

**HEABC**  
HEALTH EMPLOYERS  
ASSOCIATION OF BC

**ANNUAL REPORT  
2009 - 2010**



E M B R A C I N G   C H A N G E

# HEABC's

## Vision:

The leader of strategic human resources in health care.

## Mission:

To deliver expertise and innovation in human resources to health care in British Columbia.

## Values:

At HEABC, we believe in:

- Integrity
- Respect
- Leadership
- Courage
- Excellence
- Teamwork

## Strategic Objectives:

1. Ensure financial sustainability for HEABC services.
2. Create and deliver services that align with and support the priorities and goals of the provincial human resources framework, its customers and the BC health care system.
3. Enhance the value of HEABC's role to the membership, potential membership and government.
4. Implement systems, programs and services that support strategic human resources in BC's health sector.
5. Build a culture of accountability and continuous improvement.
6. Create and sustain a high performance organization.

# About HEABC

The Health Employers Association of British Columbia (HEABC) coordinates the human resource and labour relations interests of more than 275 publicly funded health care employers in British Columbia.

HEABC represents denominational, proprietary and affiliate health employers, as well as the province's six health authorities.

HEABC is also the accredited bargaining agent for most publicly funded health employers in the province. HEABC negotiates five major provincial agreements covering more than 100,000 unionized health care employees. HEABC negotiates agreements covering nurses, health science professionals, physician residents and support workers in both facilities and community settings.

HEABC takes a provincial leadership role in strategic planning related to human resources and labour relations issues management for BC's publicly funded health employers. 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.

In May 2009, HEABC announced an internal restructuring aimed at better servicing the needs of its members. Three new service areas were created: Affiliate Services, Health Authority Services & Negotiations, and Corporate Services & System Innovation.

Affiliate Services delivers sustainability, innovation and service excellence to BC health care affiliate organizations through the coordination of human resource and labour relations services. Services include transactional human resource and labour relations assistance, occupational health and safety (OH&S) consultation, third party representation, disability management, job classification and access to publications.

Health Authority Services & Negotiations delivers programs, practices, policies and decisions that make a direct contribution towards health authority members achieving long-term strategic or operational objectives. The service area is comprised of two departments: Strategic Health Authority Services and Specialized Strategic Services, the latter including areas such as compensation, benefits and OH&S.

Corporate Services & System Innovation delivers coordinated management practices for enhancing membership efficiencies and implementing human resource policies and initiatives. Departments under this service area include Legal Services and Research & Knowledge Management. Other services include education, executive compensation and project management.

HEABC operates out of offices located in Vancouver, BC. **For additional information, visit [www.heabc.bc.ca](http://www.heabc.bc.ca).**

# Message from the Chair

Welcome to the 2009/2010 HEABC Annual Report. The title, "Embracing Change", reflects the transformation in BC's health care system and HEABC's role in ensuring its long-term sustainability.

Our Board and senior management have been working diligently to ensure that HEABC contributes positively to the future of BC's health care system, particularly as it relates to strategic human resources. In May 2009, we embarked on a restructuring to better align our services with member needs and to be in a stronger position to provide strategic direction and leadership on issues requiring province-wide coordination. Accompanying this new structure are a new vision, mission and values. Our new mission statement: "to deliver expertise and innovation in human resources to health care in BC," commits to working with our members to find creative, sustainable solutions to address the human resource challenges that lie ahead.

We are now in the third and final phase of our restructuring. This involves implementing service metrics and servicing standards to enable HEABC to monitor service delivery, plan for future service improvements and to measure return on investment on an annual basis. I would like to acknowledge the efforts of our management team, led by President & CEO Lee Doney, for their exceptional leadership during this period of transition.

Another step towards achieving our new vision is the development of new strategic objectives and organizational goals for HEABC. There are six strategic objectives, and each one reflects our commitment to improving our efficiency and adding value to our member organizations, from ensuring financial sustainability within our organization, to continuing to hone our service offerings, to building a culture of accountability and continuous improvement. More on these new objectives can be found on the inside cover of this report.

There have also been changes to the Board itself. David Morel of the Public Sector Employers' Council joined us last summer as one of our two Government Representatives and Al Jina, re-elected last summer as Proprietary Care Provider Representative, has stepped down from this position. I would also like to acknowledge former Government Representative Robin Ciceri for her contributions during her term.

In the midst of so much change in our sector, we must take time to celebrate the achievements of so many British Columbians who dedicate their lives to improving the health and well-being of others in this province. Last June, we acknowledged just a few of these inspirational examples of outstanding health care workers at our 3rd annual *Excellence in BC Healthcare Awards* ([www.BCHealthcareAwards.ca](http://www.BCHealthcareAwards.ca)). Now more than ever, it is important to recognize and salute the work of these individuals and teams - their innovation and commitment to care will be critical in helping us to successfully navigate the changes to come.



Alice Downing  
Chair



# Message from the President & CEO

It has been a year of remarkable change at HEABC. As the 2008/2009 fiscal year drew to a close, HEABC's Board of Directors and senior management began to contemplate the possibility of implementing significant organizational change that was deemed necessary for a number of reasons. First, we needed to address the very distinct needs of our membership: affiliates and health authorities. Second, we needed to ensure that our organization was aligned with the overall provincial strategy for human resources in health care. Last but certainly not least, we wanted to ensure that our organization continued to be relevant and sustainable in the years to come.

