

# Collaborative Solutions: Building on our Commitments

HEALTH EMPLOYERS ASSOCIATION OF BC  
2006-2007 ANNUAL REPORT

## Vision, Mission, and Values Statements

### **Mission Statement**

The Health Employers Association of British Columbia provides professional, accountable labour relations, human resources, and related services that contribute to sustainability, innovation, and service excellence in healthcare.

### **Vision**

To excel in leadership, expertise, collaboration, and innovation in health system labour relations and human resource practices.

### **Values**

At HEABC, we believe in:

- An accountable organization which conducts its affairs with integrity in an environment of mutual respect in all our relationships.
- The highest possible quality healthcare guided by the needs of members within the government's strategic and financial priorities.
- Working cooperatively and constructively with healthcare employers, government, and unions.



## HEABC: The Organization and its Services

The Health Employers Association of BC (HEABC) represents a diverse group of over 300 publicly funded healthcare employers. This includes denominational, proprietary, and non-profit affiliate organizations, as well as the province's six health authorities. HEABC members range in size from organizations with less than 25 employees to large, regional health authorities with thousands of employees.

HEABC was formed in 1993 under the Public Sector Employers' Act in response to the Korbin Commission of Inquiry into the Public Service and Private Sector in British Columbia. The Commission outlined a process for creating a single organization to coordinate the human resource and labour relations interests of healthcare employers in the province and ensure a consistent employer approach in these areas. HEABC took on this coordinating role through the amalgamation of the Continuing Care Employee Relations Association (CCERA), the Health Labour Relations Association (HLRA), and the labour relations division of the BC Association of Private Care (BC Pricare).

Since its formation, HEABC has taken a leadership role in strategic planning related to human resources and labour relations issues management for BC's publicly funded health employers. HEABC works closely with government and its members to ensure that issues and solutions are identified and communicated to both. Through collective bargaining and other industry initiatives, HEABC endeavours to build constructive and collaborative relationships with members, government, employees, and unions, while continuing to adapt to the evolving needs of its membership.

HEABC provides leadership and professional expertise in:

- Benefit Plan Design
- Collective Bargaining and Contract Negotiations
- Contract Compensation and Job Classification
- Education and Training
- General Labour Relations Services
- Government Relations for Healthcare Employers
- Human Resource Planning
- Non-Contract and Management Compensation
- Research and Knowledge Management
- Specialized Recruitment Services
- Wellness and Occupational Health and Safety.

HEABC has offices in Vancouver and Victoria with over 90 professional staff members who are dedicated to meeting the needs of its membership and key stakeholders.



## Message from the Board Chair

The theme of this year's Annual Report is "Collaborative Solutions: Building on our Commitments" and the past year certainly has reflected this spirit. Working collaboratively with all of our stakeholders is a key success factor in creating a sustainable healthcare system for our province.

Continuing the positive momentum of 2006's exceptional bargaining outcomes and successful rollout of the five collective agreements, HEABC worked with our members, government, and our union partners to establish key roles and provide support in delivering the 50-plus key commitments. Also, wherever possible, we looked for opportunities to add value and focus on sharing best practices for our employers, while continually evolving and enhancing our services to meet the unique and changing needs of our member organizations.

One way to share best practices and innovation has originated with the development and launch of the inaugural Excellence in BC Healthcare Awards program for our membership. The Board is delighted to have this opportunity to highlight some of the success stories that happen every day within our employer sites across the province. This is an exciting opportunity for our industry and for HEABC.

With great representation from affiliate members, health authorities, and government, HEABC's Board, along with HEABC management, has been working diligently to bring employer labour and human resource management issues forward to government and key stakeholders, where appropriate. As Board Chair, during the past year I have had the opportunity to discuss various issues brought forward by our Affiliate and Health Authority members with the Minister of Health. I have represented HEABC through the Council of Chairs, which is a meeting of all of the health authority Board Chairs and the Deputy Minister of Health.

The HEABC Board continues to take members interests into consideration with all of our resulting actions and decisions. Building further upon our organizational commitments, HEABC's Board annually establishes strategic priorities to shape and guide the work of the organization. These priorities reflect HEABC's mission and values, and outline how our organization will deliver outstanding member services. For 2007-2008, we continue to meet HEABC's organizational goals:

- Excellence in Labour Relations
- Contributing to Sustainable Human Resources in Healthcare
- Building Constructive Relationships with Members, Government, Unions and the Public
- Operational Excellence.

This year's Annual Report has been organized to reflect these goals, while highlighting some of our members and stakeholders. I know both the Board of Directors and HEABC staff will continue to listen, work, and collaborate with our members and partners to accomplish these goals. The Board has also revised HEABC's Mission, Vision, and Value Statements to better reflect the roles and responsibilities of the organization. These new Statements are introduced in the beginning of this report.

As I look ahead to the coming year, I would like to take this opportunity to thank my fellow Board members for their continued support in bringing the "collective" voice of our employers and stakeholders to the forefront at the Board table. I would also like to thank our members for their feedback and input over this past year, as well as thank HEABC's management team and staff for their ongoing commitment to support our members.



Linda S. Petch Board Chair



## Message from the President and CEO

Last Spring, we were busily concluding negotiations which saw the highest ratification results ever for unions and employers. Since then, the past year has seen a number of achievements relating to bargaining, as we rolled out the five collective agreements to our membership.

HEABC has worked hard to support the over 50 key commitments flowing from the 2005-2006 policy discussions and bargaining 2006. To track data within those commitments, we have enhanced our research and data collection capabilities. We have continued to work collaboratively with government, unions, and other partners. An excellent example was the agreement on a process, to resolve 800 NBA backlog grievances filed by BCNU with the health authorities.

Another success story is the introduction of the Early Intervention Program (EIP) and its adoption by NBA, FBA, CBA, and the HSPBA this spring. The EIP complements existing LTD plans by assisting ill and injured employees to return to work. It addresses a number of pressures facing health employers and is a real “collaborative solution”.

In surveys completed by members participating in contract interpretations sessions last year, education and information sharing were identified as areas where HEABC could provide added value. Consequently, we updated our public and member websites, and made member education a top priority, with new and revised courses to be introduced this Fall.

The Excellence in BC Healthcare Awards was established to recognize member excellence and best practices. Response has been overwhelmingly positive with 143 nominations in the first year and I’m proud to say that we believe the awards will emerge as an annual highlight.

HEABC continues to coordinate and promote labour relations and human resource best practices through its participation on various industry committees. HEABC plays an important role in helping to communicate the ever-changing needs of its membership to a variety of stakeholders.

Within Labour Relations, our key priorities for 2007-2008 are to begin preparations for 2010 bargaining and monitor current collective agreements, while working with our partners to successfully implement and share best practices. In Human Resources, we will look for opportunities to manage benefits strategically, encourage healthy workplaces, and enhance recruitment and retention within our industry.

Our in-house experts provide guidance and advice for employers to administer contracts effectively, while ensuring consistent application across the province. With important changes such as mandatory retirement legislation coming into effect in early 2008, we will answer members’ questions and find solutions to issues that may arise.

