



ANNUAL REPORT

2020-21

HEABC
HEALTH EMPLOYERS
ASSOCIATION OF BC

CONTENTS

Corporate

About HEABC	4
HEABC Members	5
Message from Board Chair and President & CEO	6

Legal Services, Negotiations & Labour Relations

Affiliate Engagement Project	8
Labour Relations by the Numbers	9
Negotiations & Implementation Update	10
Cases of Note	12
Labour Relations Board Decisions	14
Legislative Update	15
Joint Benefits Trusts	16
Physician Services	17

Knowledge Management & Compensation

Knowledge Management	18
Compensation & Classification	19
Member Education Services	20

Nurse Staffing Secretariat

Nurse Staffing Secretariat Update	22
-----------------------------------	----

Recruitment Solutions

Supporting & Expanding the Health Care Assistant Workforce	24
Physician Recruitment & Retention	25
Provincial Health Care Virtual Career Fair	26

Affiliate Member Spotlight

RainCity Housing	28
------------------	----

BC Health Care Awards

2020 BC Health Care Awards	30
----------------------------	----

Bargaining Associations	32
--------------------------------	----

Financials	34
-------------------	----

Board of Directors	36
---------------------------	----

ABOUT HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of 213 publicly funded health care employers. Our members range in size from affiliate organizations with a few dozen 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 150,000 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.



VISION

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.



MISSION

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



GUIDING PRINCIPLES

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

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.

6 HEALTH AUTHORITIES **207** AFFILIATES

HEALTH REGIONS | NUMBER OF AFFILIATE MEMBERS

Vancouver Coastal Health	73
Fraser Health	69
Island Health	31
Interior Health	25
Northern Health	9
Provincial Health Services Authority (no affiliate members due to provincial scope)	0

AFFILIATE MEMBERS % BY SERVICE TYPE

Mental Health & Substance Use Drug and alcohol treatment; mental health	43%
Residential Care Extended care; long-term care; private hospital	29%
Home/Day Support Home support agencies; assisted living; adult day care	12%
Child Development Child development centres	6%
Community Service Community service agencies	5%
Other Other; diagnostic and treatment; acute care	5%

MESSAGE FROM THE BOARD CHAIR AND PRESIDENT & CEO

As we were completing last year's Annual Report, BC was experiencing the first wave of the COVID-19 pandemic and the consensus was that after a few months of health and safety protocols, life would likely return to normal. Of course, this was not to be the case. The second wave arrived in BC in October, followed by a third wave in April, with each wave of infections bringing more cases and hospitalizations than the previous one.

The good news is that with the waning of the third wave, shrinking case counts and a successful vaccination campaign, the BC government announced its restart plan in late May, and it is looking like we will enjoy a return to some degree of normalcy by this fall. That being said, not everything will return to how it was before the pandemic. HEABC's internal operations and the BC health care system overall have changed significantly over the past 16 months, with the pandemic acting as catalyst for beneficial changes.

Pandemic Response: Our People

HEABC, like many organizations, moved the bulk of its operations off-site as part of COVID-19 health and safety protocols. Rather than immediately returning full-force to the office as restrictions are lifted, we are using this opportunity to rethink how we connect and use both virtual and physical work spaces. As an organization, our major capital is the skills, knowledge and experience of our employees, and this is a positive progression that will benefit members and government stakeholders over the long-term.

HEABC has also used the pandemic as an opportunity to re-evaluate some of our systems and capacity to better support collaborative work, including starting work on a long-term Information Management and Information Technology plan, developing a more robust document management system, and initiating rigorous business continuity and emergency preparedness planning. This work is not specific to the pandemic response, but is tied to the need to support staff to work, connect and collaborate from a variety of locations, during routine operations and emergencies, and it will serve us well over the long-term.

Pandemic Response: Our Members

Not surprisingly, much of HEABC's external work over the past year focused on supporting our members and stakeholders with the provincial pandemic response. HEABC has worked with members to address, mitigate and establish consistent COVID-19 related labour relations practices, especially with regards to Employment Standards Act changes, pandemic pay, redeployment of health care professionals in support of the provincial pandemic response, scheduling and overtime issues, international travel, and child care issues resulting from a disrupted school year.

BC's pandemic response has required government, employers, unions, and, of course, health care professionals to work together more than ever, and HEABC has played a significant role in bringing the various parties together, convening regular meetings with health sector unions, Doctors of BC and the Ministry of Health to resolve concerns regarding COVID-related labour relations and occupational health and safety issues. This work was unprecedented, complex, intensive and very successful in mitigating the risk of conflict during the pandemic response.

HEABC continues to provide labour relations guidance to members regarding the staffing of immunization clinics and other issues related to the mass vaccination campaign, which has placed BC and Canada as a world leader in percentage of population that has received its first dose.

In addition to providing labour relations services, HEABC has supported recruitment and retention strategies focused on key professional groups that have been critical to the pandemic response, including anesthesiologists, health care assistants, contact tracers and others. Many of the workforce strategies used to respond to the pandemic will remain relevant after the pandemic is over. For more information, see the updates provided by HEABC's Recruitment Solutions team on page 24 of this report.

Collective Agreement Implementation

The 2019-2022 collective agreements included a number of significant changes, including a new scheduled on-call system for Ambulance Paramedics and Dispatchers that is providing new, permanent paramedic jobs in smaller communities, and work on an updated job classification system for Health Science Professionals. As year two of the current three-year agreements draws to a close, HEABC's Implementation Leads are working closely with their employer and union counterparts to implement outstanding provisions. Updates on specific contract provisions are included throughout this annual report.

One of the major cross-sectoral outcomes of the last round of bargaining was the establishment of a joint union and employer, provincial organization to lead approaches and improvements to workplace health and safety in health care. HEABC continues to support the BC Health Care Occupational Health and Safety Society as it establishes business systems and undertakes strategic planning.

Planning for Negotiations

The current health sector collective agreements expire in the spring of 2022, and as 2021 progresses, our focus will continue to shift to working with employers and government stakeholders on bargaining strategies that support the continued evolution of the BC health care system, working within the government bargaining mandate.

Again, HEABC is using the impetus of COVID-19 health and safety protocols to rethink how we manage bargaining. Traditionally, bargaining meant gathering large union and employer teams in hotel meeting rooms for sessions that may last for several weeks. This can be extremely disruptive to the work and personal lives of participants, making it a challenge to attract the cross-sectoral representation necessary to achieve agreements that reflect the priorities and circumstances of members. Of course, large, prolonged, in-person gatherings were not possible during the

pandemic, and even though health and safety protocols may be entirely lifted by the time the next round of bargaining commences, HEABC is using this opportunity to consider how we provide opportunities for meaningful involvement for members.

These changes, which may have been prompted by the pandemic, will outlive COVID-19, and like other improvements that were initially part of the pandemic response, they will help us in fulfilling our mandate to create the human resource and labour relations environment necessary to deliver high-quality health care over the long-term.