In May 2009, we announced our three new service areas and then began discussions with our members over the summer to determine their specific service needs. After some fine-tuning to the organizational structure as a result of these discussions, we announced the conclusion of the second phase of our change initiative. We are now in Phase 3. This phase focuses on continuous improvement and as such, there will be no distinct conclusion. Rather, with the introduction of performance metrics, we will continue to strive in the months and years to come to become better and better at what we do. We will also be asking for feedback from our members along the way to ensure that our services remain relevant and helpful.

In the midst of this internal change, we began the bargaining process, which commenced in mid-December with discussions with both the Community Bargaining Association (CBA) and the Facilities Bargaining Association (FBA). I am pleased to announce that despite a challenging set of circumstances, including a 'net zero' compensation mandate from government, new agreements with both of these bargaining units were ratified earlier this year, making three of five agreements reached before the current agreements expired on March 31, 2010. (Note: an agreement with the Nurses' Bargaining Association was reached in the previous fiscal year.)



Lee Doney  
President

I would like to thank the bargaining teams, represented by employers and HEABC staff, for their incredible hard work and dedication toward achieving agreements that worked for both employers and our union partners and that, most importantly, contributed toward improving service delivery and ensuring the sustainability of BC's health care system. More information on each of these agreements can be found on pages 4-5 in this report.

Like other health care organizations operating in this economically challenging era, we are bracing ourselves for further changes in our sector. The new budget announced in early March, while continuing to direct a large portion of the province's revenues to health care, is also designed to push health care leaders towards finding innovation and best practices in our sector to ensure sustainability. We are also keenly aware of the difficulties health employers are dealing with as they try to meet the needs of a growing, aging population while contending with challenges such as increasing absenteeism and rising benefit costs.

We hope that the changes we have made in our organization will provide the strategic human resources leadership and the supporting services that our members will need to help them through these changing times. I am confident that by working together, we will succeed in meeting the challenges that lie ahead to ensure that our health care system continues to meet the needs of BC residents.



# 2010 Bargaining Update

It has been a successful round of bargaining to date for HEABC and its members, with three of five agreements reached before the March 31, 2010 deadline, when all five collective agreements in the health sector expired. *(Note: An agreement to extend the collective agreement with the Nurses' Bargaining Association was reached in the previous fiscal year).* "We are very pleased to have reached three agreements with no disruption of service," says Lee Doney, HEABC President & CEO. "We are also hopeful that this new agreement – and the remaining agreements still to be negotiated – will contribute toward improving service delivery and ensuring the sustainability of BC's health care system."

## Below is a timeline of bargaining activity highlights in the 2009/2010 fiscal year:

- **November 2009:** Mandate 2010 is issued by the Public Sector Employers' Council (PSEC). The mandate applied to all public sector employers whose collective agreements expire between December 31, 2009 and December 31, 2011, and stated that no increases will be given to total compensation.
- **November/December 2009:** Consultation with employers commences; continues throughout bargaining process.
- **December 15, 2009:** Discussions with the Community Bargaining Association (CBA) commence.
- **December 17, 2010:** Discussions with the Facilities Bargaining Association (FBA) commence.
- **December 19, 2010:** Tentative agreement reached between HEABC and the CBA.
- **January 6, 2010:** Talks resume with the FBA. Among the employers' issues being discussed at the bargaining table are disability management and developing strategies to contain the growth in benefit plan costs. The FBA tables proposals in a number of areas including job security, extended health benefits and compensation for groups like licensed practical nurses and unit clerks.
- **February 6, 2010:** After 30 days of intense negotiations, a tentative agreement is reached with FBA.
- **February 18, 2010:** Agreement with the CBA is ratified by HEABC members (84 per cent in favour).

- **March 2, 2010:** The CBA agreement is ratified by union membership (76 per cent in favour).
- **March 17, 18 2010:** Bargaining commences with the Health Science Professionals Bargaining Association (HSPBA). Both parties provide opening remarks and outline general bargaining themes. Initial discussions focus on the classification system.
- **March 19, 2010:** Agreement with the FBA is ratified by union membership (77 per cent in favour).
- **March 19, 2010:** Agreement with the FBA is ratified by HEABC members (more than 95 per cent in favour).
- **March 31, 2010:** Further to a March 11, 2010 government announcement that oversight for the Emergency Health Services Commission (EHSC) will be transferred to the Provincial Health Services Authority (PHSA), Minister of Labour Murray Coell announces that after a thorough review, he will not create a standalone bargaining unit for unionized employees of EHSC. As a result, unionized EHSC employees are to become part of one or more of the five existing health sector bargaining units with which HEABC currently negotiates.

## Community agreement highlights:

- Net-zero total compensation for two years as per the Public Sector Employers' Council mandate.
- A three per cent wage increase for LPNs, LPN Supervisors and Certified Dental Assistants
- Shift premiums for weekends of 25 cents/hour
- The introduction of direct pay card - BlueNet
- A vision care allowance increase from \$225 to \$350
- Compassionate care leave
- New LPN Supervisor and Certified Dental Assistant benchmarks
- Increased deductible for extended health coverage from \$25 to \$100 per year
- A change in the LTD definition of "own occupation" from 24 to 19 months
- A change in the language on "pre-existing condition" for new long-term disability (LTD) claimants
- A cap on massage therapy benefits at \$1,000 per year
- Three joint working groups: Disability Management and STIIP (short term illness and injury plan); Benefits; and Scheduling
- New LTD claimants subject to exclusion of pre-existing condition language.

