

2017-2018 ANNUAL REPORT



#HUMBOLTSTRONG



HEABC staff, and member representatives on site for meetings, pause for a group photo in support of the Humbolt Broncos hockey team.

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RENFREW MOVE

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BOARD OF DIRECTORS

42

ABOUT HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of more than 230 publicly funded health care employers. Our members range in size from affiliate organizations with fewer than 25 employees to large, regional health authorities with thousands of employees.

HEABC is the accredited bargaining agent for most publicly funded health employers in the province, negotiating six major provincial agreements covering more than 115,000 unionized health care employees. HEABC also has a provincial leadership role in strategic planning related to human resources and labour relations for BC’s publicly funded health employers.

Through collective bargaining and other industry initiatives, HEABC builds constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its members.

Vision

The strategic leader in health human resources and labour relations for a sustainable health care system

Mission

In partnership with our stakeholders, we deliver exceptional services to position health human resources in BC for the future

Values

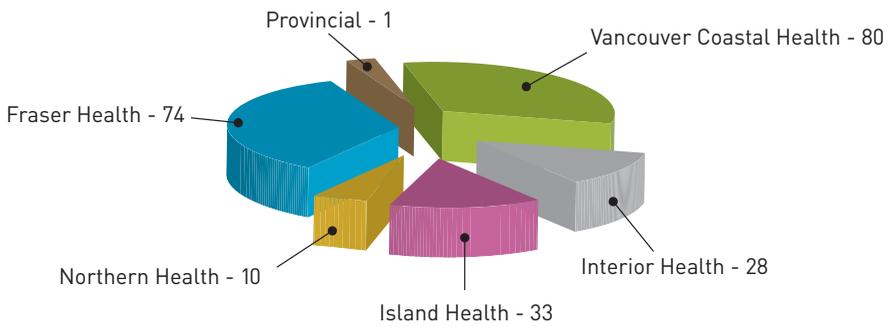
- Integrity
- Respect
- Leadership
- Courage
- Excellence
- Teamwork
- Collaboration

HEABC MEMBERS

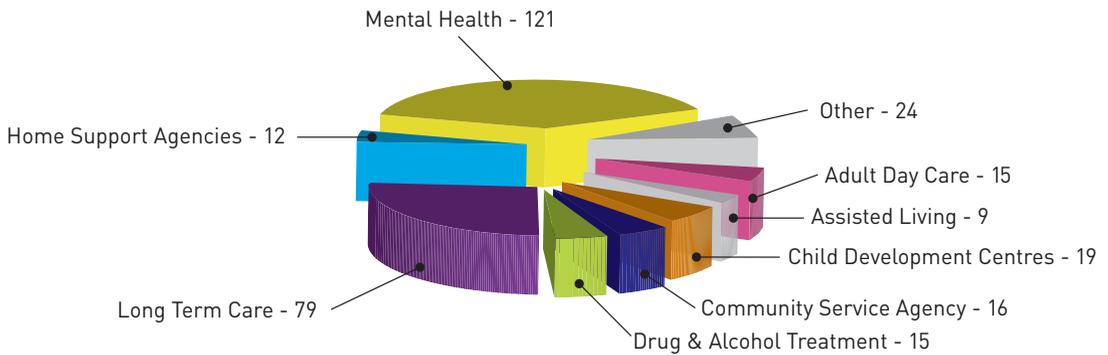
Health Authorities = 6 Affiliates = 226

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

Health Regions | Number of Affiliate Members



Affiliate Members by Service Type



Note: Members are counted multiple times if their business provides more than one service type. Service type counts do not include health authorities, which provide a wide range of health services.

MESSAGE FROM THE BOARD CHAIR

BETSY GIBBONS

The past year was a year of momentum and renewal, with significant progress on ongoing priorities and new areas of focus that come with a new government. HEABC is a non-political organization. As such, we work with the government of the day to provide labour relations support and services for our members; however, a change in government often brings new energy and a renewed sense of purpose.

