

HEALTH EMPLOYERS ASSOCIATION OF BC 2007-2008 ANNUAL REPORT

HEABC
Health Employers
Association of BC

Celebrating Success: A Foundation for the Future



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.

What We Do

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

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

We provide leadership and professional expertise in:

- Benefit plan strategies and 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, data and knowledge management
- Specialized recruitment services
- Occupational health and safety

HEABC has offices in Vancouver and Victoria with more than 90 professional staff members who are dedicated to meeting the needs of our members and key stakeholders.



Message from the Board Chair

The theme of this year's annual report, "Celebrating Success: A Foundation for the Future," couldn't be more appropriate. Over the three years I've served as HEABC's Board Chair, and the additional three years I served as a Board member, I have been proud to see this organization grow as it continues to identify and achieve new goals and take on new responsibilities.

This was particularly evident during the past year, when HEABC staff and members pulled together in a colossal effort to conclude the Bill 29 negotiations in January 2008. Moving forward, we are following through on all of the initiatives that arose during the course of those talks and are already well on the way to meeting this strategic priority.

I am also proud to have been part of HEABC during the launch of our *Excellence in BC Healthcare Awards*, which are now in their second year and continue to highlight just a few examples of the creativity, drive and dedication to best practices that take place every day in BC's healthcare community.

This year, we also thank our members, union partners and government as we celebrate the completion of many of the key commitments that stemmed from the 2006 round of bargaining. We are pleased to report that programs are already in place to address the remaining commitments, which are well on the way to being met.

At HEABC, we continue our dedication to leadership, expertise, collaboration and innovation in health system labour relations and human resource practices, as reflected in our four major 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

Sadly, this marks my last year as Board Chair. I would like to thank HEABC's Board, employees, and our members for your consistently stellar achievements and the sense of collaboration and camaraderie with which you approach your work. The firm foundation you have built together is truly a recipe for success. I look forward to watching as HEABC continues to meet and exceed its goals – this year, and for many years to come.


Linda S. Petch Board Chair



Message from the President and CEO

As I look back over the past year at HEABC, I am struck by the many milestones we have reached and the many achievements we have to celebrate as an organization.

We began the year in great spirits, still enjoying the positive momentum gained during the successful round of bargaining in 2006. Then, in an unexpected twist, the June 8 Bill 29 Supreme Court decision led us to a new round of negotiations. From that time until January 2008, we relentlessly prepared for and participated in the Bill 29 negotiations. Thanks in large part to the tireless efforts of our employees, these were successfully completed nearly six months before the June 8 deadline; a true testament to our strategic goal of excellence in labour relations.

The outcome of these negotiations is just one of the many reasons we have to celebrate, but even more important is the solid groundwork that such work has laid for the future. The cooperation, goodwill and respect that HEABC has built in collaboration with members, government and unions will serve us all well as we prepare for the next round of bargaining in 2010.

We also made great strides in a number of operational areas. Chief among these is our dedication to honouring more than 50 key commitments that arose during 2006 bargaining. In collaboration with members, unions and government, we were instrumental in establishing the Workplace Violence Prevention and Nurse Workload programs, as well as the Respectful Workplace Policy and the Early Intervention Program, which speeds the safe return of disabled employees to work.

In response to resolutions passed at the 2007 Annual General Meeting, we formed the Affiliate Committee to build constructive relationships and enhance communication lines between affiliates and health authorities. In January 2008, four affiliate membership meetings were held across the province to share information and receive input on our services. We also used the most current research in adult education to create new member education courses and revamp those already existing.

We continue to contribute to sustainable human resources in healthcare through our provincial and national data gathering and research, as well as the recruitment initiatives of Health Match BC. At the end of 2007, we assumed responsibility for producing provincial HR forecasts for the Ministry of Health to help identify future staffing needs for 21 health occupation groups. More on all of these initiatives can be found within these pages.

None of these accomplishments would be possible without the ongoing support of HEABC's Board, employees and members. I would like to take this opportunity to thank you all for your drive, dedication and commitment to improving healthcare in British Columbia.



Louise Simard **President and CEO**

The resolution of the Bill 29 bargaining negotiations well in advance of the June 28 deadline was a great success.