### Facilities agreement highlights:

- Net-zero total compensation for two years as per the Public Sector Employers' Council mandate. A number of compensation tradeoffs were made to enable the union to generate an increase in wages for certain classifications.
- The development of a Joint Engagement Committee comprised of members from the FBA, health authorities and the Ministry of Health Services with the goal of fostering an engaged workplace. Among the priorities of the Committee are to develop an agenda to implement cost-effective and sustainable system-wide improvements and constructive changes across the health care system resulting in increased employee engagement and productivity.
- Annual consultation with Leadership Council and semi-annually with health authority senior executives to discuss developments and potential initiatives which significantly affect the health sector and which may impact FBA members.
- Phased-in health authority-wide seniority. Effective January 1, 2011, employees will have the ability to bid on any vacancy within their health authority. Employers will benefit from the move to electronic postings.
- New language on seniority that will minimize the impact on employees of health authority consolidations and integrations. Employees who are transferred as part of a service consolidation will retain seniority at their previous employer for the purposes of bidding on vacancies for up to five years.
- No restriction on contracting out.

“We are very pleased to have reached three agreements with no disruption of service. We are also hopeful that this new agreement – and the remaining agreements still to be negotiated – will contribute toward improving service delivery and ensuring the sustainability of BC’s health care system.”

LEE DONEY, HEABC PRESIDENT & CEO



# Introducing Health Authority Services & Negotiations

In the months that led up to the May 2009 organizational restructuring and the development of the new vision, mission and values statements, HEABC's health authority members had been expressing the need for a clear strategic vision for the leadership of human resources in the health sector. In other words, they were seeking services that were strategically oriented and that weren't duplicated in their own organizations.

No longer focused on transactional services, Health Authority Services & Negotiations is now separated into three distinct streams:

- **Strategic Health Authority Services**
- **Specialized Strategic Services**
- **Negotiations**

**Strategic Health Authority Services** involves adopting a longer-term, strategic approach regarding relationships with health authorities and their individual needs. It includes creating service agreements with each health authority. It also involves finding opportunities to bring health authority employers and union representatives together to problem-solve in a collaborative environment. To date, these opportunities have taken the form of committees, policy tables and data-sharing through working groups.

In addition, it should be noted a critical goal of this new service area is to ensure there is an alignment with the Ministry of Health Services' strategic direction.

*(continued on next page)*



**A team effort:** (from left) Leasa Parker-Dunlop, Kostia Thomas, Darlene Lavia, Tammy Young, Carol McCord with Director, Compensation, Benefits & OH&S Adrienne Hook.



“While we have just implemented a number of the changes, we have had positive feedback from health authorities on this new structure. Coupling this new approach with the service agreements and performance metrics that we are putting in place in the final phase of our restructuring should ensure that we continue to provide value to our health authority members in the years to come.”

MARNO MCINNES, VICE-PRESIDENT,  
HEALTH AUTHORITY SERVICES & NEGOTIATIONS

# Health Authority Services & Negotiations *(continued)*

**Specialized Strategic Services** develops strategic opportunities in relation to compensation, benefits and occupational health and safety, human resources and labour relations. Specialized Strategic Services will work with health authorities to transition HEABC out of the areas in which there is a duplication of services between HEABC and the health authorities. From this collaboration, HEABC will determine which specialized services make the most sense to continue to offer. The goal of Specialized Strategic Services is to provide critical expertise that will contribute to health authorities achieving their objectives.

**Negotiations** looks after collective bargaining and has been realigned under support service (Facilities and Community) and professional services (Nurses, Health Science Professionals and Residents.) Like other departments in this service area, one of the goals of Negotiations will be to take a long-term view to collective bargaining in the health sector; in other words, to create agreements that not only meet the needs of health care employers today but that also contribute towards improving overall service delivery and ensuring the sustainability of BC's health care system. For more information on bargaining activity in the past fiscal year, please see pages 5-6.

## Three of five agreements reached before March 31, 2010

In November 2009, the Public Sector Employers' Council (PSEC ) issued its bargaining mandate for 2010. It stated that in order to protect the province's ability to fund vital public services, public sector employers may not negotiate increases to total compensation.

Shortly after, HEABC submitted its official bargaining plan to PSEC, arrived at through consultation with members and government. The two main goals of the plan were as follows:

- Contribute to the sustainability of the health system. Changes to the collective agreements must align with and contribute to overall health system objectives.
- Maintain flexibility. Employers must be able to manage service delivery to match resources and demand.

"We knew from discussions with our members that these two issues were critical for them to continue to be able to meet the health care needs of the people of BC," says Marno McInnes, Vice-President of Health Authority Services & Negotiations. "The total health and welfare benefit cost increase for all bargaining tables is projected to be approximately 15 per cent over the next two years and 22 per cent over the next three years. Clearly, this is not sustainable."

To date, the two agreements that have been ratified under PSEC's bargaining mandate – Community and Facilities – have met these goals. \* "Not only were these agreements reached within the net-zero mandate, but we also made some progress in our discussions with the Community and Facilities unions to control escalating benefit costs," says McInnes.

