agreements. Made up of employer and union representatives, the JBTs jointly manage benefits to ensure employees get the benefits they want and need under a jointly trusteed fund. From establishing governance processes and operating systems to ensuring sustainability, JBTs are working to manage employee benefits now and into the future.

This past year, contracts for claims adjudication services for employee benefits such as dental, extended health, life and long-term disability were set to expire. The Joint Benefits Trusts, in conjunction with Healthcare Benefit Trust (HBT), engaged a provider to explore opportunities for enhanced services and reductions in program costs over the long term.

Proposals were received from various providers through a request for proposals process and, after a thorough examination including detailed scoring of the various proposals and finalist interviews, the two incumbent carriers, Pacific Blue Cross and Great-West Life (now Canada Life) were selected as the preferred choices, with re-appointment subject to successful contract negotiations.

The JBTs have continued their practice of annual audits and are maintaining an annual cycle of reviewing actuarial assumptions and valuation. As of the most recent audit/valuation, the JBTs are all sufficiently funded and trustees, with independent fiduciary duties to the JBTs, are working with their trusted legal, benefits and actuarial experts to sustainably manage employee benefits into the future.

HEABC and HBT are still working with the BC Nurses' Union and the health authorities to address the benefit cost growth for nurses and non-contract staff. Benefits for nurses and excluded health sector employees are not provided through JBTs.

KNOWLEDGE MANAGEMENT

KNOWLEDGE MANAGEMENT SERVICES TO MEET HUMAN RESOURCE PLANNING NEEDS

HEABC's Knowledge Management team provides data, evidence, analysis, consultation services, and recommendations to support efficient health care service delivery, with a focus on human resource and labour relation strategies. Supported by HEABC's *Amplifying Our Impact: Strategic Framework 2019-2024*, the team engages with members and government stakeholders to look for ways to leverage health care data to inform human resource planning decisions.

To request information or to discuss how HEABC's Knowledge Management services can support your organization, please contact Barry White, Director, Knowledge Management at Barry.White@heabc.bc.ca

KEY HEABC KNOWLEDGE PRODUCTS

HEALTH AUTHORITY AFFILIATE EMPLOYER COMPARATIVE REPORT

Characterizing individual health service providers, based on data submitted to the Health Sector Compensation Information System (HSCIS), and establishing relevant comparisons for discussion and planning purposes

OCCUPATION WORKFORCE CATEGORIES

Established policy and practice relevant occupation workforce categories for consideration and analyses, a key step in informing strategic planning at local and provincial levels

DATA INFRASTRUCTURE AND INTEGRATION OF DATA SOURCES

Leveraging existing data sources and new decision-analytic tools to describe inefficiencies and opportunities for health sector workforce optimization

APPLIED RESEARCH PLANNING AND SUPPORT SERVICES

Continued focus on applied research planning and support services, providing consultation services to internal and external partners

COMPENSATION & CLASSIFICATION SERVICES

HSPBA CLASSIFICATION AND COMPENSATION SYSTEM REDESIGN

The integrity of a compensation and classification system is built from various processes in place such as job analysis, documentation and evaluation. These processes enable the proper examination of the levels of work and where a job fits on a pay scale.

The Health Science Professionals Bargaining Association (HSPBA) compensation and classification system was created in the late 1980s. An update on the system was overdue and so it was decided that the current system would be redesigned. A working group comprised of HEABC, members and HSPBA began negotiating the design of a new system in early 2018. The terms for the new system will be established by fall 2020 and the redesigned system will be presented to the collective bargaining parties to be included in the next HSPBA collective agreement.

There were two new agreements that were negotiated by the working group to support the development of the new system that aims to:

ADDRESS

- Inequities within the current compensation and classification system
- Skill shortages, difficult-to-fill positions and recruitment and retention

FACILITATE

- Development of community inter-professional teams
- Modernization and implementation of the new classification system

ACCOUNTABLE COMPENSATION

Responding to health care recruitment and retention challenges

The Compensation Reference Plan (CRP) establishes a fair, defensible and competitive total compensation package for non-unionized health professionals that hold management or supervisory responsibilities.

Supported by employer flexibility under the accountable compensation policy and in alignment with CRP's core principles, HEABC continues to work with members in addressing recruitment and retention challenges and through engagement and collaboration, find solutions to these challenges and implement measures that address them.