With recruitment assistance from Health Match BC, we will help members navigate through staff shortages, while HEABC Research will assist employers to identify significant employment trends. As well, we will be meeting with employers face to face to bring member feedback and issues to the forefront.

We have had a great year and on behalf of my colleagues, I would like to thank you for your ongoing commitment to HEABC. I would also like to thank the Board as well as HEABC’s management team and staff who provide wonderful support. I look forward to working with you in the year ahead.



**R. M. Louise Simard** President and CEO



**NORMA CHASSE, CHRP**

*Assistant Director, Labour Relations & HR Operations – Northern Health*

With a healthcare career spanning 33 years, Norma started out working in HEU's business office. In the intervening years, Norma set up the scheduling office and worked as Payroll Supervisor at Prince George Regional Hospital, until eventually assuming her current role as Assistant Director, LR & HR Operations. Over the years she has worked closely with HEABC and was a valuable contributor on the Facilities Subsector Provincial Bargaining Committee for the 2001-2004 Collective Agreement. In addition to attending HEABC education workshops, contract interpretation sessions, and various hearings, Norma also facilitated the Nurse Policy Discussion groups for 2004-2006 and was involved with the Community Classification implementation in 2003. She plans to retire at the end of December 2007 so she can spend more time with her grandchildren and dedicate time to travel.



## HEABC GOAL ONE: Excellence in Labour Relations

### Member Services: Labour Relations

HEABC's Labour Relations Services works with employers to effectively resolve issues and consistently interpret and apply the health sector collective agreements as well as employment-related legislation. HEABC's consultants also represent member interests at labour/ management meetings and at hearings when issues require resolution.

#### *Bargaining 2006 Rollout*

HEABC held a series of Contract Interpretation and Feedback sessions across the province to inform the membership about the contract changes arising from 2006 negotiations. Ten sessions were held in seven BC communities between May 29 and June 23, 2006. HEABC staff and members of the bargaining teams for each table explained first-hand how contracts were negotiated giving groups a better understanding of how decisions were made. In addition to attending the sessions, over 500 members completed written feedback forms. Survey results indicated that sessions were valuable, with 85% of attendees ranking the sessions as very good to excellent.

### 2006-2007 Cases of Note for BC's Health Employers

#### *Nurses – Influenza Immunization*

In January 2005, the BC Nurses' Union (BCNU) filed a grievance alleging that the Interior Health Authority's Influenza Immunization Policy violated the Collective Agreement. The policy, consistent with those in place throughout the province, provides for the exclusion of staff without pay in the event of an influenza outbreak, should they refuse a flu shot or refuse to take antiviral medication as required.

At arbitration, the BCNU argued that the Policy was coercive, an unreasonable exercise of management rights, and violated the protected rights to life, liberty, and security of the person specified in Section 7 of the Canadian Charter of Rights and Freedoms. Arbitrator Emily Burke dismissed the grievance concluding that the Policy is reasonable, consistent with the Collective Agreement, and does not violate Section 7 of the Charter.

While Arbitrator Burke's decision was issued under the Nurses' Provincial Collective Agreement, the decision supports similar Influenza Immunization Policies under all of the health sector collective agreements.

#### *Nurses – Contracting Out*

In late 2004, the BCNU filed a grievance against Renfrew Care Centre's decision to contract out all of its nursing services. The BCNU claimed that the nurses had been fired without cause, or alternatively, that they had been improperly laid off. The Employer replied that the nurses' positions in the bargaining unit were properly contracted out pursuant to the Health and Social Services Delivery Improvement Act (Bill 29). Arbitrator Stan Lanyon dismissed the grievance finding that the nursing services were properly contracted out pursuant to the Bill 29. The BCNU has appealed Arbitrator Lanyon's decision to the Labour Relations Board.

## HEABC GOAL ONE: Excellence in Labour Relations

### *Whether a “Day of Protest” is Considered to be a “Strike”*

Since 1984, the definition of “strike” in the Labour Code has prohibited any work stoppage during the term of a collective agreement.

In 2004, the Hospital Employees’ Union (HEU), along with the BC Teachers’ Federation, engaged in demonstrations protesting government legislation. These demonstrations, however, included actions mirroring traditional picket line behaviour intended to prevent employees from attending at work as scheduled. Both HEABC and the British Columbia Public School Employers’ Association (BCPSEA) sought relief against this conduct at the Labour Relations Board (LRB). In two separate hearings, two LRB decisions were issued that concluded that work stoppages for political protests were distinguishable from collective bargaining strikes, but they differed on whether such activity was protected by the Charter of Rights (Freedom of Expression). Both decisions were appealed, first to an LRB Reconsideration Panel, and then to the BC Supreme Court.

In March 2007, the Court determined that the definition of “strike” does not infringe the Charter of Rights as it does not prohibit the content of political expression and does not prevent individuals from exercising their right to political expression by attending protest rallies. The restriction merely requires that such political expression not involve a mid-contract withdrawal of services. It is a restriction of time and form rather than a ban on expressive activity. HEU filed an appeal of the BC Supreme Court decision in April 2007.

### *Third Party Hearing Activity*

One of the major services provided by HEABC to its members is representation at hearings. HEABC provides counsel services to employer members at hearings which include:

- Arbitrations
- Court proceedings arising out of labour relations issues
- Expedited arbitrations
- Human Rights hearings
- Labour Relations Board hearings
- Troubleshooters
- WorkSafeBC hearings.

During the 2006 calendar year, HEABC was involved in 433 referrals to third party hearings. The following is a breakdown of third party statistics covering the period of January 1, 2006 to December 31, 2006.

#### REFERRALS RECEIVED

January 1, 2006 - December 31, 2006

Type	Number of Referrals	
Arbitration	93	21.48%
Expedited Arbitration	112	25.87%
Human Rights Tribunal	1	0.23%
Troubleshooter	60	13.86%
WorkSafeBC	167	38.57%
<b>Total</b>	<b>433</b>	<b>100.00%</b>

#### REFERRALS BY UNION

January 1, 2006 - December 31, 2006

Union	Number of Referrals	
BCGEU	41	9.47%
BCNU	157	36.26%
CAW	1	0.23%
CBA	1	0.23%
CSWU	1	0.23%
CUPE	2	0.46%
HEU	195	45.03%
HSA	22	5.08%
Not Specified	2	0.46%
UFCW	9	2.08%
USWA	2	0.46%
<b>Total</b>	<b>433</b>	<b>100.00%</b>

## DECISIONS RECEIVED

January 1, 2006 - December 31, 2006

Issue	Decisions Received	
Benefits	2	2.50%
Classification	2	2.50%
Discipline/Termination of Employment	15	18.75%
Duty To Accommodate	1	1.25%
Job Posting/Selection	6	7.50%
Layoff/Bumping	5	6.25%
OH&S/WCB/LTD	2	2.50%
Other	13	16.25%
Paid/Unpaid Leaves	13	16.25%
Premiums/Differentials/Allowances	3	3.75%
Rate of Pay/Seniority	3	3.75%
Return To Work	1	1.25%
Scheduling/Management Rights	11	13.75%
Union Recognition/Rights/Security	3	3.75%
<b>Total</b>	<b>80</b>	<b>100.00%</b>

## Updates on Collective Agreements

The following are selected highlights from 2006-2007 of significant activities and updates from various healthcare collective agreements.