Goal One: Excellence in Labour Relations

BILL 29 UPDATE

On June 8, 2007, the Supreme Court of Canada issued a landmark ruling on the Health and Social Services Delivery Improvement Act, otherwise known as Bill 29. The court determined that certain provisions of Bill 29 – specifically, Sections 6(2), 6(4) and 9, which dealt with contracting out, layoff and the exercise of bumping by seniority – were constitutionally invalid. It emphasized the need for consultation and negotiation with unions before amending, by legislation, collective agreement provisions central to the unions' freedom of association. The court suspended its declaration for a period of 12 months, meaning the decision did not become effective until June 8, 2008, allowing the provincial government time to resolve the issues raised in the decision.

In September of 2007, the provincial government held initial consultations with the bargaining associations to move forward with a measured and respectful response to the court's ruling. These consultations were a prelude to the subsequent good faith negotiations between HEABC, the government and unions, which began in October.

On January 28, 2008, we joined the Ministry of Health in announcing that tentative settlement agreements had been signed with all four affected union bargaining associations, resolving all issues arising from the Supreme Court decision. Ongoing consultation was an important aspect of all four settlement agreements, which also addressed contracting out resulting in layoffs. Under the settlement agreements, health employers retain the option to contract certain services, including those where bargaining unit members might be laid off, to support both flexibility and sustainability for healthcare.

The provincial government provided a total of \$85 million to all four bargaining associations – both as payment to individuals affected by Bill 29 and for retraining, clinical upgrading and professional development. In consideration of future demands on the healthcare system, the BC government and HEABC will work on key initiatives to improve education and retraining opportunities, with all tables directing a portion of their funds toward education.

By late February 2008, all four bargaining associations, as well as our Board of Directors and the provincial government, had approved the Bill 29 settlement agreements. To provide members with a further understanding of the agreements and how they would be applied, we held a series of member interpretation sessions across the province in March 2008.

The resolution of this issue, well in advance of the June 8, 2008 deadline set by the Supreme Court, was a great success that can be celebrated by HEABC, employers, the government and our union partners. In addition to addressing the issues at hand, it created a framework for ongoing consultation and collaboration to facilitate the best possible healthcare for the people of British Columbia.

Goal One: Excellence in Labour Relations

CASES OF NOTE

HEABC represents member employers at arbitrations and other labour-related hearings. In the past year, there were two cases of note involving benefits available to casual employees.

Community Agreement

Arbitrator Stan Lanyon ruled that casual employees may be entitled to port (transfer) their wage increment step when moving from one employer to another when both are under the same collective agreement and there are no more than 90 days between jobs. A casual employee claimed entitlement to a transfer of her wage increment step and her vacation entitlement. Arbitrator Lanyon decided that she was entitled to port only her wage increment step.

Nurses Agreement

Arbitrator Vince Ready issued a decision confirming that overtime is payable to casual status nurses who do not receive eight hours off between the end of one shift and the start of another. Overtime is payable for the entire second shift, as long as there are fewer than eight hours off between the two shifts. The overtime is paid at a rate of time-and-a-half irrespective of Article 27, which states that overtime is paid at 1.5 times the regular rate of pay for the first two hours of daily overtime and double-time thereafter.

Third Party Hearing Activity

HEABC provides counsel services to employer members at:

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

During the 2007 calendar year, we were involved in 289 referrals to third party hearings. The following is a breakdown of third party statistics covering the period from January 1, 2007 to December 31, 2007.

Referrals Received

Type*	Number of Referrals	%
Arbitration	94	32.53
CAAB referral	2	0.69
Expedited arbitration	102	35.29
Troubleshooter	39	13.49
WorkSafeBC	52	17.99
Total	289	100

*See page 15 for acronym key

Referrals by Union

Union*	Number of Referrals	%
BCGEU	30	10.27
BCNU	95	32.53
CAW	1	0.34
CUPE	1	0.34
HEU	118	40.41
HSA	29	9.93
IUOE	1	0.34
NBA	1	0.34
PAR-BC	2	0.68
UFCW	12	4.11
UPN	2	0.68
Total	292	100

Decisions Received

Issue	Number of Persons	%
Benefits	1	2.17
Classification	3	6.52
Discipline/Termination of employment	14	30.43
Job posting/Selection	8	17.39
Not specified	3	6.52
Other	4	8.70
Paid/Unpaid leaves	3	6.52
Premiums/Differentials/Allowances	3	6.52
Rate of pay/Seniority	2	4.35
Return to work	1	2.17
Scheduling/Management rights	4	8.70
Total	46	100

*See page 15 for acronym key

LEGISLATIVE DEVELOPMENTS

Elimination of Mandatory Retirement

On April 25, 2007, the province introduced legislation designed to provide mature workers with more choices in employment by eliminating mandatory retirement. The legislation took effect on January 1, 2008. Previously, the Human Rights Code defined age as "from 19 years or more and less than 65 years." The new legislation removed the upper limit of 65 years and now precludes age-based discrimination against employees 65 and older.