HEABC recognizes the diversity of our members and uses a system-wide approach to attract new graduates and retain a highly skilled workforce while reinforcing the importance of a comprehensive and coordinated approach to managing compensation across the public sector.

EDUCATION SERVICES

2019/20 MEMBER EDUCATION

97% satisfaction rate **30** training/education events **649** registrants

MEETING OUR MEMBERS' NEEDS

HEABC's Education Services program continues to gain traction among members, seeing a steady increase in the number of workshops and webinars provided, total participants/attendees and member satisfaction ratings. The education program provides information and tools to equip managers, supervisors and human resources professionals to effectively handle various workplace and labour relations issues.

In addition to providing workshops and webinars, Education Services also supported and collaborated with various stakeholders on a number of initiatives:

- ★ Working with bargaining teams to develop education materials for the collective agreement implementation post-bargaining road shows.
- ★ Entering into a contract with Provincial Health Services Authority to become a licensee of the *Learning Hub*, a province-wide learning management system used by most health authorities and Providence Health Care. The Learning Hub integrates HEABC education programs with the registration and course tracking capabilities health authority employees currently use. HEABC's affiliate members can now access a wide range of learning opportunities that were not previously available to them.
- ★ Working with HEABC's Legal Services, Negotiations & Labour Relations team to develop, launch and instruct a webinar titled *Online Misconduct: What Employers Need to Know*. The webinar received a 100 per cent satisfaction rating in its follow-up survey.
- ★ Working with HEABC's Occupational Health & Wellness and Physician Services teams, Vancouver Coastal Health, Resident Doctors of BC and violence prevention advisors from every health authority, Education Services launched the first Residents' Occupational Health and Safety training day for all incoming first year residents. With less than two months to prepare, HEABC led the effort with great success, with over 350 in attendance. Education Services is now leading the coordination of the next training day, which will be offered in a virtual format due to COVID-19 restrictions.

Overall, workshops and webinars received higher results than the previous term, with a 97 per cent member satisfaction rating in follow-up surveys among participants/attendees.

The Education Services team is looking forward to offering more virtual learning opportunities, providing more improved webinars as well as the addition of self-directed eLearning courses in the future.

ENHANCED DISABILITY MANAGEMENT PROGRAM (EDMP)

DISABILITY MANAGEMENT SUPPORT FOR MEMBERS

EDMP provides disability management support so that ill/injured unionized employees are able to return to work in a safe and timely manner. Over the past year, HEABC's Disability Management Services team has continued to work with members to strategically approach disability management and to provide support related to EDMP.

WORKSHOP FOR EMPLOYERS

The *EDMP Workshop for Employers* was launched in 2019 to provide affiliate members with a broader understanding of EDMP and the support and resources available. Co-presented by Lifemark, HEABC's third-party service provider, the workshop received great feedback and resulted in an improved understanding of the services available. Content is continually updated and new workshop dates will be available in the future.

MEMBERS' WEBSITE EDMP RESOURCE

Employee absences related to illness or injury can be an intricate process for employers to navigate and balance wellness and operational requirements. Together with HEABC's Legal Services & Labour Relations team, the Disability Management Services team developed a resource to support affiliate members with this process. This resource covers a number of topics ranging from EDMP and Lifemark services, to management principles and concepts applicable to all affiliate employers.

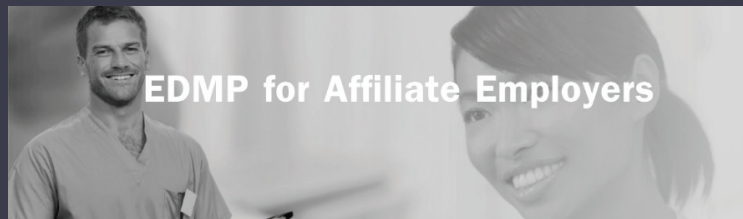
AFFILIATE EDMP SERVICES

HEABC Disability Management Services continues to work with Lifemark and affiliate members to build knowledge of and relationships with affiliate

members, deliver educational workshops, and to support effective workplace disability management strategies. Over the past year, Lifemark received over 2,000 referrals and has expanded services to assist over 135 employers. Services include clinical assessments that provide functional ability information for return to work programs, and an online portal that provides up-to-date information on EDMP referrals, reducing the communication required for EDMP cases.