### Community

Even though bargaining for the Community Subsector Collective Agreement concluded in March 2006, there still remain over 100 employer-specific memoranda of agreement that need to be reviewed and updated. These superior benefits memoranda only apply to those employees who were grandparented as of May 1, 2006. This review commenced in early 2007 with the unions that have the most employer-specific memoranda in the Community Subsector: BCGEU, UFCW, HEU, and HSA. Other unions' memoranda will be reviewed once these four groupings have been updated.

### Facilities

#### *Employer-Specific Variations and Attachments*

In December 2006, HEABC and HEU completed the comprehensive review of over 440 employer-specific "Local Attachments". The International Union of Operating Engineers and the Pulp, Paper and Woodworkers of Canada were also involved in the process to review a very small number of Attachments. The Attachments represent variations to or additions to the specific terms of the 2006-2010 Facilities Subsector Collective Agreement (e.g., parking, meals/refreshments, and scheduling). Many of the Attachments had been in place for a number of years. The list of Attachments was reduced to just under 275 as a result of the review process. In addition, some Attachments were modified in the review process between the parties. The renewed Local Attachments are effective from April 1, 2006 and were published on HEABC's member website on December 19, 2006.

#### *Provincial and Federal Youth Employment Program*

Shortly after 2006 collective bargaining concluded, HEABC and the Facilities Bargaining Association (FBA) reached agreement on the wage rates from April 1, 2006 to March 31, 2010 for the Provincial and Federal Youth Employment Program. This Program provides employers with the ability to hire summer students to work in facilities in positions that are in addition to the employer's normal staffing complement.

## HEABC GOAL ONE: Excellence in Labour Relations

### *Apprenticeship Pilot*

Resulting from Bargaining 2006, HEABC and the FBA agreed to initiate a pilot program for healthcare employers to engage apprenticeships for trades. This program was embraced immediately and a number of apprenticeships are already in place at Vancouver Coastal Health.

### **Nurses**

There has been a focus on collaboration between all of the stakeholders involved with BC nursing, and is evident by the progress made in various initiatives. An example of this collaboration is the joint status report being prepared by representatives from HEABC and BCNU for the June 2007 Nursing Leadership Council.

### *The Provincial Violence Prevention Strategy*

The Nursing Policy Management Committee (NPMC), chaired by Paula Bond, the Assistant Deputy Minister and Chief Nurse Executive, and comprised of senior health authority and HEABC staff is responsible for the Provincial Violence Strategy. This strategy has arisen out of commitments to the NBA and FBA during the 2006 policy discussions. After negotiations, HEABC met with representatives from BCGEU, BCNU, HEU, HSA, UPN, and the Occupational Health and Safety Agency for Healthcare in BC (OHSAH) and reached consensus on recommendations to be put before the NPMC in April 2007.

The NPMC endorsed the consensus recommendations, including the establishment of a Provincial Steering Committee. This committee is chaired by OHSAH and has membership from HEABC, health authority and affiliate employers, and the previously-mentioned unions. Going forward, the Provincial Steering Committee, with its broad membership, will work towards the common vision of recognizing the importance of safety in the workplace.

### *The Provincial Nursing Workload Committee Initiatives*

The Provincial Nursing Workload Committee's (PNWC) primary role is to develop consensus and provide advice to the Leadership Council (made up of CEOs of health authorities and representatives from the Ministry of Health) regarding the implementation of a workload measurement system to facilitate informed decision-making in staffing plan processes. This committee is comprised of Paula Bond as Chair, Debra McPherson, President of BCNU, as Vice-chair, and senior-level HEABC, health authority, and union representatives.

The PNWC has worked together to perform preliminary fact-finding activities regarding workload measurement and outcome indicators. The Committee has also engaged a jointly-approved researcher to help select appropriate indicators, develop an evaluation framework, and support the implementation of the program at pilot sites.

### *Responsive Shift Scheduling*

The health authorities and the NBA have recognized the importance and need for responsive shift scheduling that provides flexibility to individual nurses while still meeting group staffing requirements and patient care needs. To achieve this goal, two-person teams, each comprised of one union and one management representative have been funded for two years in all of the health authorities and Providence Health Care Society. The expertise of these teams will be made available to affiliate employers on a voluntary basis. HEABC and the NBA are both supplying a provincial coordinator for this initiative.

A day-long workshop was conducted for the teams in October 2006, where teams agreed to a framework for each of the following: implementation plans, guidelines, communication strategies, evaluation mechanisms, and reporting summaries.

A critical element of the program's success is that nurses declare the shift schedule that best meets their needs. After the new rotation is developed, nurses must sign a waiver agreeing that the new schedules belong to the nurses who requested them.

#### *NBA Grievance Backlog Project*

During collective bargaining and the policy discussions the NBA, health authority employees, and HEABC identified that there were a large number of outstanding grievances that had long been unresolved – sometimes for years. It was recognized that not dealing with these outstanding issues was detrimental for the workplace and left unresolved issues between employees and managers. HEABC and the NBA agreed to a process which resulted in local discussions and, where appropriate, greatly expedited hearing processes leading to the resolution of hundreds of grievances.

#### *NBA Professional Responsibility Form Assessment Committee Process*

During bargaining, the NBA and HEABC agreed to revise the professional responsibility form process. This revised process involves health authorities, the Providence Health Care Society, and St. Joseph's General Hospital. The revised process provides for assessment committees to review unresolved concerns that previously would have been referred to the Boards of Directors for these organizations. Following bargaining, HEABC and the NBA recognized the benefits of further direction for the logistics of the Assessment Committee Review. HEABC and the NBA achieved consensus on a list of potential Chairs for committees and a Letter of Understanding that outlined the process and emphasized the informal, non-legal, problem-solving approach.

### **Health Science Professionals**

Through this first year of the four-year term of the Collective Agreement, HEABC has continued to work with the Health Science Professionals Bargaining Association (HSPBA) to build on the positive working relationship that significantly contributed to the success of 2006 bargaining.

During the fall and winter of 2006, the parties concluded the terms of the new Long-term Disability (LTD) Plan and established the terms of the Early Intervention Program (EIP) for the HSPBA Collective Agreement. As of the end of May 2007, the Collective Agreement has been published in booklet form and distributed to employers and employees.

HEABC anticipates continuing regular contact with the HSPBA through the term of the Agreement, to ensure that the parties are able to discuss and address any issues around the interpretation and/or application of the Agreement.

## HEABC GOAL ONE: Excellence in Labour Relations

### COMMUNITY

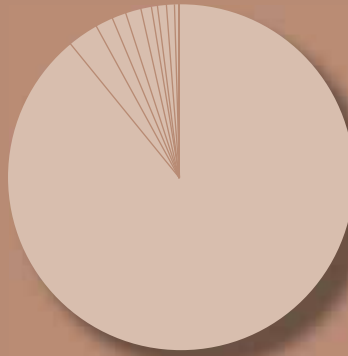
FTE'S BY UNION

	FTE'S	%
BCGEU	5,084.46	60.32%
HEU	1,470.52	17.45%
UFCW	1,038.90	12.33%
CUPE	304.85	3.62%
HSA	275.65	3.27%
PEA	111.75	1.33%
CAW	90.10	1.07%
USWA	37.27	0.44%
CLAC	15.01	0.18%

**Total: 8,428.51 100.00%**

Source HSCIS 2006

In 2004, the Executives of the Industrial Wood and Allied Workers of Canada (IWA) had selected the United Steelworkers and a merger was negotiated and took effect on September 1, 2004.