Despite the elimination of age-based discrimination for employees 65 and older, the Code still preserves age-based distinctions in bona fide pensions and group and employee insurance plans. Accordingly, HEABC advised the healthcare unions that, temporarily, eligible employees who are 65 or older will continue to be enrolled in the collective agreement extended health, dental, group life and accidental death and dismemberment plans. The current age limit of 65 under the long-term disability plan will remain in effect. We have requested meetings with the bargaining associations to confirm the continued application of benefit plans for the duration of the current collective agreements. To date, there have been no changes to rules relating to WorkSafeBC claims or Municipal Pension Plan benefit eligibility.

To ensure our members were apprised of the implications of the elimination of mandatory retirement, we issued information bulletins and provided advice to members on this legislative change. Subjects discussed included the status of previous retirement policies, fixed-term contracts and work performance of older employees, as well as the duty to accommodate, should an older employee have a physical or mental disability.

COLLECTIVE AGREEMENTS AND POLICY DISCUSSION

The following are selected highlights from 2007-2008 of significant policy discussions and updates from various healthcare collective agreements.

Nurses

The Provincial Violence Prevention Strategy

This strategy arose from commitments to the Nurses' and Facilities Bargaining Associations during the 2006 policy discussions. After the 2006 negotiations, we met with representatives from the BCGEU, BCNU, HEU, HSA, UPN (see page 15 for acronym key) and the Occupational Health and Safety Agency for Healthcare in BC (OHSAH) and reached consensus on a series of recommendations which were approved by the Nursing Policy Management Committee (NPMC). These recommendations were developed with full stakeholder participation and reflect the cooperation of employers and unions in addressing violence prevention. They included establishment of a provincial steering committee to promote workplace safety, chaired by OHSAH and with membership from HEABC, health authority employers, affiliate employers and the unions.

The Provincial Nursing Workload Committee Initiatives

As a result of the 2006-2010 Nurses' Provincial Collective Agreement, representatives of the Ministry of Health, the NBA, health authorities and HEABC have been working together to implement nurse staffing plan projects. In the fall of 2007, four facilities agreed to serve as demonstration sites for the initiative – two in acute care and two in residential care.

The Provincial Nursing Workload Committee is currently seeking expressions of interest from four community healthcare sites to continue the project. The initiative aims to apply and refine workload measurement indicators, staffing plan processes and tracking of patient outcomes in acute care, residential, community health and community mental health settings across BC and to provide advice to the Leadership Council at the conclusion of the initiative.

Responsive Shift Scheduling (RSS)

In 2006 bargaining, the health authorities and the NBA recognized the need for flexible shift scheduling that still meets group staffing requirements and patient care needs. To achieve this goal, two-person teams – each comprising one union and one management representative – were funded for two years in all of the health authorities, as well as Providence Health Care Society. The expertise of these teams is available to affiliate employers on a voluntary basis.

In 2007, the RSS teams surveyed 330 units and conducted 317 information sessions. Forty-six RSS schedules were implemented and more than 100 master schedules were corrected or approved. The Facilities Bargaining Association (FBA) policy table has selected six long-term care sites for trial runs of the initiative. Though trials are still underway, early indications are very favourable.

Health Science Professionals

The negotiation of the Bill 29 settlement agreement was a valuable opportunity for the bargaining teams to work together toward a satisfactory conclusion. In the coming year, joint committees with the Health Sciences Professionals Bargaining Association will undertake a review of benefits, recruitment and retention and a variety of matters related to classification.

In addition, meetings of the Labour Relations Advisory Group, the Compensation & Benefits Advisory Group and with individual employers have fostered an ongoing dialogue with members to address concerns arising from the current collective agreement. We believe these efforts in communication and cooperation will be beneficial as we advance toward 2010 bargaining.

CERTIFICATIONS AND DECERTIFICATIONS

There was increased activity in the number of applications for new certification granted in 2007, compared to prior years.