EDMP: LOOKING TO THE FUTURE

HEABC initiated a province-wide evaluation of EDMP including both employer and bargaining association representatives. The inclusion of multiple parties marks a new milestone and enables more consistent evaluation to benefit employers and unions in the health sector. The evaluation is ongoing and is expected to be completed later this year.



HEALTH SECTOR OH&S FRAMEWORK

ESTABLISHMENT OF NEW HEALTH & SAFETY ORGANIZATION FOR HEALTH CARE

Over the past year, HEABC and the Facilities Bargaining Association co-led a process to establish a new occupational health and safety (OH&S) organization for health care that will address workplace health and safety issues, resulting in safer workplaces for employees, and better care for those who need it.

coordinated and integrated effort to improve the health and safety of health care workers in the BC health care sector.

In December, the province announced that it had accepted the recommendations of the working group and committed \$8.5 million over three years for a new organization that will address workplace safety. The new agency will tackle high rates of injuries in the health care sector by identifying and promoting best practices that make working in the industry safer.

“This is an important step forward in reducing injuries and promoting safe workplaces in the health-care sector.”

Jennifer Whiteside, Secretary-Business Manager, HEU

The commitment flows out of the 2019-2022 health sector collective agreements, which established a provincial working group including employers, the Ministry of Health, all bargaining associations and the Doctors of BC that was tasked with the job of developing a Provincial Framework on Occupational Health and Safety in Health Care.

Work to establish the new non-profit organization, which will be jointly governed by all health sector bargaining associations, health employers, the provincial government and the Doctors of BC, was briefly put on hold while the health sector focused on the COVID-19 pandemic response; however, the group reconvened in May.

The Working Group recommended the creation of an independent provincial OH&S Organization to help address the need for a

“This organization presents an important new opportunity for us all to work together to make real progress on workplace safety.”

Michael McMillan, President & CEO, HEABC

WORKPLACE OCCUPATIONAL HEALTH & WELLNESS

VIOLENCE PREVENTION ASSESSMENT COMPLETED AT THIRD HIGH-PRIORITY SITE

As part of BC's health sector workplace violence prevention strategy, HEABC, health employers, the Ministry of Health and the BC Nurses' Union are partnering on a multi-year violence prevention pilot project at six high-priority health care sites. The project includes individual site assessments that focus on incidents, risks and fears related to physical and verbals assaults, including threats or harassment, bullying, and emotional abuse. Assessment reports are then shared with local working groups to guide violence prevention strategies at these sites. Learnings from the six high-priority sites will be made available as a framework that other sites can build on towards the goal of reducing the incidents of violence in the health care sector.

In the first year of the project (2018/19), assessments were completed at Mills Memorial Hospital (Terrace) and Royal Columbian Hospital (New Westminster). In year two of the project, an assessment was completed at Powell River General Hospital in-patient psychiatry unit and emergency. Assessment work at a fourth site was delayed due to the onset of the COVID-19 pandemic.

Implementation of the assessment recommendations continues at Mills Memorial and Royal Columbian and assessments at the final three high-priority sites will start after COVID-19 pandemic restrictions are lifted.

WORKPLACE HEALTH AND WELLNESS PROJECT UPDATES

Psychological Health and Safety survey established

Under the leadership of the Ministry of Health and HEABC, the Provincial Psychological Health and Safety Steering Committee has agreed to use the *Guarding Minds at Work survey* as a provincial psychological health and safety assessment tool. Developed by the Centre of Applied Research in Mental Health and Addiction, the survey is well recognized. It measures all 13 psychosocial factors, as required by the Canadian Standards Association's Psychological Health and Safety in the Workplace. The Ministry and HEABC are aiming for a April 2021 roll out. This removes a significant hurdle and sets the stage for standardized implementation and metrics across the province.

Resident Doctors complete OH&S gap analysis

Over the past year, HEABC's Occupational Health & Wellness Services team guided the Resident Occupational Health and Safety Working Group through a gap analysis of occupational health and safety services for Resident Doctors. The gap analysis was completed in partnership with Doctors of BC and Fraser Health who included Resident Doctors in a Fraser Health physician gap analysis. At the request of the health authorities, HEABC's Occupational Health & Wellness and Education Services are coordinating the delivery of the 2020 Resident Occupational Health & Safety Orientation Day, which will be transitioned into a virtual format as a result of COVID-19 pandemic restrictions.