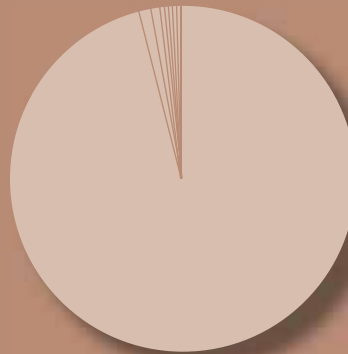
### FACILITIES

FTE'S BY UNION

	FTE'S	%
HEU	25,519.01	93.00%
BCGEU	1,288.20	4.69%
IUOE	389.11	1.42%
CSWU	98.51	0.36%
BCNU	76.88	0.28%
UBCJA	20.97	0.08%
IBEW	17.61	0.06%
IBPAT	15.92	0.06%
USWA	7.03	0.03%
UAJAP&P	6.83	0.02%

**Total: 27,440.07 100.00%**

Source HSCIS 2006



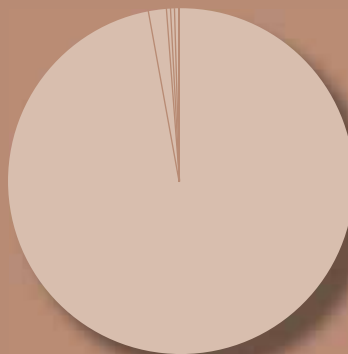
### NURSES

FTE'S BY UNION

	FTE'S	%
BCNU	19,899.87	96.92%
UPN	377.09	1.84%
HSA	249.44	1.21%
HEU	4.38	0.02%
BCGEU	1.95	0.01%

**Total: 20,532.73 100.00%**

Source HSCIS 2006



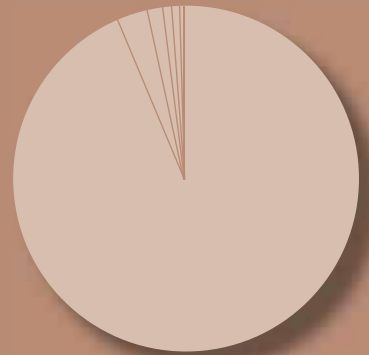
## HEALTH SCIENCE PROFESSIONALS

FTE'S BY UNION

	FTE'S	%
HSA	8,449.41	81.42%
BCGEU	1,341.84	12.93%
CUPE	459.27	4.43%
PEA	101.24	0.98%
HEU	24.85	0.24%
BCNU	0.66	0.01%

**Total: 10,377.27 100.00%**

Source HSCIS 2006



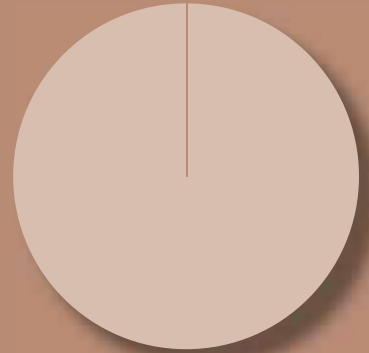
## RESIDENT PHYSICIANS

FTE'S BY UNION

	FTE'S	%
PAR	717.26	100.00%

**Total: 717.26 100.00%**

Source HSCIS 2006



### Union Acronyms

BCGEU	BC Government and Service Employees' Union	PAR-BC	Professional Association of Residents in BC
BCNU	BC Nurses' Union	PEA	Professional Employees Association
CAW	Canadian Auto Workers – Canada	PPWC	Pulp, Paper and Woodworkers of Canada
CLAC	Christian Labour Association of Canada	UAJAP&P	United Association of Journeymen and Apprentices of the Plumbing, Pipefitting and Sprinklerfitting Industry of the US and Canada
CSWU	Construction and Specialized Workers' Union		
CUPE	Canadian Union of Public Employees	UBCJA	United Brotherhood of Carpenters and Joiners
HEU	Hospital Employees' Union	UFCW	United Food and Commercial Workers Union
HSA	Health Sciences Association	UPN	Union of Psychiatric Nurses
IBEW	International Brotherhood of Electrical Workers	USWA	United Steelworkers of America
IBPAT	International Brotherhood of Painters and Allied Trades		
IUOE	International Union of Operating Engineers		



**CAROLE TAYLOR**

*Regional Director, Workplace Health & Safety – Interior Health Authority*

Carole has been committed to workplace health and safety for over 30 years. Since the creation of the health authorities in 2001, Carole has actively participated on the Workplace Health and Safety Directors Committee with HEABC to bring consistency, standardization, and advocacy to workplace health and safety initiatives for the benefit of healthcare workers across the province. She proposed the idea of a Workplace Health and Safety Conference and after a lot of hard work, the inaugural conference will be held in September 2007 in Kelowna. With participation from HEABC, all the health authorities, and other provincial partners, the conference will be a great opportunity to showcase many of BC's successes to an international audience.



## HEABC GOAL TWO: Contribute to Sustainable HR in Healthcare

### **Member Services: Human Resources**

HEABC's Human Resources department is involved in providing expert and strategic advice to members on a wide array of human resource topics. HEABC's HR group also acts as a system-wide resource and brings a provincial perspective to health human resource issues.

#### *Human Resource Planning*

HEABC collects and provides many of the key provincial indicators associated with Health Human Resource Planning. Working with health employers and the Ministry of Health, HEABC is providing the data to help identify future human resource planning priorities. HEABC also provides statistical information to the Ministry of Health for development of a ten-year Health Human Resource Plan.

#### *Facilitation of Evidence-Based Best Practices*

HEABC is working with the health authorities and Providence Health Care through the Health Human Resources Strategy Council to identify and report on key provincial human resource indicators, ensuring that they are aligned with the requirements of the performance agreements. Provincial indicators provide a snapshot on how the health workforce is behaving in the areas of recruitment and retention, benefit plan utilization and costs, wellness and occupational health, productivity, demographics, education, and labour relations.

#### *Education*

The sharing of HR/LR best practices promotes more effective healthcare delivery. HEABC regularly provides educational courses to members on a variety of human resource management and labour relations topics relating to BC's health sector. Last year, workshops and courses were provided to members in various locations around the province. Topics included Discipline, Managing Grievances, Selection, and Attendance Management. In 2006, 19 courses were offered with 343 participants from across HEABC's membership.

HEABC is currently reviewing and updating all of its education materials with plans to offer a full and integrated suite of courses for the industry, based on adult education principles. These entirely revamped courses will be available to members in the Fall of 2007.