Early in its mandate, the new government, working through the Public Sector Employers' Council (PSEC) Secretariat, confirmed the important role employer associations play in the province's overall labour relations strategy, and convened the first meeting of the council in many years. The council is made up of the Board Chairs of the six provincial employer associations, including HEABC, and the six government Ministers representing related portfolios. The convening of a formal meeting of the council early in the new government's tenure was a solid vote of confidence in BC's labour relation structure, which includes employer associations.

Perhaps as important, union leadership was invited to meet with the council, as well, signalling a renewed commitment to working collaboratively with our union partners on solutions to our shared labour and human resources challenges.

While advancements in technology will continue to be critical to ensuring that BC residents receive the world's best health care, the support that HEABC provides employers in managing the human side of health care will continue to be critical as BC faces demographic and other changes that are increasing demands for health services. Recognizing this fact, government renewed its funding commitment to HEABC and we are moving forward with important areas of work, including supporting employers in violence prevention and workplace safety strategies, and working with government and employers on integrated human resource planning.

Another solid vote of confidence for HEABC was the formal assignment of the negotiating function for the next Physician Master Agreement (PMA) to HEABC's Physician Services team. HEABC has provided support for the Ministry of Health for many years in the area of physician contracts; however, for the first time ever, Physician Services has been tagged to lead negotiations for the next PMA.

This development, and others, has contributed to a renewed sense of purpose as we start the next year. Renewal doesn't mean starting anew; it means moving forward established priorities with renewed commitment, while also taking a fresh approach to new areas of focus. You can read more about some of the work that is ongoing in support of these priorities, and progress and achievements from the past year in this annual report.



MESSAGE FROM THE PRESIDENT & CEO

MICHAEL MCMILLAN

If you've ever moved house after being in the same location for more than 25 years, you know it's a big job. All the packing, sorting and purging, followed by the actual move, with the unpacking in the new location, can be an all-consuming task. Doing that for more than 120 employees, while also maintaining business operations as usual, describes the past year for HEABC.

In early March, HEABC relocated from 1333 West Broadway to our new space at Renfrew Centre in East Vancouver. Designing new space allowed us to achieve significant cost savings by reducing our footprint and co-locating with three other related organizations. By sharing meeting room space, reception, lunch room, support staff and some back-office functions, we were able to make improvements in all of these areas, and reduce costs.

The health sector joint benefits trusts became fully operational on April 1, 2017. Over the past year, trustees established governance policies and operating processes and worked with legal, benefits and actuarial experts to lay the foundation for the sustainable management of employee benefits now and into the future. This is truly a foundational change to the way benefits are managed, with employers and employees, through their union representatives, jointly managing benefits to ensure employees get the benefits they want and need, within a sustainable funding envelope.

Another area of significant progress was the Enhanced Disability Management Program (EDMP) for affiliate employers. After an extensive RFP process guided by the Affiliate EDMP Steering Group, Lifemark was awarded a contract to begin providing third-party EDMP services for affiliate members in 2018. The new EDMP contract includes increased accountability, expanded return-to-work services and complex case support, and will be a significant improvement in EDMP services for affiliate employers.

As we turn our minds to 2019 and the expiry of the health sector agreements, including the Physician Master Agreement, our attention has shifted to the next round of negotiations. Over the past year, HEABC consulted widely with employer members and the Ministry of Health to understand the priorities for service delivery and determine how these service delivery needs can best be supported through the bargaining process. This input, combined with data and evidence, has been used to formulate bargaining strategies for each agreement in the health sector.

I would like to end this message by welcoming to two new members to HEABC's Senior Leadership Team. Over the past year, Moninder Singh joined as Executive Director, Absence Management and Occupational Health & Safety and Audra Fediurek took the helm of HealthMatch BC. I am confident that both Moninder and Audra will make significant contributions to achieving HEABC's mandate and strategic goals in the coming months and years.



STRATEGIC PLAN UPDATE

TRACKING PROGRESS & PLANNING AHEAD

As the second year of HEABC’s three-year strategic plan concludes, HEABC is both looking back on what we have achieved over the past fiscal year and looking forward to planning for our next strategic plan.