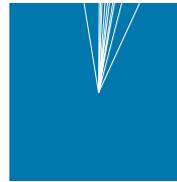
	2007	2006	2005	2004	2003
Facilities	6	1	0	0	0
Nurses	1	1	0	0	2
Community	2	1	1	1	0
Health Science Professionals	1	1	1	0	0
Totals	10	4	2	1	2

Goal One: Excellence in Labour Relations

Facilities

FTEs BY UNION

Union	FTEs	%
HEU	26,215	93.18
BCGEU	1,246	4.43
IUOE	410	1.46
CSWU	99	0.35
BCNU	79	0.28
UBCJA	26	0.09
IBPAT	20	0.07
IBEW	19	0.07
UAJAP&P	8	0.03
USWA	7	0.03
HSA	6	0.02
Total	28,135	100



Source: HSCIS Payroll Extract and Web Entry as of April 14, 2007, subject to change.
Note: Figures have been annualized to a 365-day reporting period.

Nurses

FTEs BY UNION

Union	FTEs	%
BCNU	20,437	97.17
UPN	359	1.71
HSA	233	1.11
HEU	2	0.01
BCGEU	1	0.01
Total	21,032	100

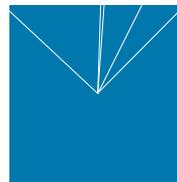


Source: HSCIS Payroll Extract and Web Entry as of April 14, 2007, subject to change.
Note: Figures have been annualized to a 365-day reporting period.

Health Science Professionals

FTEs BY UNION

Union	FTEs	%
HSA	8,843	81.37
BCGEU	1,400	12.89
CUPE	499	4.59
PEA	101	0.93
HEU	25	0.23
Total	10,868	100



Source: HSCIS Payroll Extract and Web Entry as of April 14, 2007, subject to change.
Note: Figures have been annualized to a 365-day reporting period.

Community

FTEs BY UNION

Union	FTEs	%
BCGEU	4,992	61.03
HEU	1,224	14.97
UFCW	1,013	12.38
CUPE	419	5.12
HSA	245	3.00
PEA	107	1.31
CAW	95	1.16
USWA	38	0.46
CLAC	37	0.45
IWA	10	0.13
Total	8,180	100



Source: HSCIS Payroll Extract and Web Entry as of April 14, 2007, subject to change.
Note: Figures have been annualized to a 365-day reporting period.

Residents

FTEs BY UNION

Union	FTEs	%
PAR-BC	793	100
Total	793	100



Source: HSCIS Payroll Extract and Web Entry as of April 14, 2007, subject to change.
Note: Figures have been annualized to a 365-day reporting period.

Acronym Key

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

We reviewed and updated all of our educational materials and revamped our courses to reflect the latest knowledge in adult education principles.

Goal Two: **Contribute to Sustainable Human Resources in Healthcare**



HUMAN RESOURCES

HEABC provides expert and strategic advice to members and brings a provincial perspective to healthcare's unique human resource needs and issues.

Human Resource Planning

HEABC collects and provides key provincial indicators associated with health human resource planning. We work with employers and the Ministry of Health to analyze data that help determine future planning priorities. We also provide statistical information to the Ministry of Health for the development of a ten-year Health Human Resource Plan.

Facilitation of Evidence-Based Best Practices

Provincial indicators provide a snapshot on health workforce trends in recruitment and retention, benefit plan utilization and costs, wellness and occupational health, productivity, demographics, education and labour relations.

Working with the health authorities and Providence Health Care through the Health Human Resources Strategy Council, HEABC identifies and reports on key provincial human resource indicators to monitor performance agreement requirements and support evidence-based decision-making.

Education

We offer human resource management and labour relations workshops and courses throughout the province on topics such as discipline, managing grievances, selection and conducting investigations.

In autumn 2007, we reviewed and updated all of our educational materials and revamped courses to reflect the latest knowledge in adult education principles. We also added two new courses, Conducting Investigations and Employee Selection, bringing the total number offered to 13.

Last year, there were 227 participants from across our membership; courses received enthusiastic reviews and continue to fill up quickly.

Early Intervention Program

Collaborative and confidential, the Early Intervention Program (EIP) helps disabled employees return to work in a safe and timely manner by providing expedited medical and rehabilitation assistance and facilitates. The program was officially launched on February 12, 2007 as a result of the key commitments and policy discussions relating to 2006 bargaining.

Goal Two: [Contribute to Sustainable Human Resources in Healthcare](#)

As of March 31, 2008, HEABC received 5,442 referrals and has already received positive feedback from employees, employers, physicians and other allied health professionals. With the help of the unions, the EIP developed promotional materials in early 2007 and coordinated joint education sessions for health authorities and affiliate employers. We are confident that investment in the EIP will benefit health employers by reducing long-term disability and sick leave costs.