## HEABC GOAL TWO: Contribute to Sustainable HR in Healthcare

### *Early Intervention Program (EIP)*

Stemming from the key commitments and policy discussions relating to 2006 bargaining, the Early Intervention Program is a collaborative confidential program that assists employees who are ill or injured to effectively return to work in a safe and timely manner.

In 2006-2007, HEABC successfully negotiated EIP Policies and Procedures documents with the Community Bargaining Association (CBA), Facilities Bargaining Association (FBA), Health Science Professionals Bargaining Association (HSPBA), and Nurses' Bargaining Association (NBA). Following successful negotiation of the broad principles, each bargaining association successfully negotiated the operating principles for the EIP, including a medical/privacy release form.

The EIP officially began on February 12, 2007 and it is expected that the investment in the EIP will result in financial benefits to health employers in the long run by reducing long-term disability and sick leave costs. In addition, ill or injured employees will receive medical and rehabilitation assistance earlier to facilitate a faster recovery. Joint training of employer and union personnel has occurred for both the health authorities and affiliate employers.

### *Occupational Health & Safety*

HEABC supports member employers in all matters pertaining to healthy workplaces. Within the worker's compensation system, HEABC assists with issues relating to claims management, assessments, and prevention and also represents members in WorkSafeBC appeals and hearings. In 2006, HEABC represented its members at 146 WorkSafeBC appeals, with a success rate of over 87%. HEABC also provides advocacy, consultation, education, and coordination services relating to workplace health.

HEABC provides leadership on various provincial health sector initiatives and programs. HEABC represents its members with the Occupational Health and Safety Agency for Healthcare (OHSAH) and is an active member on all OHSAH Board Subcommittees. HEABC also participates as a member of the Business Council of British Columbia's Employers WorkSafeBC Forum which works with all provincial industries to promote their interests to WorkSafeBC.

HEABC successfully coordinated applications for funding through Health Canada to compile an inventory of current workplace health initiatives and identify key indicators to measure workplace health in BC's health authorities. HEABC is active in ensuring the appropriate disbursement of funds and the submission of progress reports. As well, HEABC is promoting and coordinating funding opportunities through WorkSafeBC.

In recent years, injury costs in healthcare have been decreasing. This is a result of ongoing, comprehensive occupational health and safety, disability prevention, and workplace wellness programs that have been implemented by healthcare employers. A high level of cooperation between the health authorities and their external partners such as HEABC, Healthcare Benefit Trust, the Ministry of Health, OHSAH, and WorkSafeBC have also resulted in improvements to employee health programs and initiatives.

## **Compensation Services**

HEABC's Compensation Services staff assist healthcare employers with the interpretation and application of job classification systems for all five provincial collective agreements. The group additionally coordinates compensation practices for employees who are not subject to collective agreements, such as those in management.

Compensation Services represents employers in classification grievances, seeking to maintain the integrity of the compensation systems, while also maintaining the flexibility needed by employers to be responsive to organizational change.

### *Executive, Management, & Non-Contract Compensation*

HEABC Executive, Management, & Non-Contract Compensation Services provides a range of value-added products and services to assist HEABC's client organizations in enhancing organizational effectiveness. While compensation is the main focus, other services designed to meet a growing demand from client organizations include Performance Enhancement and Strategic Business Planning.

Following 2006 bargaining, HEABC worked with the Public Sector Employers Council (PSEC) to establish funded salary grid adjustments for all non-contact and management ranges within the Compensation Reference Plan. The 2006 and 2007 adjustments have been calculated and rolled out to member employers. As part of the ongoing review and monitoring of the Compensation Reference Plan, HEABC is currently working with employer compensation leaders to review certain elements of the Compensation Reference Plan.

### *Union Compensation & Classification*

HEABC Union Compensation & Classification Services provides compensation and classification services in relation to the five health sector collective agreements.

Out of the 2006-2010 Facilities Subsector Agreement, three separate benchmark reviews were mandated. The first of these reviews, looking at clerical benchmarks, is in its final stages. HEABC has worked with employer representatives to review these 80-plus benchmarks to ensure that the existing classification system continues to be a viable mechanism for classifying the wide variety of clerical roles in healthcare. The next set of benchmark reviews is anticipated to commence in Summer 2007.

HEABC continues to monitor and respond to applications to the Labour Relations Board (LRB), under section 139, for transfer of positions from one bargaining unit to another. Compensation staff have worked closely with HEABC's Advocacy team on the industry's submissions for section 139 applications for Pharmacy Techs, Dental Assistants and, most recently, Youth and Family Counselors. Each of these groups sought transfer from the Facilities Subsector to the Health Science Professionals Sector. The application for the Pharmacy Techs has been withdrawn. The Dental Assistants' application is still pending. The parties, at the direction of the LRB, are undertaking a case-by-case review of the Youth and Family Counselor positions in an effort to resolve this application.

Following the successful monitoring of key labour market issues during and immediately following 2006 bargaining, HEABC has continued to work with employers to monitor labour market issues that impact the industry and share this information with health employers. The Compensation Advisory Group, consisting of HEABC and various industry compensation leaders, continues to be a key resource for information sharing and cross-industry comparisons that may identify emerging market issues.

HEABC has been meeting with the Health Sciences Association of British Columbia (HSA) since January 2007 to address the significant number of outstanding paramedical classification disputes. These efforts have been successful in making an immediate reduction through case management and HEABC has begun exploring the possibility of using an expedited hearing process with employers to further reduce the list.

HEABC and BCGEU were also successful in reaching agreements finalizing the classification of the last group of ex-Ministry Paramedical positions transferred into the Health Science Professionals Bargaining Unit. These agreements were implemented on a go-forward basis effective April 26, 2006.

## HEABC GOAL TWO: Contribute to Sustainable HR in Healthcare

### *Pandemic Planning*

When a pandemic occurs, front-line healthcare workers will be relied upon to provide a critical service yet, due to the nature of their work, they will be at a high risk of infection. To address this issue, the provincial government has established a provincial pandemic planning steering committee to develop BC's response to the pandemic influenza threat.

HEABC was asked to chair the Human Resource Working Group which, with representation from the health authorities, unions, regulatory colleges, labour associations, professional associations, OHSAH, WorkSafeBC, and the Ministry of Health, will review and make recommendations regarding key human resource issues necessary to support British Columbia's response to an influenza pandemic.

### *Physicians*

Through the Health Policy Secretariat, HEABC provides support to the Ministry of Health and health authorities in the areas of physician compensation, negotiations, and contract administration. In 2006-2007, staff were actively involved in negotiations between the provincial government and the British Columbia Medical Association for a new Master Agreement. HEABC will provide continuing support in the implementation of this agreement within the mandate of the Physician Strategic Services Advisory Committee (PSSAC), which includes representation from all health authorities.

## Health Match BC

With population growth, an aging population, and technological advances contributing to an increased demand for services, healthcare organizations in BC and Canada as a whole continue to face human resource challenges. Health Match BC helped BC's health employers meet this challenge during the past year through the screening and placement of an unprecedented 305 physician, registered nurse, and pharmacist candidates.

### *Physician Services*

Health Match BC filled 184 family practitioner and specialist physician vacancies throughout the province last year, representing a 27% increase over the previous year and bringing the cumulative total since 1999 to 1037.