LEGAL SERVICES, NEGOTIATIONS & LABOUR RELATIONS

AFFILIATE ENGAGEMENT PROJECT

ENGAGING WITH AFFILIATE MEMBERS TO BETTER UNDERSTAND THEIR ISSUES AND NEEDS

HEABC's mission is to work with health employers and government to create the human resource and labour relations environment necessary to deliver high-quality health care. In order to further this mission, we needed to better understand the needs and priorities of our Affiliate members.

To do so, HEABC has embarked on a project to improve engagement with Affiliate members and gain a better understanding of their business, what they need, and what issues they are facing. In turn, HEABC can provide better advice and services and better represent Affiliate members. The outcome of this project is an engagement strategy that ensures we are able to support and represent our Affiliate members.

How: Member Survey and One-on-One Meetings

A two-part process was created for Affiliate member outreach.

First, a member survey was sent out in March to gather high-level information. Following the survey, Affiliates had the option to participate



in a one-on-one conversation with HEABC representatives to discuss how their organization works with HEABC, expanding on information provided in the survey to give us a deeper understanding of their

organization's priorities, challenges, and interactions with HEABC. One-on-one meetings are taking place throughout June via Zoom or phone.



What's Next?

HEABC will review the responses from the survey and the consultation process to identify themes, and build an action plan for improved ongoing Affiliate member engagement. The Affiliate Engagement Project will allow Affiliates to help shape how they engage with HEABC. This project is only the beginning as HEABC continues to strengthen our relationship with this important group of members.

LABOUR RELATIONS BY THE NUMBERS



693 AJUDICATION FILES OPENED
(April 1, 2020 to March 31, 2021)



614 HEALTH AUTHORITY (Including Providence Health Care)
79 AFFILIATES (Excluding Providence Health Care)

BY BARGAINING ASSOCIATION



246 CBA **172** HSPBA **128** NBA **114** FBA
17 APADBA **16** LABOUR RELATIONS CODE

BY FORUM



335 Expedited arbitrations
221 Full arbitrations
66 British Columbia Healthcare Office of Arbitration
57 Industry Trouble Shooters
14 Labour Relations Board

TOP 6 TOPICS



118 Discipline and discharge
67 Leaves
57 Overtime
54 Scheduling/hours of work
40 Posting/selection
27 Classification

NEGOTIATIONS & IMPLEMENTATION UPDATE

HEABC's labour relations and negotiations teams had an exceptionally busy year supporting both collective agreement implementation and COVID-related labour relations issues and negotiations. A few major industry initiatives included:

Single Site Transition Framework (SSTF) & Permanent Postings Process

In April 2020, to reduce the risk to vulnerable residents of long-term care and assisted living facilities from transmission of COVID-19 by health care workers, the Provincial Health Officer issued an Order limiting the movement of staff between facilities (the Single Site Order, or SSO). HEABC was engaged to negotiate the poly-party Single Site Transition Framework (SSTF) to address the significant labour relations implications created by the SSO. The SSTF has proven to be incredibly successful in avoiding a myriad of litigation that would have otherwise ensued as a result of the disruption experienced by staff affected by the SSO. To date, only three cases have gone through the SSTF dispute resolution process, and HEABC has successfully defended them all.

In the summer, employers reported that their inability to post and hire staff into permanent positions was creating critical recruitment and retention issues, and HEABC was asked to negotiate a process to facilitate permanent postings under the SSTF. HEABC successfully negotiated these amendments, including a provision to significantly mitigate the employer's potential liability for lay-off and severance obligations, as well as a related process for recognizing seniority.

Bill 47 Labour Adjustment Template Agreement (LATA)

Through the Bill 47 Working Group, the parties have agreed on all substantive terms of the Labour Adjustment Template Agreement (LATA), which sets out the labour adjustment terms that will be applicable to transition employees of health sector contractors to the Facilities Subsector bargaining unit, in the event that the decision is

made by government and health authorities to repatriate currently contracted services. The LATA will streamline labour relations issues related to repatriation by negating the need to individually negotiate the labour adjustment terms for each group of contracted employees.

PHS Community Services Society Transition

In June 2019, PHS Community Services Society, a non-profit organization that provides housing, health care, harm reduction and health promotion for vulnerable and under-served people, was added to the Health Care Employers Regulation. In January 2020, HEABC became the accredited bargaining agent for PHS. Moving to the health sector raised a number of complex labour relations issues, and over the past year, HEABC has led negotiations to move staff from their existing collective agreements to the applicable health sector collective agreement. PHS staff fall within three separate bargaining units: Community Subsector, Health Science Professionals and Nurses. The parties engaged Arbitrator Vince Ready to assist in narrowing and resolving differences and were able to overcome challenges regarding the classification of positions within the health sector. HEABC is also leading negotiations of the implementation of the collective agreement on a new, separate Community Subsector bargaining unit that was certified at PHS in December 2020.

Union Jurisdictional/Certification Issues

As the health care system evolves and changes, union representation and bargaining unit placement issues and disputes are becoming more prevalent and more complex. Over the past year, HEABC has assisted members to proactively identify any potential issues or disputes concerning bargaining unit placement or union representation to ensure alignment with the provincial strategy led by HEABC to effectively manage risk of adverse litigation outcomes. HEABC provides strategic guidance for members to manage union representation matters as they roll-

out new programs and care delivery models, such as Urgent and Primary Care Centres (UPCCs) and Hospital at Home.

HEABC has overseen the legal strategy and represented employers on some key Labour Relations Board (LRB) cases on the matter of union certification and applicable bargaining unit (Community vs. Facilities) at UPCCs and primary care clinics.

Bargaining Preparations

Preparations are well underway for 2022 collective bargaining. HEABC will continue engaging with members on key issues to inform bargaining strategies and expects to seek HEABC's Board of Directors' final approval for the bargaining plans in September.



CASES OF NOTE

ARBITRATION DECISIONS

Interim awards regarding direct patient care assessment and Working Short Premium

Article 60 of the Nurses' Bargaining Association (NBA) Collective Agreement provides for a collaborative direct patient care assessment process at the health authorities and Providence Health Care to support the determination of immediate direct patient care staffing requirements. On April 1, 2020, the Patient Care Assessment Process (PCAP) was expected to be implemented; however, as a result of the COVID-19 pandemic, implementation was delayed. The BC Nurses' Union (BCNU) also raised concerns about the various PCAP tools and lack of consistency between the health authorities. An Interim Patient Care Process (interim PCAP) was established following a series of arbitral awards. Until a final PCAP is developed, the interim PCAP determines when the Working Short Premium (WSP) under Article 28.04 of the NBA Collective Agreement is payable.

For further information, members may consult *CIU #s NP-255,252 and 249*.

Arbitrator confirms WorkSafeBC jurisdiction over OH&S matters

HEABC brought a preliminary objection in front of arbitrator Nichols regarding the ability to arbitrate certain occupational health and safety issues. Specifically, HEABC took the position that the matters being raised through the grievance fell exclusively within the jurisdiction of WorkSafeBC and could not be addressed through arbitration. In the alternative, HEABC submitted that if there was concurrent arbitral jurisdiction, WorkSafeBC was the more appropriate adjudicative forum. Arbitrator Nichols arrived at the conclusion that some issues arose under the collective agreement and others fell within the jurisdiction of WorkSafeBC. For example, after evaluating the claims within the grievance, it was found that there were certain issues that required determinations about collective agreement entitlements and obligations, inclusive of compliance with the

NBA Enhanced Disability Management Program. However, the employer's preliminary objection succeeded with respect to the occupational health and safety matters of the case.