NURSE STAFFING SECRETARIAT

SUPPORTING COLLABORATIVE SOLUTIONS TO STAFFING ISSUES

Working in collaboration, over the past year employers and the BC Nurses' Union (BCNU) have made significant progress on implementing new language that embeds a shared responsibility to workload, patient care and staffing issues in the nurses' collective agreement.

The 2019-2022 nurses' collective agreement called for the creation of Strategic Nurse Staff Committees (SNSCs) at each health authority and Providence Health Care (PHC) to address high-level issues related to staffing. SNSCs met throughout the year, and, most importantly, have supported the development of a joint direct patient care assessment process (PCAP), one of the most significant changes in the relationship between nurses and managers over the past few rounds of bargaining.

The PCAP is a collaborative process, where local level managers and in-charge nurses determine immediate (short-term) staffing requirements. Over the past year, health authorities, PHC and the Nurses' Bargaining Association (NBA), supported by the SNSCs, have been working collaboratively on implementation plans for patient care assessment processes and tools, including education and change management for front-line managers and nurses. Major education and change management efforts had been planned to begin in mid-February and continue throughout April and May; however, as a result of the COVID-19 outbreak, many of these efforts were scaled back or suspended while the system prepared to deal with the anticipated COVID-19 patient surge.

This important work has resumed and starting in June, nurses around the province began trialing in-patient and critical care tools developed to support the implementation of the PCAP.

NEW PROFESSIONAL RESPONSIBILITY PROCESS

As part of the 2019-2022 collective agreement, employers and the BCNU agreed on the need to separate professional practice concerns from those arising from scheduling, workload, and other non-practice issues. As a result, a joint union/employer Provincial Professional Responsibility Working Group was created and tasked with developing a streamlined process to address professional practice concerns.

Over the past year, the working group has developed a new, streamlined professional responsibility process that separates professional practice issues from non-practice issues such as scheduling and workload. The work included the development of tools, guiding principles, and education sessions for nursing managers.

Going forward, the new professional responsibility process will support employers and the union in working with staff and managers to address and resolve issues related to professional practice in a fair, efficient and expedited manner, resulting in better care for patients, residents and clients.



RECRUITMENT SOLUTIONS



INTRODUCING HEABC RECRUITMENT SOLUTIONS

When Health Match BC (HMBC) first launched in 1999, its existence as a provincial recruitment service and as a department of HEABC were one and the same. Over time, the HEABC department has assumed a greater role in addressing provincial recruitment and retention issues, including adding three additional programs to the portfolio:

- Locums for Rural BC
- Practice Ready Assessment BC
- BC Care Aide & Community Health Worker Registry

The name change initiated this year will clearly differentiate the HMBC recruitment program and brand from the broader department of Recruitment Solutions and its portfolio of programs, as they continue to play an increasingly strategic role in provincial recruitment and retention of health professionals in British Columbia. The HMBC program will continue under its current name and branding.

HEALTH CARE ASSISTANT WORKFORCE INITIATIVE & CHOOSE2CARE

Health Match BC supported workforce initiatives for the Health Care Assistant (HCA) profession in British Columbia in 2019 by launching a *Career Pathways & Bursary Program* for future HCAs seeking to register with the BC Care Aide & Community Health Worker Registry (Registry). While providing valuable guidance and connections for education and employment opportunities, the program also provides financial support to help assist with expenses associated with the Nursing and Community Assessment Service and transitional education requirements for registration. Stakeholder engagement has supported bridging connections between newly registered HCAs and health authorities to help fill vacancies across the province and working with post-secondary institution partners to reduce barriers for individuals referred to transitional education.



A three-year province-wide marketing plan was also launched in 2019, designed to increase awareness of the HCA profession, highlight the benefits of working as an HCA, and educate career seekers about the pathways towards training, registration, and employment. The [Choose2Care website](https://www.choose2care.ca) was launched in October 2019 and serves as a centralized, online information hub. Web visitors have access to online articles, infographics, downloadable resources, links to education and employment websites, and FAQs about

the HCA profession. The initiative is also supported by a province-wide promotional advertising campaign that includes both online and print channels, including transit ads, community news publications, digital banner ads, search engine marketing and social media.