The United Kingdom (UK) has proven to be an excellent source of physician candidates for British Columbia. Six successful UK recruitment missions have been conducted since 2003 resulting in the screening of 1071 individuals for license eligibility. Applications from UK physicians increased by 54% in 2006 and interest is expected to continue in light of ongoing National Health Service (NHS) hospital closures and layoffs.

Health Match BC outreach activities included co-chairing the 2nd Annual Canadian Staff Physician Recruiters Conference in Montreal, building recruitment capacity in 18 rural BC communities, attending the Pri-Med Southwest Conference in Houston, Texas, and the Outside Quebec Career Day for Family Practice Residents in Montreal.

In addition, Health Match BC processed 45 applications from physicians under the Provincial Nominee Program.

### *Nursing Services*

Health Match BC facilitated 108 registered nurse placements throughout the province from January to April 2006. Health Match BC's nurse recruitment mandate was changed thereafter to promote BC as a preferred destination and support employers with registration and immigration, with screening and placement managed by individual health authorities. An additional 109 nurses were processed by Health Match BC under the Provincial Nominee Program.

Health Match BC coordinated a Provincial Marketing Campaign for student registered nurses from years one to four on behalf of the health authorities and Providence Healthcare. Four multimedia presentations were developed with the overall goal of retaining students in BC after graduation.

### *Pharmacist Services*

Hospital pharmacist recruitment is a relatively recent addition to the Health Match BC portfolio. To date, innovative recruitment strategies have yielded excellent results with the hiring of 13 pharmacists over the last year.

Visit Health Match BC's website at [www.healthmatchbc.org](http://www.healthmatchbc.org) for more information.



**Nan Bennett, MBA**

*Chief Executive Officer – Healthcare Benefit Trust*

As CEO of Healthcare Benefit Trust (HBT), Nan oversees more than 600 benefit plans that provide health and welfare benefits and related services to 600 BC healthcare member organizations and their 75,000-plus employees. Working with HEABC, HBT participates in problem solving processes and strategic initiatives related to benefit issues and solutions. In the immediate future, HBT will be working with HEABC to ensure the successful implementation of the following programs: the joint Early Intervention Programs (EIP), the pilot Benefits of Choice program with the Health Sciences Association, and the two enhanced benefit provisions out of collective bargaining.

*Nan is pictured with HEABC's Tony Collins (Senior VP, HR Strategy), left, and Tom Hodges (Senior VP, LR Strategy).*

## HEABC GOAL THREE: Constructive Relationships with Members, Governments, Unions, and the Public

The success of HEABC is contingent upon meaningful and constructive relationships with its industry partners. HEABC is committed to continue building positive and constructive relationships with its members, government, union partners, and the public, where all parties share a commitment to working together in a spirit of cooperation and respect.

### Key Commitments

Stemming from the successful 2006 negotiations, 50-plus key commitments were outlined in the five collective agreements as well as those resulting from policy decisions. HEABC is playing an ongoing, integral role in their interpretation and implementation, and is working closely with the Ministry of Health and its members to lead discussions and coordinate implementation leading up to 2010 bargaining.

#### *Some 2006-2007 Highlights:*

- In Spring 2007, the Early Intervention Program (EIP) was implemented and adopted by the Nurses' Bargaining Association (NBA), the Facilities Bargaining Association (FBA), the Community Bargaining Association (CBA), and the Health Science Professionals Bargaining Association (HSPBA).
- Four distinct groups are working on the key commitments: the NBA Joint Committees, the FBA Joint Committees, Residential Care, and Violence Prevention. There are also sub-committees found under each of these four main groups.
- A number of contracts have been granted for the NBA and FBA Joint Committees and work is proceeding on those contracts (e.g. LPN and Care Aide Utilization). There is good collaboration occurring within the industry as evidenced by the number of sites that have expressed an interest in participating in a Voluntary FBA Shift Scheduling Project.
- The Nursing Policy Management Committee (NPMC) approved the February 22, 2007 consensus recommendations that were provided by HEABC, BCNU, HEU, BCGEU, UPN, HSA and OHSAH for the Provincial Violence Prevention Strategy. The NPMC has also agreed to the establishment of a Provincial Steering Committee, to be chaired by OHSAH, to oversee the implementation of standard programs on violence prevention and response.
- The Provincial Nursing Workload Committee (PNWC) performed fact-finding activities regarding workload measurement and outcome indicators. In addition, the Committee engaged a jointly approved researcher to help select appropriate indicators, develop an evaluation framework, and support the implementation of the program at pilot sites.
- The Nurse Policy website launched in November 2007 and features online bulletin boards for committee members to engage in online discussion and post relevant materials.

## HEABC GOAL THREE: Constructive Relationships with Members, Governments, Unions, and the Public

### HEABC Research

HEABC's Research and Knowledge Management Services plays a key role in tracking emerging healthcare trends in human resources by gathering and maintaining data and statistics. Supporting evidence-based decision making processes, HEABC Research generates information packages, providing member organizations with valuable information such as the web-based up-to-date arbitration database.

#### *HR Performance Metrics*

HEABC Research generates metrics used to measure HR performance at both the health authority and provincial level. Provincial HR metrics have been developed to assist the industry in making "evidence-based HR" decisions. The objective of these HR metrics is to better understand the collective behaviour of the provincial health workforce and its cost structures, and to identify best practices. These provincial metrics capture the key HR issues facing the health sector today, including recruitment/retention of healthcare workers, benefit costs, wellness and occupational health, and productivity.

#### *Data Collection Enhancements*

One of HEABC's strategic priorities is the enhancement of reporting capability to support data-driven decision making in the industry. HEABC Research reviews data systems regularly such as the Health Sector Compensation Information System (HSCIS) and the Difficult To Fill Vacancy Survey (DTFVS) to find ways to enhance the drill-down capability for better analysis of data. Work is also ongoing with respect to the acquisition and implementation of a reporting tool.

#### *Supporting Key Commitments*

To support key commitments from 2006 bargaining, HEABC Research is working closely with the various committees to provide data and analysis. This involves reviewing existing data, developing new data collection tools, and generating statistical and qualitative reports for the committees.

#### *Evaluating Effectiveness of Collective Agreement Provisions*

HEABC Research will be gathering information to assess the effectiveness of certain provisions of the collective agreements. Starting in 2007, HSCIS is collecting additional data needed for this work which will assist in preparing for the next round of bargaining in 2010.

#### *2006 Health Employer Report*

The Health Employer Report is an annual publication that provides a comprehensive overview of the health labour market based on data reported in the Health Sector Compensation System (HSCIS). The Report features workforce demographics, employment statistics, and sick leave trends. The 2006 edition was modified and expanded to capture additional information, including statistics for management/excluded and non-union employees, average seniority years, number of terminated employees re-employed in 2005, sick leave bank accumulations, productivity statistics, and employee breakdowns by functional centres.

#### *Difficult to Fill Vacancy Survey Report*

The Difficult to Fill Vacancy Survey (DTFVS) has been an ongoing survey run by HEABC since September 2001. Reporting occurs four times per year: at the end of March (Quarter 1), June (Quarter 2), September (Quarter 3), and December (Quarter 4). The purpose of the survey is to gather data on all difficult to fill vacancies in the health system. Changes and enhancements were made to the report this year to meet the needs of the various users.