McInnes adds he is also pleased with the level of cooperation and collaboration at the bargaining tables in this particular round of negotiations. "I think everyone involved was looking at the bigger picture this time around," he says. "These agreements are not simply viewed as two-year deals; they are intended to contribute to the overall long-term vision for health care in this province."

As of March 31, 2010, talks were under way with the Health Science Professionals Bargaining Association (HSPBA) and preliminary informal discussions were set to commence with the Professional Association of Residents of BC (PAR-BC). McInnes is hopeful that the collaborative spirit present in the discussions with the Community Bargaining Association and the Facilities Bargaining Association will continue with HSPBA and PAR-BC negotiations. "We have a great opportunity to sit down with our partners and make some great strides towards contributing to the long-term sustainability of BC health care."

\*Note: a two-year extension of the agreement with Nurses' Bargaining Association was reached in early April 2009, prior to the PSEC mandate.

# Introducing Corporate Services & System Innovation

**C**orporate Services & System Innovation (CSSI) delivers coordinated management practices for enhancing membership efficiencies and implementing human resource policies and initiatives.

## Among the responsibilities in this newly created service area are:

- Legal Services
- Project Management
- Research & Knowledge Management
- Education
- Executive Compensation

**Legal Services** was borne out of recommendations from a review of HEABC's existing legal services conducted by Peter Cameron, an independent consultant, mediator and arbitrator. Among the new initiatives currently being implemented following his recommendations are: focusing the work of this newly established department more on litigation services, creating a new Arbitration Review Committee (ARC) with enhanced participation of members for cases that have industry impact and the development of in-house legal counsel as litigators to represent members industry cases. These changes will assist HEABC in being less reliant on external counsel and to be better positioned to meet any ongoing challenges in the health care system.

**Project Management** takes a leadership role in the Ministry of Health Services' (MoHS) provincial human resources initiatives. Successful initiatives undertaken by Project Management include the BC Care Aide & Community Health Worker Registry launched in January (see sidebar on page 13) and the HINI human resources planning work undertaken in the fall of 2009.

**Research & Knowledge Management** is continuing to build on its excellent reputation for data and human resources forecasting in the health sector. The vision of this department is to promote the use of data in support of evidence-based decision-making. The department completed and published the Difficult to Fill Vacancy Survey Report 2009-Q3 in late 2009 and launched the web-based version in the spring of 2010. The department also completed and published the 2007, 2008 and 2009 editions of the BC Health Employers Report.

*(continued on next page)*

Mark Slobin, Director,  
Legal Services



Building on a reputation for research excellence:  
(from left) Rick Nguyen, Marianne Proulx and Anita Lam,  
members of CSSI's research team.



Eric Peraro, Director,  
Research & Knowledge Management



“This new service area of HEABC provides leadership in the area of province-wide human resource initiatives. It also streamlines HEABC’s litigation services. In addition, through CSSI, HEABC will continue to provide expertise in the area of non-contract compensation and build on its already excellent reputation as a data resource for the industry.”

GENTIL MATEUS,  
INTERIM VICE-PRESIDENT, CORPORATE SERVICES &  
SYSTEM INNOVATION

# Corporate Services & System Innovation *(continued)*

**Education** continues to evolve at HEABC. In collaboration with the health authorities, HEABC plans to conduct an inventory of all labour relations education and training modules for managers and supervisors being offered, with the goal of developing and offering a standardized provincial curriculum. HEABC is also looking at offering web-based education and training modules in addition to the current face-to-face sessions.

**Non-Contract Executive Compensation** has been focusing on supporting industry consolidation efforts, working with the Shared Services Organization (SSO) on the supply chain, IT and payroll structures and

transition issues, and with various health authority leads to support the Lower Mainland consolidation initiatives. As well, the 2009-contracted Mercer Survey for specified benchmark roles requested by the Compensation Benefits and Advisory Group (CBAG) was completed at the end of October 2009.

In addition to the above-mentioned areas, CSSI is also responsible for internal management at HEABC, including the implementation in 2010 of a new performance management and a balanced scorecard for the organization.

## BC Care Aide & Community Health Worker Registry goes 'live'

On January 29, Health Services Minister Kevin Falcon announced the launch of the BC Care Aide & Community Health Worker Registry at a special event held at Icelandic Care Home.