Looking back, we have achieved or exceeded the majority of our key performance indicator targets. These are described in the tables beneath each of our four strategic objectives.

HEABC’s 2016-2019 Strategic Plan, approved by the Board of Directors in April 2016, expires on March 31, 2019. In 2018, HEABC will initiate a process for gathering widespread stakeholder input into the development of our next strategic plan.

Objective 1 — Lead high quality labour relations, negotiations and contract implementation and interpretation aligned with government’s and members’ strategic directions.

Objective 1 Key performance indicators	Notes		
KPI #1 Collective agreements achieved within government mandate Target: 100%	Achieved	Preparations are underway for the next round of bargaining	
KPI #2 Implementation of new priority collective agreement provisions Target: 100%	Achieved	Outstanding implementation issues have all been resolved	
KPI #6 Member satisfaction with services provided by HEABC’s Legal Services & Strategic Labour Relations team Target: Benchmark established in 2016/17, with subsequent improvement targets set for 2017/18 and 2018/19	Deferred	Benchmark survey delayed due to reorganization to improve our member service model. A new survey will be developed and completed this year	

Objective 2 — Develop, analyze, and apply information to support health human resource innovation, decision-making and talent acquisition; contributing to a high performing, sustainable health care system.

Objective 2 Key performance indicators	Notes		
KPI #7	Satisfaction with member data reports Target: 85% satisfaction	Deferred	Survey development deferred
KPI #8	Workshop/webinar participation satisfaction Target: 85%	Achieved (Target Exceeded)	In fiscal year 2017/18, overall satisfaction rate was 98%

Objective 3 — Lead Physician Master Agreement negotiations, coordinate physician contract management, and address physician supply challenges.

Objective 3 Key performance indicators	Notes		
KPI #3	Health Match BC recruitment targets Target: 215 physician matches, 70 nurse matches and 8 allied health professional matches by March 31, 2018	Achieved (Target Exceeded) for physicians and nurses Below Target for Allied Health	Recruitment for fiscal year 2017/18: Physicians: 223 Nurses : 79 Allied Health: 3
KPI #4	Coordination of physician alternate payment agreements Target: 85% in HEABC's database by March 31, 2019	Achieved (Target Exceeded)	98% of agreements are in Shared Physician Contracts Database
KPI #5	Effective functioning of the Provincial Medical Services Executive Council Target: Overall improvement in effectiveness and engagement scores from March 2016 baseline to March 2017 measurement	Achieved	Post-baseline measurement in March 2018 indicates a marked improvement

Objective 4 — Position the organization for the future by leveraging our talent, continuing to build our capacity and promoting opportunities for employee and organizational growth.

Objective 4 Key performance indicators	Notes		
KPI #9	Efficiency through shared services/joint collaborations Target: Document progress with new arrangements and efficiencies realized	Achieved	Co-location project with other employer associations is now complete
KPI #10	Balanced budget Target: Balanced budget or surplus	Achieved	2017/18 fiscal year ended in a balanced position
KPI #11	Employee engagement Target: Establish baseline using new measure	Achieved	February 2018 employee engagement survey results demonstrate high level of engagement

STAFF FEATURE

MEET RAINBOW!

Rainbow, HEABC's resident canine, is adorable, but she's also a superhero-in-training with an important mission. In addition to making a great canine companion, Rainbow will be raised to assist people living with physical disabilities.

Rainbow loves all other dogs and is friendly with humans, but she is devoted to one person, her handler, HEABC employee Sandra Koziol . Sandra, HEABC's Education Lead, recently volunteered to raise Rainbow for 18 months as a Pacific Assistance Dogs Society (PADS) trainer.

PADS breeds and raises certified assistance dogs to be partnered with people living with physical disabilities. PADS dogs can also be paired with community care professionals such as teachers, RCMP and psychologists.