Occupational Health & Safety

HEABC provides members with advocacy, consultation, education and coordination services relating to workplace health. Within the workers' compensation system, we assist with claims management, assessments and prevention, and represent members in WorkSafeBC appeals and hearings. In 2007, HEABC represented members at 82 WorkSafeBC appeals, with a success rate of 96 per cent.

We represent our members on the Board of the Occupational Health and Safety Agency for Healthcare in BC (OHSAH) and are an active member of all OHSAH board subcommittees. We are also a member of the Business Council of BC's Employers WorkSafeBC Forum, which works with all provincial industries to promote their interests to WorkSafeBC.

In 2007, we expanded our Occupational Health, Safety and Wellness department and added resources to assist and represent our affiliate members. Cooperation between the health authorities and their external partners – which include Healthcare Benefit Trust, the Ministry of Health, OHSAH and WorkSafeBC, as well as HEABC – has contributed to the improvements to employee health programs and initiatives.

With the introduction of the EIP, we represent our members on all EIP steering and working group committees. This involves extensive consultation with Healthcare Benefit Trust (the EIP provider) and each of the four bargaining associations.

Pandemic Planning

When a pandemic occurs, front-line healthcare workers will be affected as members of the general population and will also be relied upon to provide critical services that put them at a high risk of infection.

To develop BC's response to the threat of pandemic influenza, the provincial government established a pandemic planning steering committee. HEABC coordinates the human resources aspect of this committee and chairs the Human Resource Advisory Group, which – with representation from the health authorities, unions, regulatory colleges, labour associations, professional associations, OHSAH, WorkSafeBC and the Ministry of Health – reviews and makes recommendations on key human resource issues that support British Columbia's response to a flu pandemic.

COMPENSATION SERVICES

HEABC develops and maintains all classification systems related to the union and management employees of our member organizations. We provide interpretive advice, dispute advocacy, system development, labour market research and work design analysis to ensure that systems are applied consistently and are flexible enough to respond to the changing needs of healthcare service delivery.

Executive, Management, and Non-Contract Compensation

In 2007, HEABC worked with industry compensation leaders and Mercer to review and update the benchmark roles in the Compensation Reference Plan (CRP). The revised benchmarks are used as the foundation for surveys of labour market conditions for management and executive compensation. As mandated by the CRP, in the fall of 2007 we undertook a thorough national compensation survey. The results will help us interpret and apply the CRP as leadership structures and roles continue to evolve. We also took a proactive approach in carrying the needs and concerns of healthcare employers forward to PSEC during the government's review of public sector CEO compensation.

In addition to compensation services, we help clients enhance organizational effectiveness and provide workshops on board effectiveness, strategic business planning and performance enhancement.

Union Compensation and Classification

We provide advice, advocacy and project leadership in the operation and development of the classification systems in health sector collective agreements.

Three separate benchmark review projects were mandated out of the 2006-2010 Facilities Subsector Agreement. All three reviews – of more than 290 benchmarks – are well underway. We are working closely with employer representatives to ensure that the existing classification system remains an up-to-date and viable tool for classifying the wide variety of support roles in healthcare. Reviews are anticipated to conclude by the end of 2008.

HEABC continues to monitor and respond to applications to the Labour Relations Board (LRB) for the transfer of positions from one bargaining unit to another. We are working on submissions for section 139 applications for pharmacy technicians, certified dental assistants and youth and family counsellors. Each of these groups sought transfer from the facilities subsector to the health science professionals subsector.

The application for the pharmacy technicians has been withdrawn and the dental assistants' application is still pending. The parties, at the direction of the LRB, have undertaken a case-by-case review of the youth and family counsellor positions and are close to reaching a resolution.

Goal Two: [Contribute to Sustainable Human Resources in Healthcare](#)

The Compensation & Benefits Advisory Group (CBAG), comprising HEABC and industry compensation leaders, continues to be a key resource for information sharing and cross-industry comparisons that may identify emerging labour market issues.

Physicians

Through the Physician Services Secretariat, we support the Ministry of Health and health authorities in physician compensation, negotiations and contract administration. In 2007, we were actively involved in negotiations between the provincial government and the British Columbia Medical Association, which resulted in a new Physician Master Agreement in November. The secretariat continues to support 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

Health Match BC works on rural recruitment strategies to increase the visibility of British Columbia as a location of choice for skilled healthcare workers. Last year, we helped BC's health employers screen and place 214 physicians and pharmacists.