## A Focus on Best Practices

HEABC continues to focus on and promote best practices through its participation in various industry committees. Some examples of these committees and their mandates are listed below. HEABC also promotes best practices to its members through education, conferences, and the new industry awards program – the Excellence in BC Healthcare Awards.

*Benefits and Payroll Advisory Committee* – Health authority and Affiliate members meet bi-monthly to share matters that flow from the interpretation and application of benefit programs and payroll matters.

*College of Registered Nurses, Health Match BC, Health Authorities Third Party Working Group* – Health Match BC serves as the International Educated Nurses' third party representative with CRNBC registration.

*HR Data Committee (Health Authority and Providence Healthcare members)* – This committee meets monthly to discuss matters of common concern such as data definitions, interpretations, and standardization, as well as methodology for producing data and the promotion of best practices.

*Labour Relations Advisory Group* – Health authority, Providence Health Care, and Affiliate representatives meet monthly to discuss and share LR interpretations and practices, emerging labour relations issues, items of interest, and best practices.

*Compensation and Benefits Advisory Group* – Health authority and Providence Health Care members focus on global classification and compensation systems in health employers that encompasses both management and collective agreement compensation systems.

*Nurse Recruitment Committee* – Representatives from health authorities and Providence Health Care meet monthly to discuss ongoing initiatives such as: International Education Nurses Recruitment Initiatives, New Grad Initiatives, Human Resource Services Development Canada employer issues/delays in approvals.

*Occupational Health and Safety Directors Committee* – Health authority representatives along with HEABC's Occupational Health and Safety staff meet monthly to discuss matters of common concern including the sharing and adopting of best practices programs and resources. This group also advocates on behalf of the health industry and works together to enhance relationships with WorkSafeBC, HBT, OHSAA, the Ministry of Health, Health Canada, as well as strengthen partnerships with unions and colleagues within health authorities and the industry.

### *Canadian Labour Relations Meetings – Inter-provincial Labour Relations*

In Winter 2007, HEABC hosted representatives from its counterparts in Ontario, Manitoba, Saskatchewan, and Alberta at its offices in Vancouver to review common issues and opportunities for collaboration. Items of interest included the developments in Ontario after the implementation of mandatory retirement legislation. As well, HEABC attends and presents at the annual National Labour Relations meeting.

## HEABC GOAL THREE: Constructive Relationships with Members, Governments, Unions, and the Public

### Partners in Healthcare: 2006-2007 Committees, Task Forces, and Boards

- BC Academic Health Council Health Professions Education Committee
- Benefits and Payroll Advisory Committee
- Benefits Working Group
- Business Council of British Columbia
- Canadian Healthcare Association
- Canadian Healthcare Association (CHA) Task Force on Health Human Resource Issues
- College of Registered Nurses, Health Match BC, Health Authorities Third Party Working Group
- Compensation and Benefits Advisory Group
- Compensation Working Group
- E-Health Information Standards Council
- Facilities Bargaining Association (FBA) Joint Policy Commitments Committee
- Facilities Bargaining Association (FBA) Responsive Shift Scheduling
- Frontline Leadership Committee
- Health Cross Jurisdictional Labour Relations Database Committee
- Health Human Resource Council
- Health Human Resource Development Standing Committee
- Health Match BC Nurse Recruitment Committee
- Health Sector Compensation Information System (HSCIS) Advisory Committee
- Healthcare Advisory Council on OH&S
- Healthcare Awards Planning Committee
- Healthcare Benefit Trust (HBT) Board of Trustees
- HR Data Committee
- Internationally Educated Nurses
- Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP)
- Labour Relations Advisory Group (LRAG)
- Long-Term Care Forum
- Licensed Practical Nurse (LPN) Care Aide Report Subcommittee
- Ministry of Health, Canadian Nursing Advisory Committee (CNAC) Review Committee
- Ministry of Health, Nurse Advisory Committee
- Municipal Pension Plan Board of Trustees
- Nurses Bargaining Association (NBA) Responsive Shift Scheduling
- Nurses Recruitment Committee
- Nursing Policy Joint Committee
- Nursing Policy Management Committee
- Occupational Health and Safety Agency for Healthcare (OHSAH) Board
- Occupational Health and Safety Directors Committee
- Organizational Development Leaders Collaborative
- Pandemic Influenza Management Committee
- Physician Contract Administration Committee
- Practice Education Committee
- Practice Working Dialogue Subcommittee

- Professional Practice Council
- Professional Practice Dialogue Group
- Provincial Early Intervention Program (EIP) Joint Steering Committee
- Provincial Nursing Workload Committee
- Provincial Violence Prevention Steering Committee
- Public Sector Employers' Council
- Qualification Differential Working Group
- Regional Nursing Workload Committee
- Regional Violence Prevention Subcommittee
- Residential Care Policy Committee
- Western Provinces and Ontario Research Group
- WorkSafeBC Health and Safety Committee
- WorkSafeBC Occupational Disease Advisory Committee (ODAC)



**LINDA INGHAM, CHE**

*Administrator – Evergreen Baptist Care Society*

Linda graduated as a nurse in 1969 and still feels the same passion and vocation for healthcare today that initially led her to her career. As a newcomer to BC in 1998, HEABC helped Linda adjust to labour issues and the healthcare structure in the province. Linda has been an active participant in many HEABC-led committees and task forces over the years. She currently sits on the Facilities Bargaining Association Joint Policy Committee and the Excellence in BC Healthcare Awards Planning Committee. She also represents affiliate members on both the Labour Relations Advisory Group (LRAG) and the Preventing Violence in the Workplace Committee. Linda plans to devote five more years to the healthcare field in BC after which she will retire to devote more time to her family, volunteering, and art.

## HEABC GOAL FOUR: Operational Excellence

As an organization, service excellence for HEABC's membership is a top priority for both the HEABC Board and staff. The stability and positive momentum that came out of the successful negotiations in Spring 2006 allowed HEABC to look at the best way to deliver on its commitments and support its members in the years leading up to the next round of bargaining in 2010.

### Enhancement of Member Communications

As part of its goal to provide timely and accurate information to its key audiences, HEABC undertook a complete rebuild of its website in 2006-2007. Launched in early 2007, both the public and member websites were updated to be more user-friendly and easier to navigate. Showcasing enhanced information, improvements to the search engine on the member's site allow visitors to quickly and easily find what they are looking for such as Contract Interpretation Updates (CIUs), General Information Updates (GIUs), and interpretation guides for the 2006-2010 collective agreements. The new site also allows HEABC to conduct quick polls of members on topical issues and share this data in a timely fashion.

HEABC's member newsletter, HEABC News, also has a new look and feel. The Fall/Winter edition was sent to members in early January and focused on Building on Commitments and featured member profiles. With a goal to educate, inform, and share best practices, HEABC News will be distributed to members in the Fall and Spring each year.

An informational brochure titled "About Us", which outlines HEABC's services and provides background information, was developed and distributed to members last year. It is a quick, at-a-glance guide on both the organization and the services HEABC provides. The brochure serves as an introductory tool for the public and new members, and is also being used as a recruitment tool for HEABC.