Arbitrator rules against union's claim that employer is required to pay for medical monitoring

The Community Bargaining Association (CBA) filed a policy grievance alleging that the employer is required to pay for the medical monitoring of employees with substance use disorders pursuant to paragraph 8.1 of *Memorandum of Agreement (MOA) #1 Re: Enhanced Disability Management Program (EDMP) – Terms of Reference* of the Community Subsector Collective Agreement.

Arbitrator Nichols dismissed the grievance, finding no evidence that the parties' mutually intended for the costs incurred for medical monitoring to be paid by the employer as a general obligation or as a requirement of the EDMP. This award did not address the payment of medical monitoring costs in the context of the employer's duty to accommodate.

For further information, members may consult *CIU # COM-168*.

Arbitrator rules that employers may be required to convert approved vacation leave requests into union leave requests

Responding to a grievance brought forward by the Health Sciences Association (HSA), Arbitrator Nichols determined that employers must make every reasonable effort to grant applications for union leave and may be required to convert approved vacation leave requests into union leave requests. The arbitrator found that the language of Article 5.14 of the Health Science Professionals collective agreement provided that the employer "*will make every reasonable effort to grant the leave*" and confirmed that the leave will be granted except where the absence "*will significantly limit the operational capabilities of the department.*"

In this case, the evidence found that the grievor's application was never genuinely considered. Firstly, the employer took the position that it could not be approved in advance. Secondly, the employer stated it could not be approved because the grievor was scheduled to be on vacation. As such, there was no evidence that the employer made "every reasonable effort" to accommodate the grievor's request.

For further information, members may consult CIU # HSP-155.

Arbitrator decision in favour of paid special leave to attend pediatric allergist appointment with child

A dietitian working at a hospital grieved the employer's refusal of her request for paid special leave to take her infant son to a follow-up appointment following his diagnosis of a severe peanut allergy. The employer allowed the dietitian's request to take her son to the appointment, but only allowed her to take unpaid leave. The decision centered on applying the special leave criteria found in the collective agreement. Specifically, the analysis considered: 1) whether the grievor provided "care" to her son in relation to his medical appointment; and 2) whether his peanut allergy could be considered a "serious illness." The grievance was successful and the grievor was paid for the leave in question.

Arbitrator Nichols affirmed that "care" could be therapeutic, medical, physical, emotional and/or logistical. Whether the grievor was providing "care" depended on the situation, inclusive of considering her son's age and maturity, his ability to make decisions for himself, the severity and complexity of his illness, and the urgency of the circumstances. In this case, the evidence showed that the dietitian's son had an ongoing life-threatening allergy that could be triggered by peanuts. Given his age, the severity of the allergy and his previous reaction to exposure of peanuts, there was an objective basis for concluding that he had a "serious illness."



LABOUR RELATIONS BOARD DECISIONS

LABOUR RELATIONS BOARD (LRB) DECISIONS

LRB orders variation of certification to avoid fragmented bargaining unit structure

The applicant union held bargaining rights over a unit that consisted of 40 nurses. The employer voluntarily recognized a respondent union as a bargaining unit for five nurses. In June 2019, the employer was declared a health sector employer as per section 19.6 of the *Health Authorities Act*. The union brought applications under sections 139 and sections 142 of the *Labour Relations Code* to vary its certification so that all 45 nurses would be represented by the Nurses' Bargaining Association. The application was allowed for two primary reasons: 1) the LRB has a general policy of not encouraging proliferation of bargaining agents at a single work site; and 2) having one bargaining union represent the nurses increased industrial stability. This decision highlights the importance of avoiding a fragmented bargaining structure, especially where small units are concerned. In similar situations, employers will need to consider whether a community of interest between employees would be better supported by one single bargaining agent.

LRB determines bargaining rights of Paramedical Professional Bargaining Unit at Surrey Urgent Primary Care Centre (UPCC)

The Health Sciences Association filed an application pursuant to section 18 of the *Labour Relations Code* to be certified to represent paramedical professionals employed at the Surrey UPCC. In the alternative, the union applied under section 142 of the *Labour Relations Code* to vary paramedical professionals into existing certification within the HSPBA. The union also brought allegations that the employer violated section 6 (1) of the Code by assigning paramedical professionals to be represented by other bargaining unions. The union's applications and section 6 (1) complaint were all dismissed.

Ultimately, the LRB accepted that the paramedical professional positions at Surrey UPCC all fell within either the BC Government and Service Employees' Union or Professional Employees Association certifications and dismissed both applications.

Specifically, it was affirmed that the positions at the UPCC were closer to the community care end of the continuum of care. This decision highlights some important considerations for members about the health sector's continuum of care, inclusive of conceptual differences between acute and community care.

For further information, members may consult *CIU # HSP-160*.

LRB determines bargaining unit placement of certain positions

The Hospital Employees' Union (HEU) applied pursuant to section 139 of the *Labour Relations Code* for a determination of whether certain Primary Care Assistants at Lakes District Hospital and Health Centre fell within the Facilities subsector. HEU also filed a separate section 139 application for a determination of whether medical office assistants at Royal Inland Hospital's Urgent Primary Care and Learning Centre fell within the Facilities subsector. In both cases, Vice-Chair Jewell found that the positions supported services in the Community subsector (wellness model) and not the Facilities subsector (medical model).

These decisions highlight the importance of the continuing evolution occurring within the health sector and how service model changes are shifting towards supporting an integrated, proactive and preventative primary care system.

For further information, members may consult *GIU # 306*.

LEGISLATIVE UPDATE

LEGISLATIVE UPDATE

Covid-19 related leaves: Amendments to the Employment Standards Act

The *Employment Standards Act* (ESA) has been amended to provide employees with up to three days of paid leave for COVID-19-related (C-19 leave) illness/isolation/exposure. Employees are also entitled to paid ESA vaccination leave. All other forms of ESA C-19 leave are unpaid.

For further information, members may consult *GIU # 288*.

Unpaid job protected leave due to illness or injury

Amendments to the ESA also provide for a new paid personal illness or injury leave. The details of this paid leave are not yet established and the provisions will not take effect until January 1, 2022.

For further information, members may consult *GIU # 288*.

Amendments to the Workers Compensation Act

Bill 23, respecting the *Workers Compensation Amendment Act*, came into force by Royal Assent in 2020. The legislation amended various provisions of the *Workers Compensation Act* and had substantive implications for employers. Specifically, these legislative changes address occupational health and safety issues related to investigations and convictions, workers' compensation benefits, the power of WorkSafeBC's Review Division, the powers and obligations of the Workers' Compensation Appeal Tribunal; and collecting unpaid assessments. Employers should be aware that these legislative changes provide for greater latitude in WorkSafeBC's ability to investigate workplace incidences and may also have a financial impact for employers, inclusive of higher premiums and costs of assessment.