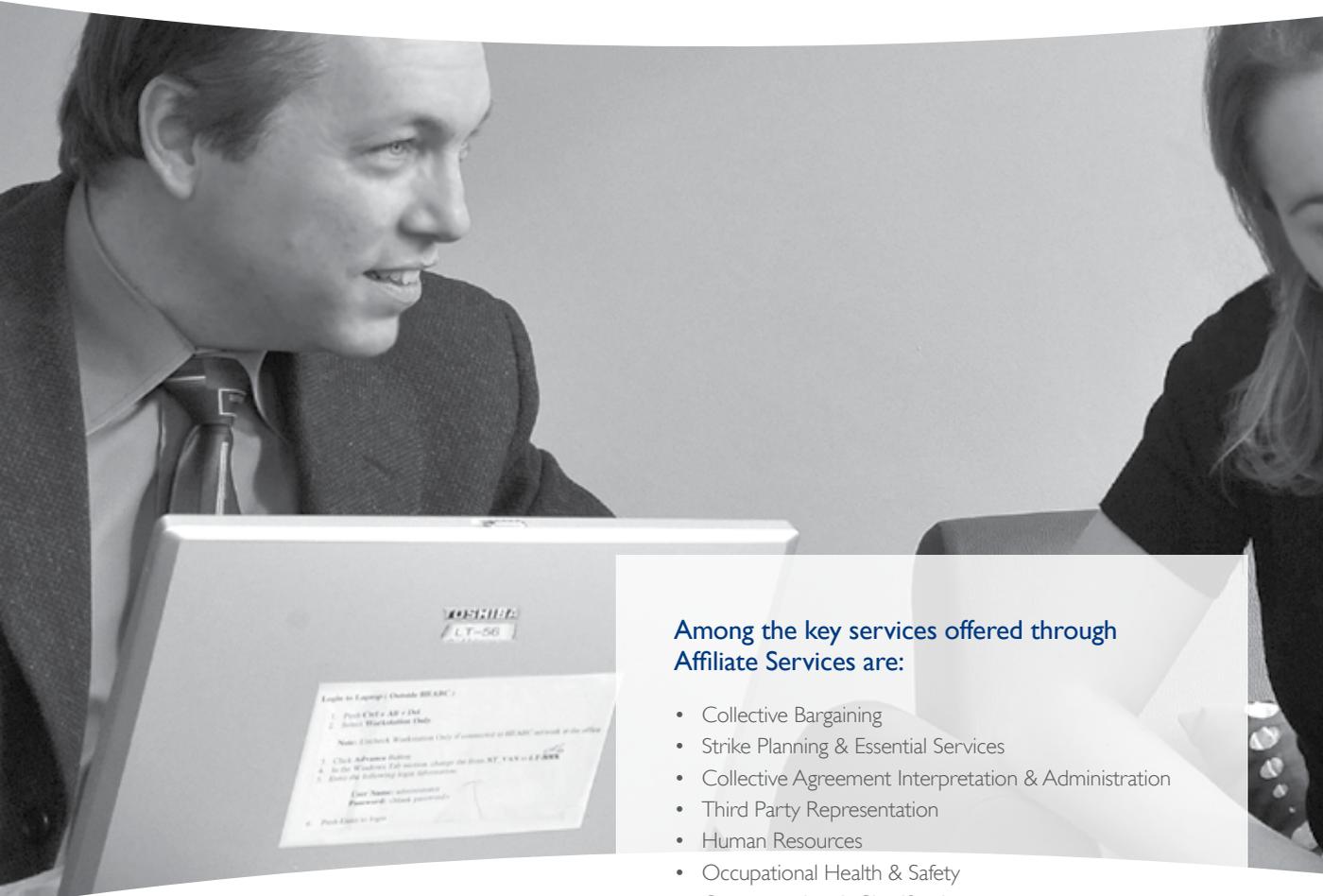
It was a proud moment for those HEABC & Health Match BC staff involved in developing the new BC Care Aide & Community Health Worker Registry website when it became operational.

A collaborative effort between the Ministry of Health Services, HEABC, Health Match BC, health care unions and other stakeholders such as the BC Care Providers Association, the BC Care Aide & Community Health Worker Registry requires the registration of all care aides or community health workers at publicly funded employers in the province.

"The new registry supports our goal of ensuring excellence in health care and we have worked closely with the province and stakeholders, including unions, on its development to ensure that it will promote public safety and, at the same time, benefit members of the profession," says President & CEO Lee Doney.

# Introducing Affiliate Services

The May 2009 restructuring saw the creation of three new service areas at HEABC; among them, Affiliate Services. This service area focuses on providing human resources and labour relations services tailored specifically to affiliate members.



## Among the key services offered through Affiliate Services are:

- Collective Bargaining
- Strike Planning & Essential Services
- Collective Agreement Interpretation & Administration
- Third Party Representation
- Human Resources
- Occupational Health & Safety
- Compensation & Classification
- Education

In addition, Affiliate Services has implemented a fee-for-service model that allows HEABC to provide additional human resource and labour relations services that do not fall within the current service area. This model ensures that the new service area meets the needs of all members, and provides a viable option for organizations outside of HEABC'S membership.

*(continued on next page)*



Helping affiliate organizations with their HR/LR needs: (from left)  
Kevin Commerford, Sarah Dyck and Tony Collins of Affiliate Services.

# Introducing Affiliate Services *(continued)*

## Consultative process yields ‘Top Ten’ issues for affiliates

When HEABC conducted an extensive consultative process with members last summer, the primary goal was to gain insight into the needs of the organization’s diverse membership. For Affiliate Services, the process also served to produce a “Top Ten Issues” list, comprised of some of the concerns of affiliate members. Since then, many of these issues have been taken to an Affiliate Committee made up of representatives from the affiliate membership and steps have been taken to address those issues that fall within HEABC’s mandate.”

### Top Ten Issues:

- Collective agreement settlement funding
- Rising benefit costs
- Affiliate input on areas such as the AGM and collective bargaining
- Access to education resources
- Management compensation
- Contracting out (Facilities subsector)
- Recruitment
- Voluntary HEABC membership
- More frequent member meetings/visits
- Access to industry programs

## HEABC affiliates allowed to withdraw from membership

On September 28, 2009, HEABC communicated to its members that government was prepared to consider requests by contracted service providers to withdraw from membership in HEABC. Affiliate members who wished to withdraw from membership in HEABC were asked to make their requests by Friday, October 9, 2009. Affiliates who no longer wished to have HEABC as their bargaining agent also applied to the Labour Relations Board (LRB) to amend HEABC’s accreditation order and be removed from the consolidated certifications. All submissions have been made and as of March 31, 2010, the issue of the amendment of the accreditation order and certifications was still before the Labour Relations Board pending a review of submissions by the affected unions.