### Excellence in BC Healthcare Awards

In early 2007, HEABC designed and launched a provincial awards program to support healthcare excellence and best practices in HEABC's membership. The Excellence in BC Healthcare Awards may be won by an individual or a team in the categories of Top Innovator – Affiliate, Top Innovator – Health Authority, Healthy Workplace, Collaborative Solutions, and Healthcare Hero. Reaction was overwhelmingly positive, with 143 nominations in five categories in the Award's inaugural year. The volunteer judging panel consisted of an accomplished group of community leaders from diverse backgrounds. The awards were presented at HEABC's Annual General Meeting and Conference on June 25, 2007.

In addition to HEABC's President & CEO and Communications staff, an Awards Planning Committee, consisting of HEABC member representatives, assisted with the direction of the awards program. These members were Chair, Roger Sharman (IHA & HEABC Board Member), Linda Ingham (Evergreen Baptist Care), David Plug (Provincial Health Services Authority), Shelley Tratch (PHSA & HEABC Board Member), and Jan Wheeler (Ministry of Health). Planning is already underway for next year's awards.

For more information on the Excellence in BC Healthcare Awards visit [www.bchealthcareawards.ca](http://www.bchealthcareawards.ca)

# HEABC BALANCE SHEET

MARCH 31, 2007

	2007	2006
	\$	\$
<b>ASSETS</b>		
CURRENT ASSETS		
Cash	885,518	415,397
Restricted cash/short-term investments	5,050,901	2,174,677
Short-term investments	9,536,851	5,891,402
Accounts receivable	218,039	445,753
Prepaid expenses	147,001	83,237
	15,838,310	9,010,466
Leasehold improvements and equipment	262,369	309,304
	16,100,679	9,319,770
<b>LIABILITIES</b>		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	1,262,567	1,585,000
Deferred contributions		
Operations	6,316,602	1,948,922
Administrative	5,050,901	2,174,677
	12,630,070	5,708,599
Deferred refurbishment allowance	29,969	59,938
Retirement liability	307,262	249,973
	12,967,301	6,018,510
<b>NET ASSETS</b>		
Net assets invested in leasehold improvements	262,369	309,304
Internally restricted net assets	535,711	1,178,087
Unrestricted net assets	2,350,602	1,813,869
Accumulated other comprehensive income (loss)	(15,304)	-
	3,133,378	3,301,260
	16,100,679	9,319,770

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

## COMMITMENTS AND CONTINGENCIES (NOTE 11)

APPROVED BY THE BOARD:

  
Director

  
Director

# HEABC STATEMENT OF REVENUES AND EXPENSES

YEAR ENDED MARCH 31, 2007

	2007	2006
	\$	\$
<b>REVENUES</b>		
Government funding	10,175,410	10,557,190
Member assessment	148,607	144,098
Fee for service	5,168	1,278
Benefits and administration fees	268,980	250,836
Annual general meeting/conference fees	43,732	39,857
Member training fees	29,581	24,953
Interest and other revenue	288,950	236,464
	10,960,428	11,254,676
Funding from deferred contributions - operations	1,307,715	1,177,434
	12,268,143	12,432,110
<b>EXPENSES</b>		
Salaries and benefits	6,229,086	6,553,398
Rental - office and equipment	1,303,143	1,272,729
Legal and professional	663,359	709,945
Office, printing and reproduction	303,138	359,373
Travel and meetings	277,198	449,375
Staff training - research and memberships	144,466	115,716
Amortization	126,637	126,818
GST - unrecoverable	90,101	109,832
Annual general meeting/conference	80,421	39,857
Strategic planning initiatives	80,214	5,167
Arbitration and hearing costs	33,628	52,581
Recruiting and relocation	31,660	138,483
Member training	7,825	12,208
Leadership development	-	9,000
Recruitment services - Health Match BC	1,661,436	1,596,760
Physician Services Secretariat	535,854	328,771
Nurse Policy Section	249,192	-
Total expenses from operations	11,817,358	11,880,013
Excess of revenues over expenses from operations	450,785	552,097
Funding from deferred contributions - administrative		
Revenues	1,781,197	520,102
Expenses	1,781,197	520,102
	-	-
Excess of revenues over expenses	450,785	552,097

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



ROSS SUGIMOTO

*Administrator – Windermere Care Centre*

Ross catches up with some colleagues at the June 2, 2006 Interpretation session for members in Vancouver.



## HEABC: Strategic Goals 2007-2008

HEABC's goals and priorities for this year are:

### **Goal 1**

#### ***Excellence in Labour Relations***

##### ***Priorities***

- Prepare for 2010 bargaining.
- Ensure completion of 50-plus key commitments.
- Administer contracts effectively.

### **Goal 2**

#### ***Contribute to Sustainable Human Resources in Healthcare***

##### ***Priorities***

- Build HR and LR management skills.
- Manage benefits strategically.
- Encourage healthy workplaces.
- Enhance recruitment and retention.

### **Goal 3**

#### ***Constructive Relationships with Members, Government, Unions, and the Public***

##### ***Priorities***

- Build relationships and enhance communications.
- Continue collaborative approach to bargaining and LR/HR issues.
- Add value.

### **Goal 4**

#### ***Operational Excellence***

##### ***Priorities***

- Continually develop Board and Staff.
- Maximize data-driven decision making throughout the organization.
- Allocate resources appropriately.

## HEABC Board of Directors 2006 - 2007

### HEALTH AUTHORITY REPRESENTATIVES

**Linda Petch**, HEABC Board Chair  
Director, *Vancouver Island Health Authority*

**Gordon Barefoot**  
Chair, *Fraser Health Authority*

**Roger Sharman**  
Director, *Interior Health Authority*

**Shelley Tratch**  
Director, *Provincial Health Services Authority*

**Alice Downing**  
Director, *Northern Health*

**Andrew Smith** HEABC Honourary Secretary-Treasurer  
Director, *Vancouver Coastal Health*

### PROVINCIAL REPRESENTATIVES

Affiliate Care Provider:  
**Darrell Burnham**, HEABC Vice-Chair  
Executive Director, *Coast Foundation Society (1974)*

Denominational Care Provider:  
**Sandra Heath**  
Director, *Providence Health Care Society*

Proprietary Care Provider:  
**Al Jina**  
President, *Park Place Seniors Living*

### GOVERNMENT REPRESENTATIVES

**Valerie St. John**, Government Representative  
Assistant Deputy Minister, *Human Resources Strategic Planning, Ministry of Health*

**Tamara Vrooman**, Government Representative  
Deputy Minister of Finance, *Secretary to Treasury Board,*  
*and CEO of the Public Sector Employers Council Secretariat*



**First row:** Linda Petch, Shelley Tratch, Gordon Barefoot **2nd row:** Louise Simard, Sandra Heath, Al Jina  
**3rd row:** Alice Downing, Andrew Smith **4th row:** Roger Sharman, Darrell Burnham  
**Missing:** Valerie St. John and Tamara Vrooman

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**HEABC**

Health Employers  
Association of BC