Launch your career in health care today
CHOOSE2CARE.CA

Short-term program
Long-term career



RECRUITMENT SOLUTIONS PROGRAM UPDATES



2019/20 fiscal year

1400 candidate referrals

237 physician matches

175 nurse/nurse practitioner matches

Health Match BC (HMBC) continued its focus on improving internal operations, strengthening existing relationships and building new partnerships in 2019. Our Physician Recruitment Consultants are focusing their efforts on needed physician sub-specialties (e.g. anesthesia, family medicine, psychiatry etc.) while the nursing and allied team continues to focus on integrating recruitment best practices and exploring new sourcing efforts. Continuing with the commitment to build better stakeholder partnerships and to understand the communities for which they recruit, HMBC team members increased the number of community site visits.

HMBC also continues to support the recruitment of family physicians and nurse practitioners to opportunities within Primary Care Networks (PCNs) across BC, in close collaboration with the Ministry of Health and health employers in participating PCN communities.



Locums for Rural BC (LRBC) administers rural locum programs on behalf of the Ministry of Health and Doctors of BC, by providing full concierge support and assistance to physicians and specialists practicing

in rural communities. These programs support retention and enable doctors to take reasonable periods of leave from their practices.

Welcoming new leadership in 2019 with Tracy Devenish joining as the new Program Manager, the team focused on change management and new system implementation to the LRBC website and online user portals, which included online postings for the Rural General Practitioner Anesthesia Locum Program and the Rural Specialist Locum Program, a locum availability calendar, preferred locum notifications, and online contract renewals. Locum and host physician user guides in print and video formats were also developed to support the implementation. In addition, LRBC launched brand presence on digital advertising platforms and social media channels.

In 2019/20, LRBC welcomed 118 new members. At present, there are 656 active members with signed service agreements in place across the three programs compared to 460 last year. Year-to-date 1,412 assignments were filled with 8,423 days of coverage provided.

LRBC continues to build, sustain, and strengthen long-term partnerships with stakeholders including the Joint Standing Committee on Rural Issues, colleagues at the Ministry of Health and health authorities, the Rural Coordination Centre of BC, Rural Education Action Plan, the University of BC, Divisions of Family Practice, and the rural communities we serve. The program has continued to collaborate, build partnerships, and meet the needs of our host and locum physicians in a customer-orientated and cost-effective manner.



PRA-BC
PRACTICE READY ASSESSMENT
- PHYSICIANS FOR BC

Practice Ready Assessment-British Columbia (PRA-BC) is an assessment program for internationally educated family physicians who have completed residencies in family medicine outside of Canada. PRA-BC provides qualified family physicians with an alternative pathway to licensure in BC.

The end of fiscal year 2019/20 will mark PRA-BC's 5th year anniversary, with the placement of 126 physicians to 45 communities of need.

Thanks to the steadfast support and collaborative efforts by the Joint Standing Committee and regional stakeholders, what began in April 2015 as a pilot initiative is now a fully established program that has proven effective in reducing gaps in physician coverage and sustaining rural health services in British Columbia.

Beyond its original mandate as a physician assessment program, PRA-BC has worked alongside stakeholders as they identify gaps in services and develop programs to assist physicians in their transition to rural practice. Further, with a formalized governance structure and a standardized interview, selection and assessment process firmly in place, PRA-BC plays a leading role for practice ready assessment programs across Canada. PRA-BC continues its contribution in reducing gaps in physician coverage and sustaining rural health services in British Columbia.



BC Care Aide &
Community Health
Worker Registry

2019/20 fiscal year

37,117 active registrants

3,837 new registrants

The BC Care Aide & Community Health Worker Registry (Registry) is a database of credentialed or “registered” Care Aides and Community Health Workers seeking to work for publicly- funded employers in BC, in areas such as acute care, assisted living care, long-term care, and home and community care. The Registry also serves and protects vulnerable patients, residents, and clients receiving care from Health Care Assistants (HCAs) in the province, by creating a standard process for employers in reporting and investigating abuse complaints. Currently, there are over 37,000 BC HCAs who have active registration with the BC Care Aide & Community Health Worker Registry.

To increase the number of Canadian-trained HCAs relocating to B.C., the Ministry of Health developed a new expedited registration pathway, which came into effect in January 2020. Under the new pathway, in lieu of completing a Nursing Community Assessment Service (NCAS) assessment, qualified Canadian HCAs complete a standardized orientation program to become registered in BC. The program involves:

- Ensuring a qualified Canadian HCA applicant meets the minimum standards.
- Implementing the employer verification process for completion of the standardized orientation program.