Physician Services

In 2007, Health Match BC filled 204 family practitioner and specialist physician vacancies throughout the province, an 11 per cent increase over the previous year, bringing the cumulative total since 1999 to 1,241.

The United States and the United Kingdom have proven to be excellent sources of physician candidates for British Columbia. Eight successful recruitment missions to the UK have been conducted since 2003, with a total of 208 applications received from UK physicians in 2007. Interest from the UK is expected to continue in light of ongoing National Health Service restructuring, hospital closures and layoffs.

Our outreach activities included co-planning the 4th Annual Canadian Association of Staff Physician Recruiters Conference in Montreal, building recruitment capacity in BC's rural communities and attending conferences in Canada, the US and the UK.

We also processed 49 applications from physicians for the Provincial Nominee Program.

Pharmacist Services

Health Match BC's portfolio expanded to include hospital pharmacist recruitment in 2005. Our innovative recruitment strategies resulted in the hiring of 10 pharmacists in 2007, bringing the cumulative total to 33 since inception. Outreach activities included attendance at career fairs and conferences and participation with a National Advisory Committee on a pan-Canadian study of pharmacy human resources planning.

Nursing Services

We continue to promote BC as a preferred destination and support employers' candidates with their registration and immigration concerns. Specifically, we coordinated and launched the Third Party Status CRNBC Registration project in December 2007 and processed 109 applications from registered nurses for the Provincial Nominee Program.

For more information, visit www.healthmatchbc.org.

HEABC continues to play an integral role in the 50-plus key commitments resulting from the 2006 negotiations.

Goal Three: **Constructive Relationships with Members, Governments, Unions and the Public**



KEY COMMITMENTS

HEABC continues to play an integral role in the 50-plus key commitments that resulted from the 2006 negotiations. In collaboration with the Ministry of Health, the unions and other stakeholders, we are working to interpret and implement these commitments.

Some 2007-2008 highlights:

- The EIP was formally launched for all regular employees (approximately 66,000) in February 2007. More than 5,000 referrals to the program have been made by the health industry and close monitoring shows that the EIP is already producing successful outcomes.
- The Front Line Leadership Committee is operational and the Ministry of Health has disbursed funding for increased front-line leadership positions.
- The Residential Care Policy Committee is operational and will be providing two reports to the Ministry of Health; one on RCA training issues and another on residential staffing and quality care.
- An FBA Joint Policy Committee has been formed to monitor the implementation of policy objectives and act as a vehicle for continuing policy-based discussions.
- The Internationally Educated Nurses (IEN) Assessment Service of BC was formed in January 2008 and will expedite the registration process for many of the province's IENs.
- The Facilities Bargaining Association Joint Policy Committee is conducting trials of a communication program and Responsive Shift Scheduling. A report on the utilization of LPNs and care aides is in the final stages of completion.

Goal Three: [Constructive Relationships with Members, Governments, Unions and the Public](#)

INTERNATIONALLY EDUCATED NURSES (IEN) ASSESSMENT SERVICE OF BC

The IEN Assessment Service of BC was formed in January 2008 and will expedite the registration process for many IENs in BC. It provides internationally educated nurses who wish to work in BC an opportunity to demonstrate the competencies they have acquired through life and work experience, as well as formal education.

Not all IENs will require a competency assessment. The College of Registered Nurses of BC (CRNBC) will refer an IEN for assessment when they are unable to determine the nurse's ability to meet BC's registered nursing competencies through a paper-based credential review. The IEN Assessment Service provides a written assessment for CRNBC, outlining any educational requirements that are needed to meet entry-level competencies for registration in BC.

The IEN Assessment Service is governed by an advisory committee made up of provincial stakeholders and reports to the BC Ministry of Health and CRNBC. An institution to provide competency-based assessments on behalf of the service will be announced in summer 2008. The first IEN assessments are expected to take place in the fall of 2008, with a goal of further building assessment service capacity in 2009.

HEABC RESEARCH AND KNOWLEDGE MANAGEMENT

HEABC tracks emerging trends in human resources and labour relations, providing data and analysis to support evidence-based decisions for member employers, the provincial government and other organizations within the health sector.

Health Human Resource Forecasting

At the end of 2007, we assumed responsibility for producing provincial human resource forecasts for the Ministry of Health to help identify future staffing needs for 21 health occupational groups, including registered nurses and allied professionals.