“The focus of the service area is to provide practical and strategic consultation to member employers and increase the effectiveness and efficiency of their human resources.”

TONY COLLINS,  
VICE-PRESIDENT, AFFILIATE SERVICES



# The Year in Review

# The Year in Review: Communications

HEABC's Communications department oversees all internal, external and member information exchanges on behalf of the Board of Directors and HEABC's senior management.

## Communications areas of responsibility include:

- Strategic communications planning
- Issues management
- Communications support for bargaining
- Media management
- Government relations
- Web coordination and content management
- Internal communications
- Event planning and coordination
- Corporate identity standards
- Publications including print and e-newsletters, annual reports, etc.

## 2009/2010 Highlights:

**Bargaining preparation:** In preparation for 2010 bargaining, the department created a comprehensive bargaining communications strategy, which was submitted to government in late 2009. The strategy included key goals and objectives, messaging, timelines and a strategy in support of 2010 negotiations with the Community, Facilities, Residents and Health Science Professionals bargaining units.

**HEABC restructuring:** In May 2009, HEABC announced a three-phase restructuring aimed at better aligning the organization with member needs and government objectives. Communications provided comprehensive communications strategies for all phases of the restructuring.

**New corporate identity:** In conjunction with the restructuring, communications rolled out a new corporate identity, including a new logo, redesigned member, public and staff websites, and new corporate standards.

**HEABC annual conference:** HEABC presented its 16th annual Conference and AGM in June 2009, with the theme of *Finders Keepers: New Directions in Recruitment & Retention*.

**Excellence in BC Healthcare Awards:** In conjunction with its annual conference, HEABC hosted the 3rd annual *Excellence in BC Healthcare Awards*, which recognize outstanding contributions to publicly funded health care.

“The past year has been full of exciting challenges for HEABC's Communications department, from announcing our three-phase restructuring, to organizing our 16th annual conference and 3rd annual *Excellence in BC Healthcare Awards*, to preparing for bargaining in 2010.”

TONYA BLAKLEY, DIRECTOR  
EXECUTIVE SERVICES & COMMUNICATIONS



# The Year in Review: Health Match BC

Health Match BC helps to address the human resources challenges of the province's rural and urban communities by increasing the visibility of British Columbia as a location of choice for physicians, registered nurses and allied health professionals.

Its experienced consultants recruit on behalf of more than 100 health care facilities across the province. Health Match BC provides health employers with qualified candidates from within Canada and around the world, while facilitating health authority recruitment efforts. More information can be found at [www.HealthMatchBC.org](http://www.HealthMatchBC.org).

Specific services that Health Match BC provides include:

- Promotion of employer vacancies through networking, advertising, conferences, career fairs, social media and the Health Match BC website
- Assessing qualifications and lifestyle interests to match candidates to communities
- Facilitating contact between prospective candidates and employers
- Guiding candidates and communities through immigration, registration and licensing procedures
- Providing candidates with education, housing and spousal employment information

- Processing physician and registered nurse applications to the Provincial Nominee Program
- Offering recruitment strategy resources to BC's health authorities and communities
- Processing care aide & community health worker applicants to the newly formed registry

## 2009/2010 Highlights:

**Physician Services:** Health Match BC filled 230 family practitioner and specialist physician vacancies. The past two years have been the best ever in terms of physician recruitment.

**Allied Health Services:** Health Match BC expanded its allied health care services to include pharmacists, physiotherapists, occupational therapists, medical radiation technologists and medical laboratory technologists.

**Nursing Services:** Health Match BC increased its focus on facilitating the recruitment of out-of-province registered nurses. Over 780 nurses were registered with Health Match BC, compared to the previous year when 96 nurses were registered. Many are being helped to obtain licensure and find employment throughout the province.

**Care Aide & Community Health Worker Services:** Less than one month after the launch of the BC Care Aide & Community Health Worker Registry, 13,000 care aides, representing about 52 per cent of all eligible candidates, applied for registration.



JOHN MABBOTT, EXECUTIVE DIRECTOR,  
HEALTH MATCH BC

# The Year in Review: Physician Services Secretariat (PSS)

The Physician Services Secretariat (PSS) supports the Ministry of Health Services (Medical Services Division) and health authorities by providing consulting, analytical and legal services related to physician compensation, negotiations, contract administration and dispute resolution under the Physician Master Agreement (PMA).

## 2009/2010 Highlights:

**Physician Master Agreement:** On April 6, 2009, the provincial government, the BC Medical Association (BCMA) and the Medical Services Commission signed a Memorandum of Agreement (MOA) which addressed changes to physician compensation for the period of April 1, 2010 to March 31, 2012 following a different process than contemplated in the PMA. The Physician Services Secretariat worked with the Medical Services Division on formal drafting and implementation of the provisions of the MOA.

**Interprovincial Compensation Panel:** PSS provided analytical expertise and support to the interprovincial compensation panel established under the 2009 MOA changes to the PMA. The panel is charged with developing an interprovincial physician compensation model that could be used to inform future compensation negotiations.