For further information, members may consult the WorkSafeBC website:

<https://www.worksafebc.com/en/about-us/news-events/announcements/2020/August/bill-23-passes-into-law>

See also helpful Harris article re: overview of changes:

<https://harrisco.com/the-bc-government-introduces-bill-23-workers-compensation-amendment-act-2020/>

JOINT BENEFITS TRUSTS

SUSTAINABLY MANAGING EMPLOYEE BENEFITS INTO THE FUTURE

The health sector Joint Benefits Trust (JBTs), which were negotiated as part of the 2014-19 Health Sciences, Facilities and Community subsector collective agreements, assumed full control of employee benefits in 2017. 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 trusted fund. From establishing governance processes and operating systems to ensuring sustainability, JBTs are working to manage employee benefits now and into the future.

Over the past year, benefit providers have faced varied impacts as a result of COVID-19. Trustees have been continuously reviewing the impact of the pandemic on plans both from a positive financial perspective (savings in claims costs while service providers have been closed/limited) and the potentially concerning possibility of increased claims costs arising from the actual impacts of the pandemic on individual health.

The JBTs continue 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.



PHYSICIAN SERVICES

PROVIDING SUPPORT FOR URGENT AND COMPLEX PHYSICIAN CONTRACTS

In support of health system priorities such as primary care reform and the surgical strategy, as well as the system’s response to COVID-19, HEABC’s Physician Services team has seen a significant increase in complex and urgent physician contract negotiations. Additionally, there was roughly a 35 per cent increase in the number of physician contract negotiations led or overseen by HEABC’s Physician Services team (154 contracts this year compared to 116 contracts in 2019-20) with almost double the number of Alternative Payment Program contract negotiations.



Areas of focus

HEABC continues to lead and coordinate anesthesia contract negotiations across the province. There has been a steady increase in the number of anesthesiologists transitioning to the new provincial anesthesia contract, and this has improved access to surgery for British Columbians through increased surgical time, lower cancellation rates, and improved recruitment of anesthesiologists. HEABC also developed two new contract templates, the Anesthesia Weekend Income Guarantee and Surgical Fee Premium Contract, to support new elective surgical capacity on weekends.

Support for BC’s primary care strategy has been ongoing with HEABC providing contract drafting and negotiations support for Primary Care and Urgent Patient Care Centre (UPCC) contracts. These contracts require a great deal of oversight, coordination and troubleshooting of issues to ensure alignment with Ministry of Health policy.

In addition to these contracts, Physician Services led and coordinated the COVID-19 response for physicians and residents, which included developing policies and temporary contract models for specific COVID-19 care, as well as providing drafting support and approval for 173 clinical and medical leadership contracts. HEABC was able to do this through convening strategic conversations with system leaders to surface issues and develop a coordinated response.

Lastly, HEABC worked closely with the Ministry of Health, health authorities, and the College of Physicians and Surgeons to support the introduction of a new mid-level health care provider called associate physicians. HEABC led the development of the salary agreement template, compensation framework, recruitment workflow, external communications, and advised on a number of other key policy issues.

KNOWLEDGE MANAGEMENT & COMPENSATION

KNOWLEDGE MANAGEMENT

Responding with data and information to support evolving health care priorities

HEABC's Knowledge Management team played a different and unexpected role in the health care sector over the past year, as HEABC responded to changing health care sector needs and priorities.

The primary objective for 2020 was to be more proactive, to invest in the data and knowledge infrastructure that is required to inform change, and to make informed resource allocation decisions within the health care sector. However, as the COVID-19 pandemic arrived in BC, we shifted our focus to supporting our government, employer and other partners by providing data and health sector information to inform decisions and strategies as they reacted and responded to the evolving pandemic.

Almost overnight, the Knowledge Management team was required to pause the development of

knowledge products and decision analytic tools, and respond to the overwhelming demand for new information and consultation to address new problems. As a result of our access to and knowledge of available provincial health human resource data, expertise, and client-focused perspective, Knowledge Management was directly involved in numerous pandemic-response related activities and projects.

Team members have provided a range of services to support initiatives focused on: personal protective equipment planning, provincial pandemic pay policy, the Provincial Health Officer single site order, and the surgical service renewal assessment. In addition, Knowledge Management worked closely with the Ministry of Health to characterize new and changing public health care sector workforce needs and priorities, and provide data to make workforce planning and investment decisions. During the past year, the team also worked with PSEC and the Ministry of Health to develop the compensation base, which will be used to establish the mandate for collective bargaining agreements negotiated over the next year.



COMPENSATION AND CLASSIFICATION SERVICES

UNION CLASSIFICATION

Maintaining consistent application of negotiated classification systems within a public health emergency

In response to the public health emergency, including Orders of the Provincial Health Officer, a number of new classifications were introduced to support the health sector's response to COVID-19. From Contact Tracers and COVID-19 Testers, to Immunizers, HEABC collaborated with members to ensure classification systems and compensation approaches were applied in a consistent manner. Compensation & Classification Services staff continue to assist employers with the classification of a wide range of bargaining unit jobs, including providing advice to resolve classification related disputes.

HSPBA classification system redesign

Progress continues to be made towards a redesigned classification system for Health Sciences Professionals with final preparations being made to determine implementation costs and responses to arbitral recommendations. HEABC continues to work with members to ensure the effective implementation of new classification provisions outlined in Appendix A of the Health Science Professionals Bargaining Association collective agreement and the resolution of related disputes.

MANAGEMENT COMPENSATION

Compensation at work within a public health emergency

The Compensation Reference Plan (CRP) promotes accountability of employers in the health sector to the public, and provides a framework within which compensation practices are consistently managed.

Following the announcement of a public health emergency in response to COVID-19, HEABC Compensation and Classification Services staff worked closely with employers to address compensation challenges within the Government's public sector compensation guidelines and the CRP. From the establishment of new roles, to temporary compensation measures required to meet critical deliverables, these guidelines and policy objectives enabled HEABC to deliver a coordinated sector-wide approach and support our members in recognizing and retaining an engaged workforce within challenging work environments.

MEMBER EDUCATION SERVICES

EDUCATION SERVICES TO MEET OUR MEMBERS' NEEDS

HEABC's Education Services program continues to provide members with both training and e-learning courses to meet their evolving needs. The program also provides information and tools to equip managers, supervisors and human resources professionals to effectively handle various workplace and labour relations issues.

In addition to these services, the program has also supported and collaborated with various stakeholders on a number of new and existing projects during the past year:

OHS training day

- For the second year in a row, HEABC led the coordination of the Residents' Occupational Health and Safety training day, held virtually due to COVID-19. A total of 392 people attended.

Learning Hub

- HEABC successfully became a licensee of Learning Hub, the provincial learning management system that has provided self-directed e-learning courses. In addition, all course registration and payment was moved to Learning Hub, making the administrative processes easier for all attendees.

Online Resilience Training Program

- Significant progress was made on the development of the online resilience training program, a project which arose out of the 2019-2022 Community Bargaining Association (CBA) collective agreement. The launch date for the program is expected to be late summer or early fall 2021 province-wide.