HR Performance Metrics

To help the industry make evidence-based decisions, we generate HR performance metrics at both the health authority and provincial level. This includes benefit costs, occupational health and wellness, productivity, and recruitment and retention of healthcare providers. HR metrics can also identify best practices within the health sector.

Supporting Key Commitments

We continue to support the key commitments flowing from the 2006 bargaining by providing data and analysis for the various committees and developing new data collection tools to address information needs.

2007 British Columbia Health Employer Report

This is an annual, comprehensive overview of the health labour market, which includes executive and non-union personnel and unionized employees covered by the provincial collective agreements. The 2007 report features workforce demographics, termination statistics and sick leave and overtime trends based on 2006 data in the Health Sector Compensation Information System (HSCIS).

Data Collection Enhancements

To support data-driven decision-making in the industry, we strive to build in-depth analyses of HR/LR issues. This year, HSCIS has been significantly enhanced to improve the quality and tracking of data. A regular review of existing data systems and reports ensures that current and future information requirements are met.

Difficult-to-Fill Vacancy Survey Report

This report tracks vacancies that remain unfilled after 90 days of recruitment. It provides a breakdown by health authority and a trend analysis for key occupational groups. Data on all difficult-to-fill vacancies in the health system is collected four times a year: at the end of March, June, September and December.

Evaluating Effectiveness of Collective Agreement Provisions

A preliminary review of the effectiveness of certain collective agreement provisions negotiated in the last round of bargaining was completed during the fiscal 2007-2008 year. Further analysis will be conducted in the next two years to observe the effects of these provisions up to the expiration of the collective agreement.

Inter-Provincial Wage and Benefit Comparisons

Our confidential national labour relations database provides information on collective agreements for nurses, and professional, technical, support and trades positions. It provides detailed comparative terms and conditions data for health sector positions across Canada.

Goal Three: **Constructive Relationships with Members, Governments, Unions and the Public**

Partners in Healthcare: 2007-2008 Committees, Task Forces and Boards

To better represent our members and engage in the sharing of knowledge and best practices, HEABC actively participates in the larger labour relations and human resource communities and sits on the following 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 Strategy 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 in BC (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)

We encourage employees to upgrade their skills and knowledge to help them grow within our organization.

Goal Four: Operational Excellence



Providing service excellence to all our members and partners is a top priority for HEABC's Board and staff. In 2007-2008, we continued to improve communications and information sharing for all our stakeholders.

Enhancement of Member Communications

In order to receive confidential online feedback from the Ministry of Health and our members during Bill 29 negotiations, we implemented the Sharepoint module of Microsoft Business Intelligence. This system worked so well that we are modifying it for the 2010 round of bargaining.

To further enhance member communication tools, we now send out a yearly newsletter in addition to our regular communications, which include contract interpretation updates, general information updates and CEO letters. After launching our new website in 2007, we continue to add new information and improvements based on member feedback.

Internal Initiatives

We encourage employees to upgrade their skills and knowledge to help them grow within the organization. In light of this philosophy, we have developed both a succession plan and an education plan for HEABC employees. The succession plan also provides our directors with a performance evaluation tool.

Early in 2008, we introduced a performance metrics program that allows us to evaluate our services and determine the appropriate use of our human resources. This valuable tool is in its initial stages; it will be several months before we have a baseline of data.

Excellence in BC Healthcare Awards

Launched in June 2007, the Excellence in BC Healthcare Awards program was a tremendous success. These awards are an extraordinary opportunity to showcase many of the innovative and exciting initiatives taking place at BC's publicly funded health providers and to reward those who demonstrate a passion for providing the best possible care to the people of British Columbia. The event attracted 320 attendees and was so successful that additional award categories were added for 2008.

Annual Conference

The 14th Annual General Meeting and Conference in 2007 was a busy day of learning, sharing and networking for 220 members and invited guests. Dr. Robert Sutton was the keynote speaker and gave an informative and well-received presentation on evidence-based management; an appropriate kick-off to the conference theme, "Optimizing Evidence-Based Decision-Making in Healthcare."

Providing service
excellence to all our
members and partners is
a top priority for HEABC's
Board and employees.