BC HEALTH CARE AWARDS

2019 GOLD APPLE AND AWARD OF MERIT RECIPIENTS

Recipients of the 13th annual BC Health Care Awards were announced at a gala luncheon June 24, 2019. Since the awards were launched in 2007, 152 Gold Apples and 101 Awards of Merit have been awarded to health employees who are improving BC's health care system and patient care.



PROJECT-BASED GOLD APPLES

DIANNA MAH-JONES AWARD OF EXCELLENCE IN PERSON-CENTRED CARE

iPACE (Integrating a Palliative Approach by Having Conversations Early), Regional End of Life, Vancouver Coastal Health



TOP INNOVATION

BC's Mobile Medical Unit: Applied Disaster Medicine Course

Provincial Health Services Authority



WORKPLACE HEALTH INNOVATION

Keeping the Light Shining

Providence Health Care



COLLABORATIVE SOLUTIONS

Harbour Community Health and Wellness Centre

BC Emergency Health Services, Island Health, SOLID Outreach, Lookout Housing & Health Society



PROVINCIAL HEALTH CARE HERO

Denise Bradshaw

Director, Provincial Health Initiatives
BC Women's Hospital and Health Centre

HEALTH CARE HERO GOLD APPLES

AFFILIATE

Janet Silver

Leader, Patient Relations & Patient Care
Quality Office, Providence Health Care

FRASER HEALTH

Dr. Curt Smecher

Physician QI Advisor
Abbotsford Regional Hospital

INTERIOR HEALTH

Donna Gibbons

Nurse Practitioner
Slocan Medical Centre

ISLAND HEALTH

Pauline Bernard

Director, Campbell River, Comox Valley
& Area Integrated Health Services

NORTHERN HEALTH

Lexie Gordon

Quality Improvement Lead

PROVINCIAL HEALTH SERVICES AUTHORITY

Denise Bradshaw

Director, Provincial Health Initiatives
BC Women's Hospital and Health Centre

VANCOUVER COASTAL HEALTH

Dr. Todd Sakakibara

Primary Care Physician
Three Bridges Community Health Centre

AWARDS OF MERIT

DIANNA MAH-JONES AWARD OF EXCELLENCE IN PERSON-CENTRED CARE

Mobility: Back to Basics

100 Mile District General Hospital
Interior Health

WORKPLACE HEALTH INNOVATION

**An Innovative, Caring, Health-Focused
Approach to Supporting Employee
Attendance**

Vancouver Coastal Health

TOP INNOVATION

Northern Health Trauma Dashboard

Northern Health

COLLABORATIVE SOLUTIONS

Transplant First Initiative

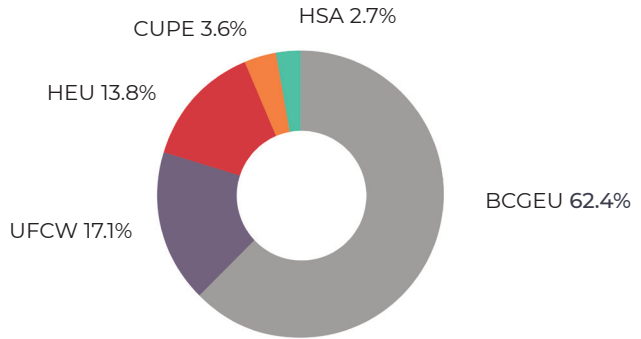
BC Transplant, Providence Health Care, BC
Renal Agency, the Kidney Foundation of BC