Employer Direct Submission System e-learning course

- HEABC supported the roll-out of the Employer Direct Submission System by creating and launching an e-learning course to train staff that work in compensation and classification across health authorities who submit role assessments and supporting documentation to HEABC.

HCA Practice in BC e-learning course

- Partnering with the BC Care Aide Registry, HEABC developed a free, five-hour online version of a 30-hour Ministry of Health classroom course for Health Care Assistants (HCAs). The resulting e-learning course, *HCA Practice in BC*, was developed as part of the Expedited Registration Pathway. The course is both relevant to HCAs that received education and experience outside of BC, and also a helpful overview for those returning to practice and those with nursing education/experience who wish to work as a HCA. Overall feedback has been very positive for the program so far.

MoH's e-learning course

- HEABC managed the Ministry of Health's e-learning course entitled *Recognizing and Responding to Adult Abuse*, which is part of standard orientations for many health care workers. Updates were also made to ensure the course was compliant with current technology.

Due to COVID-19, workshops were not held until mid-October 2020. Webinars were adapted to be delivered via Zoom and features of the virtual platform allowed for more interactivity, making the experience more akin to a live classroom event than ever before. Overall, webinars received a 91 per cent member satisfaction rating in follow-up surveys among participants/attendees.

HEABC MEMBER EDUCATION STATISTICS 2020-21

LABOUR RELATIONS TRAINING



E-LEARNING COURSES MANAGED BY HEABC EDUCATION SERVICES

	Registered	Completed
HCA Practice in BC	898	635
Recognizing & Responding to Adult Abuse	2,257	2,046
Employer Direct Submission System	32	32
PVPC for Physicians	464	389
Physician Contracting	39	17

NURSE STAFFING SECRETARIAT

SUPPORTING COLLABORATIVE SOLUTIONS TO NURSING ISSUES

The Nurse Staffing Secretariat (NSS) was established as part of the 2014-19 Nurses' Bargaining Association (NBA) Provincial Collective Agreement to support collaborative approaches to provincial nurse staffing issues. The approach was successful and was renewed as part of the 2019-22 NBA agreement.

Here are some highlights from the past year of collaborative work.

Professional Responsibility (PR) Process

A new PR process, established under the 2019-22 NBA agreement, enables nurses to identify professional practice problems and bring them forward to their manager for collaborative solutions. This new process, which is simpler and more timely, is a significant change from the previous practice, which had been used by nurses to raise a number of other concerns over two decades.

To implement the new process, a Provincial PR Working Group (PRWG) was established with three representatives each from employers and the union in addition to HEABC representatives. The PRWG has since developed various resources to support the new process including:

- guiding principles and flow chart documents;
- education resources;
- an online learning module and an electronic PRF.

The PRWG is in the process of finalizing a provincial evaluation plan and metrics to assess the new PR process. NSS staff also supported the resolution of outstanding issues under the old process.

Article 60 – Direct Patient Staffing

Article 60 of the 2019-22 collective agreement provides for a collaborative direct patient care assessment process (PCAP) in each health authority and Providence Health Care (HA/PHC) to support the determination of immediate (short-term) direct patient care staffing requirements. Development of these processes and tools by employers and the union was a significant piece of work this past year. Currently, HA/PHC have implemented a common interim assessment process and are committed to developing a final version.

The new PR process and the PCAP are independent processes that rely on local collaborative resolution of practice and workload concerns. HEABC continues to support the ongoing implementation work of these two significant changes.

Clinical Mentorship

The parties agreed to create clinical mentorship positions for the term of the 2019-22 collective agreement. Clinical mentors provide “elbow-to-elbow” clinical mentorship to nurses while on duty. The added mentorship is intended to assist with skill development, recruitment, retention and safe patient care. This work was delayed by the pandemic, but on April 1, 2021, the parties finalized an agreement regarding allocation of these positions, job descriptions and updated an implementation schedule.



SUPPORTING AND EXPANDING THE HEALTH CARE ASSISTANT WORKFORCE



BC Care Aide & Community Health Worker Registry

The impact of the COVID-19 pandemic on seniors' care in BC created a high demand for Health Care Assistants (HCAs) throughout the province.

In response to the heightened demand, the **BC Care Aide and Community Health Worker Registry (the Registry)**, working closely with the provincial Ministry of Health, implemented a number of emergency registration measures for HCAs. Key changes included the creation of a temporary registration pathway for nursing students, the simplification of documentation requirements for new BC graduates and nursing students, and further streamlining the Expedited Registration Pathway for Out-of-Province HCAs. The new processes were quickly implemented to remove barriers to registration at a time when the entry of qualified personnel into the health care workforce was critical to support the delivery of care.

The pandemic also impacted face-to-face HCA education program delivery in BC, in addition to clinical placements. The Registry worked closely with recognized, post-secondary educational institutions to support online learning, and develop processes for remote recognition assessments.

Health Match BC's [Choose2Care program](#) also supported individuals seeking registration through the Registry and employment opportunities in BC. Through its HCA Career Pathways & Bursary Program, the Choose2Care team provided candidates with support navigating registration pathways, and also made connections to educators and employers in BC. Financial support was made available to assist applicants with expenses related to the Nursing Community Assessment Service (NCAS) HCA assessment, including a rural travel stipend and the costs associated with transitional education. In March 2020, working with the Ministry of Health, Choose2Care launched a new bursary to support HCAs who registered through the Expedited Pathway for Out-of-Province HCAs.

In September 2020, the Ministry of Health announced the Health Career Access Program (HCAP) as a new pathway for future HCAs to receive training and education as a HCA while working as a Health Care Support Worker. HEABC supported the development and launch of the HCAP initiative in a number of ways, including curriculum development and program recognition, managing candidate expressions of interest, and a new stipend to cover the costs of HCAP's pre-requisite requirements.



BC Health Care Assistants

PHYSICIAN RECRUITMENT AND RETENTION

Responding to Pandemic-Related Challenges

Throughout 2020-21, the COVID-19 pandemic brought a number of unexpected challenges and opportunities to the physician recruitment and retention landscape. Travel restrictions, changing immigration policies, regulatory exam cancellations, and a shift to more virtual health delivery models, were only a few examples of the disruptions brought on by the pandemic.

While transitioning successfully to a completely remote working environment, the programs within HEABC's Recruitment Solutions department continued to support its physician candidates and those navigating increasingly complex employment, immigration, and regulatory environments. The programs also expanded a number of their services.

Locums for Rural BC (LRBC) implemented temporary changes to the BC Rural Locum Programs in order to provide appropriate supports to host and locum physicians during the COVID-19 pandemic. This included new locum tele-health assistance (i.e., virtual locums) and expanded support to all Rural Subsidiary Agreement (RSA) communities. LRBC also operationalized the permanent inclusion of an out-of-province travel allowance and an expansion of the communities served by the specialist program.

Despite having to cancel its Spring 2020 intake, **Practice Ready Assessment BC (PRA-BC)** ended the year with 16 family medicine physicians successfully completing a 12-week clinical field assessment and starting a three-year Return of Service commitment in communities across the province. PRA-BC adapted its assessment processes to accommodate the increased use of virtual medicine in primary care settings, and



implemented an extensive risk mitigation strategy to ensure program continuity. In 2020-21, PRA-BC also expanded to include placements in urban communities and Primary Care Networks. The year ended with the start of PRA-BC's largest intake to date: 20 physician candidates are confirmed to attend its Spring 2021 intake.