HEABC Strategic Goals 2008-2009



Goal #1: Excellence in Labour Relations

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

Goal #2: Contribute to Sustainable Human Resources in Healthcare

- Enhance recruitment and retention
- Create flexibility for work redesign
- Enhance HR data
- Expand Health Match BC
- Create an aboriginal development strategy
- Develop an education strategy
- Promote sustainable wage and benefit plans
- Promote effective management compensation
- Participate actively in provincial HR planning activities

Goal #3: Constructive Relationships with Members, Government, Unions and the Public

- Build and clarify relationships and enhance communications
- Demonstrate value
- Continue our collaborative approach to bargaining, LR and HR issues

Goal #4: Operational Excellence

- Allocate resources appropriately
- Continuously develop staff and Board
- Maximize data-driven decision-making throughout the organization
- Define value for our clients and members

HEABC Balance Sheet

MARCH 31, 2008

	2008	2007
	\$	\$
ASSETS		
Current assets		
Cash and restricted cash (Note 3)	1,582,361	1,319,589
Short-term investments (Note 2)	20,922,687	1,4153,681
Accounts receivable	680,973	218,039
Prepaid expenses	117,408	147,001
	23,303,429	15,838,310
Leasehold improvements and equipment (Note 4)	918,550	262,369
	24,221,979	16,100,679
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	1,773,522	1,262,567
Deferred contributions (Note 5)	18,364,495	11,367,503
	20,138,017	12,630,070
Tenant inducements	749,225	29,969
Retirement liability	354,775	307,262
	21,242,017	12,967,301
NET ASSETS		
Net assets invested in leasehold improvements and equipment	918,550	262,369
Internally restricted net assets (Note 6)	438,765	535,711
Unrestricted net assets	1,622,647	2,335,298
	2,979,962	3,133,378
	24,221,979	16,100,679

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

Commitments and contingencies (Note 10)

Approved by the Board:



Director



Director

HEABC Statement of Revenues and Expenses

MARCH 31, 2008

	2008	2007
	\$	\$
Revenues		
Government funding	10,454,490	10,175,410
Interest and other revenue	368,178	288,950
Benefits and administration fees (Note 7)	257,577	268,980
Member assessment	156,641	148,607
Annual general meeting/conference fees	84,765	43,732
Member training fees	20,063	29,581
Fee for service	5,059	5,168
	11,346,773	10,960,428
Funding from deferred contributions - operations (Note 5)	2,498,727	1,307,715
	13,845,500	12,268,143
Expenses		
Salaries and benefits	7,165,275	6,229,086
Rental - office and equipment	1,347,917	1,303,143
Legal and professional	770,126	663,359
Office, printing and reproduction	504,249	303,138
Travel and meetings	190,472	277,198
Annual general meeting/conference	170,553	80,421
Staff training - research and memberships	162,283	144,466
Amortization	132,314	126,637
GST - unrecoverable	98,895	90,101
Recruiting and relocation	92,744	31,660
Strategic planning initiatives	29,596	80,214
Arbitration and hearing costs	23,767	33,628
Member training	11,373	7,825
	10,699,564	9,370,876
Expenses from core operations		
Recruitment services - Health Match BC	1,503,869	1,661,436
Physician services	1,072,932	535,854
Bill 29	370,527	-
Nurse policy section	292,473	249,192
Health Cross - Jurisdictional Database	94,084	-
Pandemic preparedness	17,528	-
Total expenses from operations	14,050,977	11,817,358
(Deficiency) excess of revenues over expenses from operations	(205,477)	450,785
Funding from deferred contributions - administrative (Note 5)		
Revenues	3,650,741	1,781,197
Expenses	3,650,741	1,781,197
(Deficiency) excess of revenues over expenses	(205,477)	450,785

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

Top row: Linda Petch, Roger Sharman, Betsy Gibbons
2nd row: Gordon Barefoot, Alice Downing, Andrew Smith, Darrell Burnham
3rd row: Sandra Heath, Al Jina, Valerie St. John, Chris Trumpy

HEABC
Health Employers
Association of BC



HEABC Board of Directors 2007-2008

Health Authority Representatives

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

Gordon Barefoot
Chair, *Fraser Health*

Roger Sharman
Director, *Interior Health*

Betsy Gibbons
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

Chris Trumpy, Government Representative
Deputy Minister and CEO, *Public Sector Employers' Council Secretariat*



HEAD OFFICE
200-1333 West Broadway
Vancouver, BC V6H 4C6
T 604 736 5909
F 604 736 2715

REGIONAL OFFICE
405-3960 Quadra Street
Victoria, BC V8X 4A3
T 250 479 4088
F 250 479 4038

www.heabc.bc.ca