**Hospitalist Service Contracts:** PSS provided coordination of health authority issues arising from the negotiation of hospitalist service contracts.

**Pediatric Practice Plan for the Provincial Health Services Authority:** PSS provided extensive support and advice in completing the framework document for the practice plan.

**Medical On-call Availability Program (MOCAP):** PSS represented all health authorities which had received MOCAP distribution disputes from physicians.

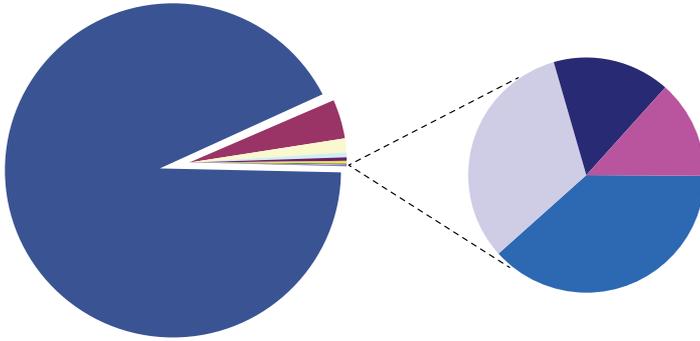
**Physician Strategic Services Advisory Committee (PSSAC):** PSS supports the mandate and work of the PSSAC, which includes representation from all health authorities.

MIKE RUSSELL, EXECUTIVE DIRECTOR,  
PHYSICIAN SERVICES SECRETARIAT



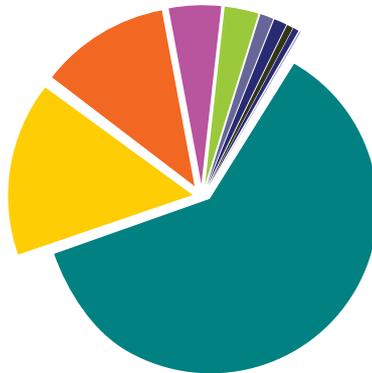
# FTEs by Bargaining Table

## Facilities Table FTEs by Union



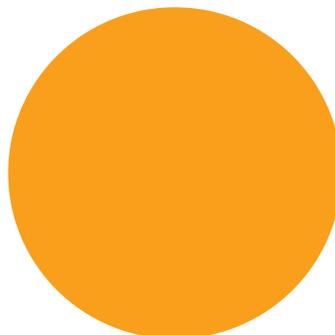
Facilities Table		
Union	FTEs	%
HEU	27,593	93.39%
BCGEU	1,193	4.04%
IUOE	424	1.43%
BCNU	152	0.51%
CSWU	104	0.35%
UBCJA	24	0.08%
IBEW	21	0.07%
IBPAT	18	0.06%
UAJAP&P	9	0.03%
USWA	8	0.03%
<b>Total</b>	<b>29,546</b>	<b>100.00%</b>

## Community Table FTEs by Union



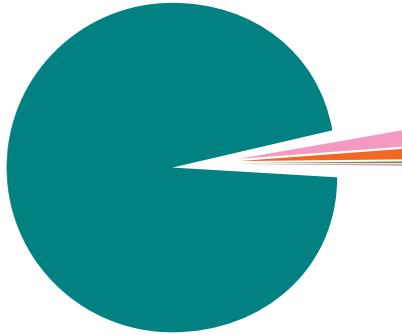
Community Table		
Union	FTEs	%
BCGEU	5,909	61.33%
HEU	1,517	15.75%
UFCW	1,125	11.67%
CUPE	450	4.67%
HSA	296	3.07%
PEA	117	1.22%
CAW	112	1.17%
USWA	56	0.58%
CLAC	50	0.52%
BCNU	3	0.03%
<b>Total</b>	<b>9,635</b>	<b>100.00%</b>

## Residents Table FTEs by Union



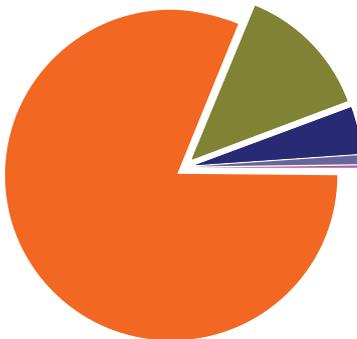
Residents Table		
Union	FTEs	%
PAR-BC	987	100%
<b>Total</b>	<b>987</b>	<b>100.00%</b>

## Nurses Table FTEs by Union



Nurses Table		
Union	FTEs	%
BCNU	21,553	97.21%
UPN	352	1.59%
HSA	230	1.04%
HEU	37	0.17%
CLAC	1	0.00%
<b>Total</b>	<b>22,173</b>	<b>100.00%</b>

## Health Sciences FTEs by Union



Health Sciences		
Union	FTEs	%
HSA	9,605	81.20%
BCGEU	1,552	13.12%
CUPE	542	4.58%
PEA	105	0.89%
HEU	25	0.21%
<b>Total</b>	<b>11,829</b>	<b>100.00%</b>

### Legend

BCGEU	BC Government and Service Employees' Union	IUOE	International Union of Operating Engineers
BCNU	BC Nurses' Union	PAR-BC	Professional Association of Residents in BC
CAW	Canadian Auto Workers - Canada	PEA	Professional Employees Association
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	UBCJA	United Brotherhood of Carpenters and Joiners
CUPE	Canadian Union of Public Employees	UFCW	United Food and Commercial Workers Union
HEU	Hospital Employees Union	UPN	Union of Psychiatric Nurses
HSA	Health Sciences Association	USWA	United Steelworkers of America
IBEW	International Brotherhood of Electrical Workers		
IBPAT	International Brotherhood of Painters and Allied Trades		