The Health Match BC physician recruitment team supported 289 new physician applicants and submitted 180 applications to the College of Physicians and Surgeons of BC. Health Match BC also helped to establish recruitment processes for the new Associate Physician class of licensure, in addition to managing over 1,200 expressions of interest for the newly introduced profession. Health Match BC also continued its support for BC's Surgical Renewal Strategy, which included the recruitment of 34 anesthesiologists for vacancies throughout BC.

It was a transformative, productive, and challenging year filled with both planned and unplanned work for the provincial health care system. Amid an ever-shifting landscape, several opportunities emerged for change, learning and technological and digital transformation. HEABC Recruitment Solutions continued to adapt and to deliver services and supports to health care employers to better recruit and retain physicians across BC.

RECRUITMENT SOLUTIONS PROGRAM UPDATES

BC'S FIRST PROVINCIAL HEALTH CARE VIRTUAL CAREER FAIR

Travel restrictions and event cancellations caused by COVID-19 resulted in a reduction in site visits and other in-person recruitment events, such as conferences and career fairs. In 2020-21, HEABC's Recruitment Solutions team focused on identifying new and creative ways to attract, source, and engage health care professionals and career seekers by adapting to the new virtual recruitment landscape.

In November 2020, Health Match BC hosted the BC Health Care Virtual Job Fair, the first-ever provincial virtual career fair in BC. The event attracted thousands of health professionals from around the world and was a collaborative effort between Health Match BC (and all other HEABC Recruitment Solutions programs), health authorities, regulatory bodies, and other provincial partners.

Although the event was primarily targeted to specialist physicians, registered nurses and allied health professionals in Canada, the US, and the UK, the event ended up attracting hundreds of family physicians, and several other health care professionals.

The full-day virtual event featured:



Live webinars and on-demand videos in a virtual auditorium



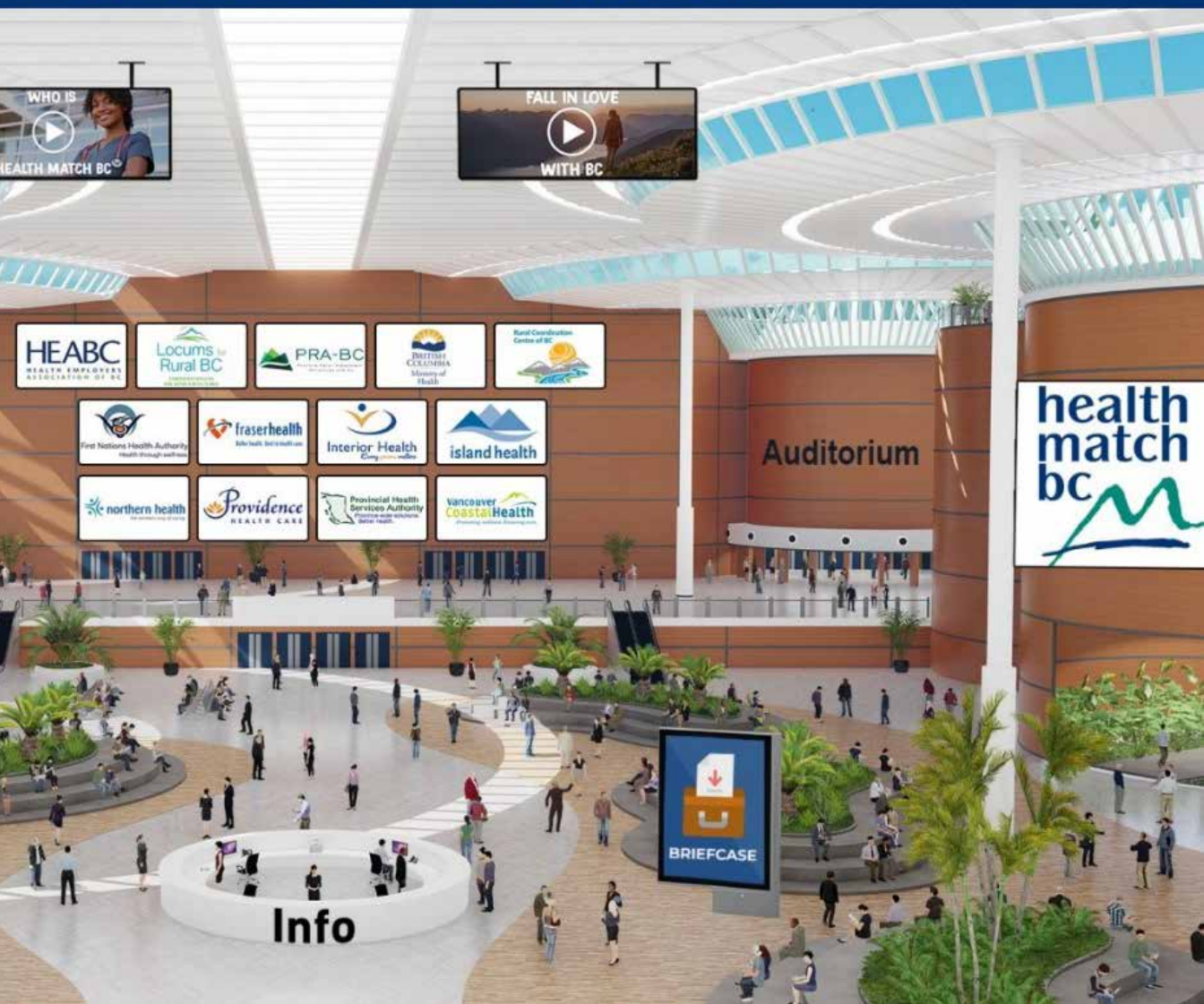
A virtual exhibit hall featuring 20 different booths, where candidates could interact with provincial representatives through one-on-one and group chats



A virtual briefcase, in which candidates could load information materials, such as videos, pamphlets and digital brochures



A multi-part webinar series called *Live. Work. Play* in BC launched a month before the event. In addition to promoting the career fair, the webinars provided profession-specific content related to employment, immigration, and licensing in BC. A comprehensive advertising campaign was also launched in the lead up to the event.



Health Match BC Career Fair Registrations

1,990



38%
Physicians



29%
Registered
Nurses



33%
Allied Health
Professionals

The success of the event is largely attributable to the efforts of our provincial partners and a BC-first approach to recruitment. Health Match BC will continue exploring options to host future collaborative events, and virtual events on online platforms.

AFFILIATE MEMBER SPOTLIGHT



HEABC's Affiliate members provide a wide variety of much-needed services, including mental health services, drug and alcohol treatment, and supported housing to some of BC's most vulnerable populations. The following is a spotlight on just one of those service providers.