BARGAINING ASSOCIATIONS

FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS

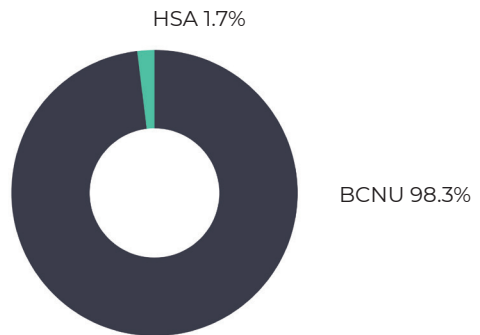
COMMUNITY

UNION	FTES
BCGEU	5,696.0
BCNU	40.0
CUPE	327.0
HEU	1262.0
HSA	243.0
UFCW	1,562.0
TOTAL	9,130.0



NURSES

UNION	FTES
BCGEU	3.0
BCNU	31,470.0
HEU	4.0
HSA	543.0
TOTAL	32,020.0



RESIDENT DOCTORS OF BC

UNION	FTES
RDBC	1,289.0
TOTAL	1,289.0

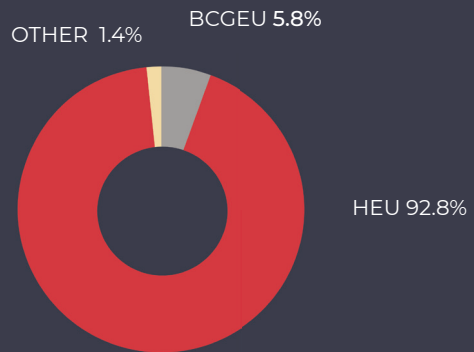


BCGEU BC Government and Service Employees' Union
BCNU British Columbia Nurses' Union
CUPE Canadian Union of Public Employees
HEU Hospital Employees' Union
HSA Health Sciences Association of BC
IUOE International Union of Operating Engineers

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

FACILITIES

UNION	FTEs
BCGEU	1,670.0
BCNU	80.0
CUPE	1.0
HEU	26,643.0
IBEW	5.0
IUOE	216.0
PPWC	70.0
UAPP	4.0
UBCJA	3.0
USWA	7.0
TOTAL	28,699.0



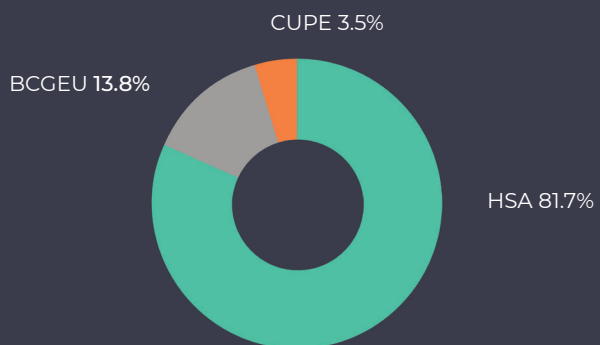
AMBULANCE PARAMEDICS & AMBULANCE DISPATCHERS

UNION	FTEs
*CUPE	2,837.0
TOTAL	2,837.0



HEALTH SCIENCE PROFESSIONALS

UNION	FTEs
BCGEU	1,929.0
CUPE	494.0
HEU	38.0
HSA	11,385.0
PEA	94.0
TOTAL	13,940.0



Notes:

- Data is annualized to a 365-day reporting period.
- FTEs reflect data as reported in HSCIS 2019-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.

HEALTH EMPLOYERS ASSOCIATION OF BC

STATEMENT OF OPERATIONS & ACCUMULATED SURPLUS

Year ended March 31, 2020, with comparative information for 2019

	2020 Budget (note 2(i))	2020	2019
Revenue:			
Provincial government funding	\$ 12,079,215	\$ 11,683,548	\$ 10,830,588
Fees for service	40,000	93,699	83,711
Interest	200,000	454,974	308,336
	<u>12,319,215</u>	<u>12,232,221</u>	<u>11,222,635</u>
Restricted funding from deferred operating contributions (note 4)	15,037,601	11,551,151	10,493,705
Amortization of deferred capital contributions (note 5)	192,283	192,282	192,283
	<u>27,549,099</u>	<u>23,975,654</u>	<u>21,908,623</u>
Expenses (note 14):			
Ongoing operations:			
Legal services, negotiations and labour relations	5,272,225	5,047,374	4,301,310
Knowledge management and compensation services	3,358,230	3,430,503	3,001,055
Physician services	3,000,000	2,423,091	2,266,882
Health Match BC - Recruitment services	2,300,000	2,099,799	2,090,421
Nurse staffing secretariat	1,616,620	767,729	562,195
Executive services and board governance	1,500,650	1,664,370	1,326,555
Workforce violence prevention framework	1,100,000	239,825	197,553
Collective bargaining	821,860	458,185	991,095
General	810,000	1,007,582	822,219
Finance and administration	769,850	773,549	900,050
Absence management and Occupational health and safety	643,320	294,019	570,887
Expenses from ongoing operations	<u>21,192,755</u>	<u>18,206,026</u>	<u>17,030,222</u>
Contracted operations:			
Practice ready assessment BC	2,119,278	1,373,707	1,982,655
Locums for rural BC	1,940,000	1,926,420	1,648,102
Health Match BC - Primary care strategy	930,000	861,811	302,263
Health Match BC - Health care assistant recruitment	820,000	529,349	3,600
BC care aide and community health worker registry	600,000	636,570	545,990
Health cross jurisdictional labour relations database	406,463	441,771	395,791
Expenses from contracted operations	<u>6,815,741</u>	<u>5,769,628</u>	<u>4,878,401</u>
Total expenses from operations	<u>28,008,496</u>	<u>23,975,654</u>	<u>21,908,623</u>
Annual surplus (deficit)	(459,397)	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	<u>\$ 3,168,403</u>	<u>\$ 3,627,800</u>	<u>\$ 3,627,800</u>