# Health Employers Association of British Columbia

## Statement of Revenues and Expenses

year ended March 31, 2010

	2010	2009
	\$	\$
<b>Revenues</b>		
Government funding	10,980,489	10,713,489
Benefits and administration fees (Note 8)	248,211	227,071
Member assessment	171,301	161,038
Annual general meeting/conference fees	80,848	100,519
Interest and other revenue	72,289	370,483
Member training fees	30,558	63,635
Fee for service	4,261	8,037
	<b>11,587,957</b>	<b>11,644,272</b>
Funding from deferred contributions - operations (Note 5)	4,813,688	3,532,925
	<b>16,401,645</b>	<b>15,177,197</b>
<b>Expenses</b>		
Compensation and benefits	7,704,436	7,198,924
Rental - office and equipment	1,138,424	1,176,402
Legal and professional	918,889	987,439
Office, printing and reproduction	546,045	362,927
Travel and meetings	362,334	355,872
Amortization	206,795	194,684
Staff training, research and memberships	204,184	203,451
Annual general meeting/conference	177,512	169,399
GST - unrecoverable	83,385	87,171
Member training	58,005	96,641
Arbitration and hearing costs	52,798	45,596
Recruiting and relocation	33,567	153,751
<b>Expenses from core operations</b>	<b>11,486,374</b>	<b>11,032,257</b>
<b>Non-core operations</b>		
Recruitment services - Health Match BC	2,270,604	1,531,815
Physician services	1,824,959	1,729,917
Pandemic preparedness	594,252	95,590
Nurse policy section	413,337	408,103
Healthcare cross jurisdictional database	387,509	254,108
Care aide registry	114,922	53,298
Bill 29	3,371	41,240
<b>Total expenses from operations</b>	<b>17,095,328</b>	<b>15,146,328</b>
(Deficiency) excess of revenues over expenses from operations	<b>(693,683)</b>	30,869
Funding from deferred contributions - administrative (Note 5)		
Revenues	11,641,283	2,345,890
Expenses	11,641,283	2,345,890
	-	-
(Deficiency) excess of revenues over expenses	<b>(693,683)</b>	30,869

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 or in the members' section of HEABC's website at [heabc.bc.ca](http://heabc.bc.ca).

# Health Employers Association of British Columbia

## Balance Sheet

as at March 31, 2010

	2010	2009
	\$	\$
<b>Assets</b>		
Current Assets		
Cash and restricted cash (Note 3)	1,109,806	1,410,668
Short-term investments (Note 2(b))	17,552,536	27,853,470
Accounts receivable	215,977	199,638
Prepaid expenses	113,328	156,715
	<b>18,991,647</b>	<b>29,620,491</b>
Leasehold improvements and equipment (Note 4)	883,164	961,807
	<b>19,874,811</b>	<b>30,582,298</b>
<b>Liabilities</b>		
Current liabilities		
Accounts payable and accrued liabilities	1,939,555	1,897,193
Deferred contributions (Note 5)	14,521,041	24,520,691
	<b>16,460,596</b>	<b>26,417,884</b>
Tenant inducements	842,428	868,931
Retirement liability	291,396	321,409
	<b>17,594,420</b>	<b>27,608,224</b>
<b>Net assets</b>		
Net assets invested in leasehold improvements and equipment	883,164	961,807
Internally restricted net assets (Note 6)	407,698	642,996
Unrestricted net assets	989,529	1,369,271
	<b>2,280,391</b>	<b>2,974,074</b>
	<b>19,874,811</b>	<b>30,582,298</b>

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 or in the members' section of HEABC's website at [heabc.bc.ca](http://heabc.bc.ca).

Commitments and contingencies (Note 9)

Approved by the Board

  
Director

  
Director

Board of Directors  
(left to right)

Alice Downing

Deanie Kolybabi

Glenn Sutherland



Betsy Gibbons

Fred Di Blasio

Michael Costello



Darrell Burnham

Howard Johnson

Al Jina



Valerie St. John

David Morel



# Board of Directors

## HEABC Board of Directors 2009-2010

### Health Authority Representatives:

**Alice Downing**, Board Chair  
*Northern Health Representative*

**Deanie Kolybabi**  
*Fraser Health Representative*

**Glenn Sutherland**  
*Interior Health Representative*

**Betsy Gibbons**  
*Provincial Health Services Authority Representative*

**Fred Di Blasio**  
*Vancouver Coastal Health Representative*

**Michael Costello**  
*Vancouver Island Health Authority Representative*

### Provincial Representatives:

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

Denominational Care Provider Representative:  
**Howard Johnson**  
*President, CEO, Baptist Housing Ministries*

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

### Government Representatives:

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

**David Morel**  
Assistant Deputy Minister, Labour Relations  
*Public Sector Employers' Council (PSEC)*

The leader of strategic human  
resources in health care

[www.heabc.bc.ca](http://www.heabc.bc.ca)





# HEABC

HEALTH EMPLOYERS  
ASSOCIATION OF BC

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

[www.heabc.bc.ca](http://www.heabc.bc.ca)