RainCity Housing

RainCity Housing provides housing, support programs, and probably most importantly, builds relationships with vulnerable people throughout the Lower Mainland and Sunshine Coast, working with clients to create options in people's lives. RainCity started the Triage Emergency Shelter program in 1982, housing up to 30 people at a time. The program is RainCity's first line of support for people experiencing homelessness in Vancouver. From the start, the focus has been on welcoming people who are often denied access to community services, providing emergency shelter and supports for people experiencing mental illness, addictions, trauma, and other challenges in Vancouver's Downtown Eastside.

Because people often stay longer at Triage than more traditional shelters, staff have more time to engage, build relationships, and tailor services

to meet individual needs. Since its beginning, the Triage program has expanded to shelter and support more than 2,000 people annually and operate over 30 programs in 10 municipalities. The ability to welcome so many people into housing and supports is made possible by RainCity Housing's community of 800+ plus employees, including members of the growing Peer and Indigenous Cultural Liaison teams

The BC government declared our province's drug overdose crisis a public health emergency five years ago, and the crisis has only grown worse since the COVID-19 pandemic, increasing people's isolation at a time when the risk of death related to drug use has increased dramatically. In response, RainCity created a number of initiatives such as the introduction of a Peer Witness program into the majority of their housing programs. Another initiative is the addition of the Kingsway Community Station, which provides a safe overnight gathering space and washrooms for women (transgender and cisgender) and gender diverse people. The newly named Thomas Donaghy Overdose Prevention Site also offers people a space, outside of Vancouver's downtown core, where they can be safely monitored while using drugs. All of these services are designed to reduce isolation and bring people together in the midst of increased isolation.

RainCity's Indigenous and Peer teams have provided critical support to tenants, staff teams and organizations through during this time of significant and sustained loss and isolation. As an organization and a community of people, RainCity looks forward to continuing to provide welcoming, safe and supportive housing alongside its Indigenous and Peer staff.



RainCity staff, Marnie (left) and Kaylee participating in a Smudge

2020 BC HEALTH CARE AWARDS

GOLD APPLE AND AWARD OF MERIT RECIPIENTS

Recipients of the 14th annual BC Health Care Awards were announced March 23, 2021 in a pre-recorded awards video presentation. Six Gold Apple and seven Award of Merit recipients were honoured in six categories, including a new award for Outstanding Health Care Volunteer, which spotlights volunteers and their important role in health care.

The nomination period for the 2020 awards ended just as the COVID-19 pandemic arrived in BC last spring, and the awards luncheon, originally scheduled for June 2020, was postponed, and then replaced by a pre-recorded awards video presentation. The presentation can be viewed on the [BC Health Care Awards YouTube channel](#).

Since the awards were launched in 2007, 158 Gold Apples and 117 Awards of Merit have been awarded to health employees who are improving BC's health care system and patient care.

GOLD APPLES

HEALTH CARE HERO

Linda Warner
Clinical Research Manager
BC Children's Hospital
Provincial Health Services Authority

NEW - OUTSTANDING HEALTH CARE VOLUNTEER

Joe Wittkofski
Volunteer, Nanaimo Travellers Lodge Society
o/a Eden Gardens
Island Health

COLLABORATIVE SOLUTIONS

'One' System of ECLS Care - Partnering To Save Lives in BC
Vancouver Coastal Health

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

Scholar in Residence Program of Research: Mobilizing Person-Centred Care and Patient-Oriented Research in Mental Health and Substance Use
Island Health

TOP INNOVATION

Open Heart Surgery Surgical Site Infection Program (OHS SSI)
Island Health

WORKPLACE HEALTH INNOVATION

Mindfulness for Psychological Health study
Fraser Health

AWARDS OF MERIT

HEALTH CARE HEROES

Dr. Richard Merchant
Royal Columbian Hospital
Fraser Health

Suzanne Lehbauer
Executive Director
Castlegar Hospice Society
Interior Health

OUTSTANDING HEALTH CARE VOLUNTEER

Doug Morris
Leadership Volunteer, Medical Imaging
Victoria General Hospital
Island Health





BC HEALTH CARE
AWARDS

COLLABORATIVE SOLUTIONS

Emergency Network - Model of Care
Fraser Health

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

**Intensive Care Unit Patient and Family Advisory
Council**
Royal Inland Hospital
Interior Health

TOP INNOVATION

Emergency Relocation and Receiving Guide
Northern Health

WORKPLACE HEALTH INNOVATION

**Investigation into the Cleaning Methods of
Smartphones and Wearables from Infectious
Contamination in a Patient Care Environment
(I-SWIPE)**
Royal Jubilee Hospital
Island Health



Armer



Joe Wittkofski



System of ECLS Care - Partnering To Save Lives in BC



Open Heart Surgery Surgical Site Infection Program (OHS SSI)



In Residence Program of Research: Mobilizing Person-Care and Patient-Oriented Research in Mental Health and Use



Mindfulness for Psychological Health study

BARGAINING ASSOCIATIONS

FULL-TIME EQUIVALENTS BY ASSOCIATIONS & CONSTITUENT UNIONS

COMMUNITY



Union	FTEs	%
BCGEU	7,433	65.0
UFCW	1,863	16.3
HEU	1,375	12.0
HSA	384	3.4
CUPE	347	3.0
BCNU	37	0.3
CLAC	5	0.0
USWA	0	0.0
Total	11,444	100

NURSES



Union	FTEs	%
BCNU	32,886	98.3
HSA	551	1.6
BCGEU	3	0.0
CLAC	1	0.0
HEU	5	0.0
Total	33,446	100

RESIDENT DOCTORS OF BC



Union	FTEs	%
RD BC	1,327	100
Total	1,327	100

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

FACILITIES



Union	FTEs	%
HEU	27,634	93.8
BCGEU	1,415	4.8
IUOE	223	0.8
BCNU	80	0.3
PPWC	76	0.3
USWA	7	0.0
IBEW	5	0.0
UAPP	4	0.0
UBCJA	4	0.0
IUPAT	1	0.0
CUPE	0	0.0
Total	29,449	100

AMBULANCE PARAMEDICS & AMBULANCE DISPATCHERS



Union	FTEs	%
*CUPE	2,884	100
Total	2,884	100

HEALTH SCIENCE PROFESSIONALS



Union	FTEs	%
HSA	11,820	81.5
BCGEU	2,025	14.0
CUPE	509	3.5
PEA	96	0.7
HEU	49	0.3
Total	14,499	100

Notes:

- Data is annualized to a 365-day reporting period.
- FTEs reflect data as reported in HSCIS 2020-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, 2021, with comparative information for 2020