See accompanying notes to financial statements.

HEALTH EMPLOYERS ASSOCIATION OF BC

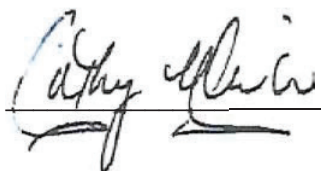
STATEMENT OF FINANCIAL POSITION

March 31, 2020, with comparative information for 2019

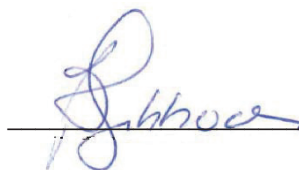
	2020	2019
Financial assets:		
Cash	\$ 5,516,927	\$ 4,855,206
Restricted cash (note 3)	8,895,765	5,634,043
Accounts receivable	170,951	837,771
	<u>14,583,643</u>	<u>11,327,020</u>
Liabilities:		
Accounts payable and accrued liabilities (note 12)	2,142,077	1,974,195
Deferred operating contributions (note 4)	8,895,765	5,634,043
Deferred capital contributions (note 5)	2,499,674	2,691,956
Deferred lease liability (note 6)	2,178,668	2,166,888
Retirement benefit liability	272,505	254,300
	<u>15,988,689</u>	<u>12,721,382</u>
Net debt	(1,405,046)	(1,394,362)
Non-financial assets:		
Tangible capital assets (note 7)	4,756,828	4,842,848
Prepaid expenses	276,018	179,314
	<u>5,032,846</u>	<u>5,022,162</u>
Commitments (note 11)		
Contractual rights (note 12)		
Accumulated surplus (note 8)	<u>\$ 3,627,800</u>	<u>\$ 3,627,800</u>

See accompanying notes to financial statements.

Approved on behalf of the Board:



Director



Director

Note: The above is an excerpt from the Financial Statements which includes Notes to the Financial Statements, which form an integral part of the statement. Complete Audited Financial Statements are available at the office of HEABC.

2019/20 BOARD OF DIRECTORS

BOARD CHAIR

Betsy Gibbons

Independently appointed Board Chair

AFFILIATED CARE PROVIDER REPRESENTATIVE

Joseph McQuaid

Executive Director

Alberni-Clayoqout Continuing Care Society

DENOMINATIONAL CARE PROVIDER REPRESENTATIVE

Erroll Hastings

Executive Director

Zion Park Manor

FRASER HEALTH REPRESENTATIVE

Dr. Victoria Lee

President & CEO

Fraser Health Authority

GOVERNMENT REPRESENTATIVE

Christina Zacharuk

President & CEO

Public Sector Employers' Council Secretariat

Ministry of Finance

GOVERNMENT REPRESENTATIVE

Mark Armitage

Assistant Deputy Minister

Health Sector Workforce and Beneficiary

Services Division

Ministry of Health

INTERIOR HEALTH REPRESENTATIVE

Susan Brown

President & CEO

Interior Health Authority

NORTHERN HEALTH REPRESENTATIVE

Cathy Ulrich

President & CEO

Northern Health Authority

PROPRIETARY CARE PROVIDER REPRESENTATIVE

Kathy Nduwayo

Executive Director

Cerwydden Care Centre

PROVINCIAL HEALTH SERVICES AUTHORITY REPRESENTATIVE

Benoit Morin

President & CEO

Provincial Health Services Authority

VANCOUVER COASTAL HEALTH REPRESENTATIVE

Mary Ackenhusen

President & CEO

Vancouver Coastal Health Authority

VANCOUVER ISLAND HEALTH AUTHORITY REPRESENTATIVE

Kathy MacNeil

President & CEO

Island Health Authority

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