	2021 Budget (note 2(i))	2021	2020
Revenue:			
Provincial government funding	\$ 12,064,458	\$ 12,400,569	\$ 11,683,548
Fees for service	40,000	19,127	93,699
Interest	250,000	202,134	454,974
	<u>12,354,458</u>	<u>12,621,830</u>	<u>12,232,221</u>
Restricted funding from deferred operating contributions (note 4)	15,309,310	13,924,780	11,551,151
Amortization of deferred capital contributions (note 5)	192,280	192,283	192,282
	<u>27,856,048</u>	<u>26,738,893</u>	<u>23,975,654</u>
Expenses (note 14):			
Ongoing operations:			
Legal services, negotiations and labour relations	5,892,207	5,540,757	5,047,374
Knowledge management and compensation services	3,679,710	3,747,015	3,430,503
Physician services	3,000,000	2,562,852	2,423,091
Health Match BC - Recruitment services	2,410,631	3,013,174	2,099,799
Executive services and board governance	1,883,400	1,629,432	1,664,370
Collective bargaining and related expenses	1,616,240	1,801,112	1,225,914
General	889,000	1,100,354	1,007,582
Finance and administration	776,610	640,098	773,549
Occupational health and safety	741,360	426,637	533,844
Expenses from ongoing operations	<u>20,889,158</u>	<u>20,461,431</u>	<u>18,206,026</u>
Other managed programs:			
Practice ready assessment BC	2,300,000	1,546,702	1,373,707
Locums for rural BC	2,194,164	2,180,760	1,926,420
Health Match BC - Health care assistant recruitment	987,000	714,883	529,349
Health Match BC - Primary care strategy	930,000	774,800	861,811
BC care aide and community health worker registry	661,353	666,656	636,570
Health cross jurisdictional labour relations database	414,202	393,661	441,771
Expenses from other managed programs	<u>7,486,719</u>	<u>6,277,462</u>	<u>5,769,628</u>
Total expenses from operations	<u>28,375,877</u>	<u>26,738,893</u>	<u>23,975,654</u>
Annual surplus (deficit)	(519,829)	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	<u>\$ 3,107,971</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, 2021, with comparative information for 2020

	2021	2020
Financial assets:		
Cash	\$ 6,002,501	\$ 5,516,927
Restricted cash (note 3)	9,404,188	8,895,765
Accounts receivable (note 4 (a))	21,354,068	170,951
	36,760,757	14,583,643
Liabilities:		
Accounts payable and accrued liabilities (note 12)	2,859,299	2,142,077
Deferred operating contributions (note 4)	26,214,688	8,895,765
Deferred capital contributions (note 5)	5,907,391	2,499,674
Deferred lease liability (note 6)	2,094,456	2,178,668
Retirement benefit liability	258,424	272,505
	37,334,258	15,988,689
Net debt	(573,501)	(1,405,046)
Non-financial assets:		
Tangible capital assets (note 7)	3,935,936	4,756,828
Prepaid expenses	265,365	276,018
	4,201,301	5,032,846
Commitments (note 11)		
Contractual rights (note 12)		
Accumulated surplus (note 8)	\$ 3,627,800	\$ 3,627,800

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.

2020/21 BOARD OF DIRECTORS

BOARD CHAIR

Betsy Gibbons

Independently appointed Board Chair

AFFILIATED CARE PROVIDER REPRESENTATIVE

Joseph McQuaid

Executive Director

Alberni-Clayoquot 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

John Davison

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

Dr. David W. Byres

Interim President & CEO

Provincial Health Services Authority

VANCOUVER COASTAL HEALTH REPRESENTATIVE

Vivian Eliopoulos

President & CEO

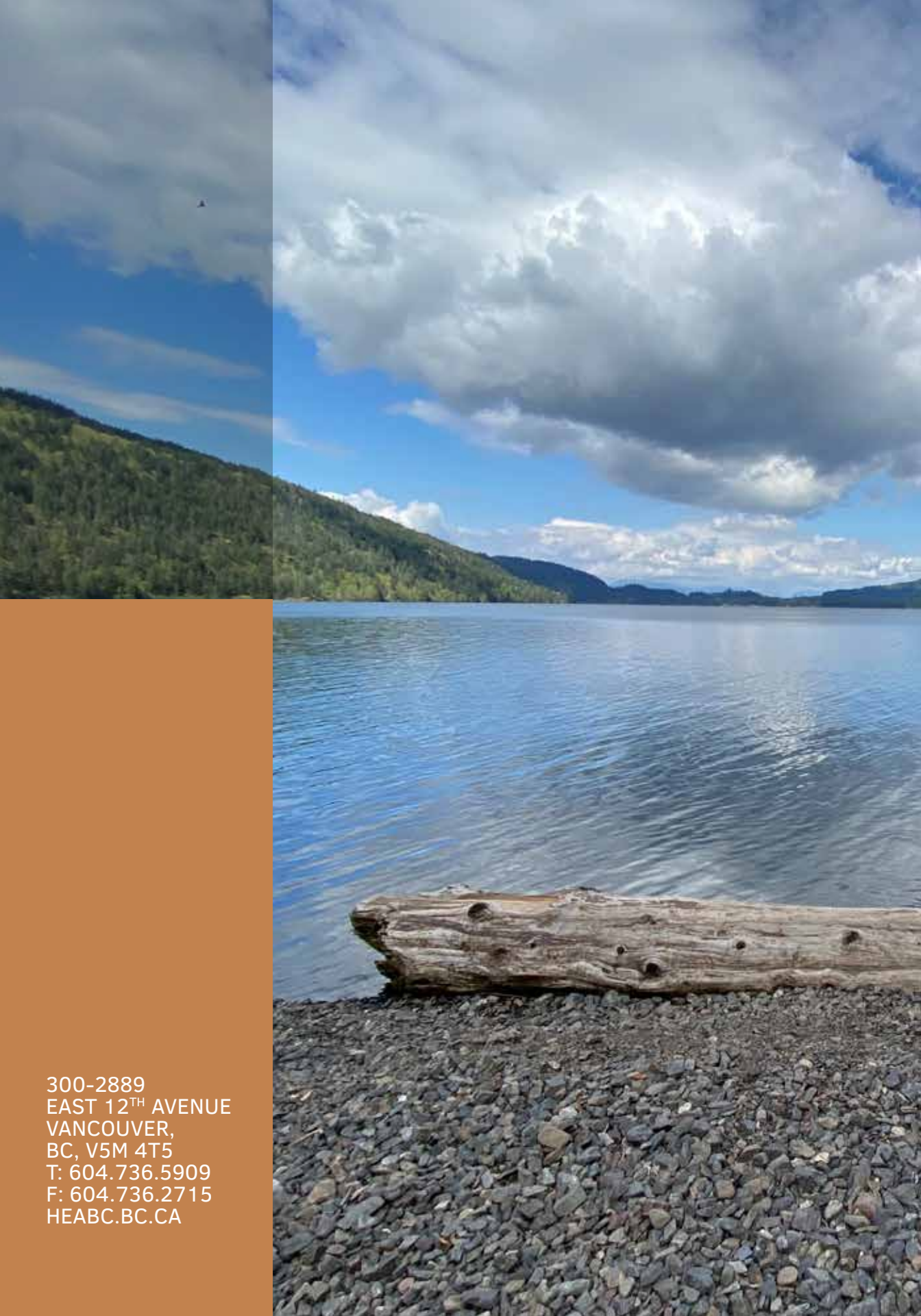
Vancouver Coastal Health Authority

VANCOUVER ISLAND HEALTH AUTHORITY REPRESENTATIVE

Kathy MacNeil

President & CEO

Island Health Authority



300-2889
EAST 12TH AVENUE
VANCOUVER,
BC, V5M 4T5
T: 604.736.5909
F: 604.736.2715
HEABC.BC.CA