Rainbow follows Sandra everywhere she goes, or you can find her resting quietly by her handler's desk. If you notice Rainbow wearing her superhero outfit (a cute yellow vest) please refrain from distracting or petting her! When PADS puppies are wearing their uniforms, it signifies they are training for their career as a working service dog.

There are times when Sandra encourages interaction with co-workers and office visitors to socialize Rainbow and ensure that the workplace is a positive one for the puppy and the staff, so if you are in the HEABC office and see Sandra with Rainbow, ask first, and if it's OK, swoop in and enjoy some puppy love!



NEGOTIATIONS UPDATE

BARGAINING CYCLE UNDERWAY FOR NEXT ROUND OF COLLECTIVE AGREEMENTS

The bargaining cycle never really stops. Negotiating collective agreements on behalf of its members is a core HEABC responsibility, and with six major provincial agreements covering more than 115,000 unionized health care employees and the need to support employers with contract implementation and then get ready for the next round of bargaining, the new cycle begins well before the old cycle ends.

Over the past year, HEABC consulted with a wide variety of employer members, including health authorities and affiliates, to understand their priorities for service delivery and determine how these priorities can best be supported through the collective bargaining process. Feedback from employers is combined with data, evidence and contract monitoring and costing information to formulate bargaining strategies for each health subsector that also support government priorities while working within the government funding envelope.

Current health sector collective agreements run until March 31, 2019, but pre-bargaining preparations started in 2017 with numerous member consultation sessions. Formal negotiations with the Community Bargaining Association got underway in May, and we expect the other associations will come to the table over the coming months as we work towards renewed agreements in advance of the March 31, 2019 expiry dates.



NEGOTIATIONS UPDATE

NEW BARGAINING UNIT FOR PARAMEDICS AND AMBULANCE DISPATCHERS

In January 2018, a sixth bargaining unit, ambulance paramedics and ambulance dispatchers, was added to the list of appropriate bargaining units under the *Health Authorities Act*. Consequently, HEABC, in addition to being the authorized bargaining agent for residents, nurses, health science professionals, health services and support- facilities subsector, and health services and support-community subsector, is also now the bargaining agent representative for employers of ambulance paramedics and ambulance dispatchers.

The new bargaining unit represents more than 3,600 BC paramedics and ambulance dispatchers represented by the Canadian Union of Public Employees (CUPE) Local 873. Previously, CUPE Local 873 members were part of the Facilities Bargaining Association (FBA).

CUPE Local 873 members are employees of BC Emergency Health Services (BCEHS), which is part of the Provincial Health Services Authority. The move of paramedics and ambulance dispatchers into a standalone bargaining unit applies only to BCEHS employees who are members of CUPE Local 873. BCEHS employees represented by BC Government and Service Employees' Union and other unions remain under the FBA collective agreement.



NEGOTIATIONS UPDATE

BRITISH COLUMBIA HEALTHCARE OFFICE OF ARBITRATION

The British Columbia Healthcare Office of Arbitration (BCHOA) was established as part of the 2014-2019 Nurses' Bargaining Association (NBA) collective agreement to assist unions and employers in resolving differences that arise regarding the interpretation, application and administration of the collective agreement. Specifically, the BCHOA is meant to:

- Reduce the length of time to resolve disputes
- Provide continuity of contract interpretation
- Establish best practices for good labour relations
- Analyze utilization and cost data

The BCHOA heard a total of 180 referrals in its first full year of operation.

Employer	Referred	Resolved	In Abeyance	Heard	Employer Win	Union Win	Consent Award
Fraser Health	55	31		12	8*	4	
Interior Health	50	31	2	8	3	5*	
Island Health	26	20		2		1	1
Vancouver Coastal Health	22	13		1	1		
PHSA	14	8					
Providence Health Care	6	6		1		1	
Northern Health	4	1					
Affiliates	3	2		1			1
Total	180	112	2	25	12	11	2

*Total wins include 1 win in part

JOINT BENEFITS TRUSTS

AN INNOVATIVE AND FOUNDATIONAL CHANGE IN THE WAY BENEFITS ARE MANAGED

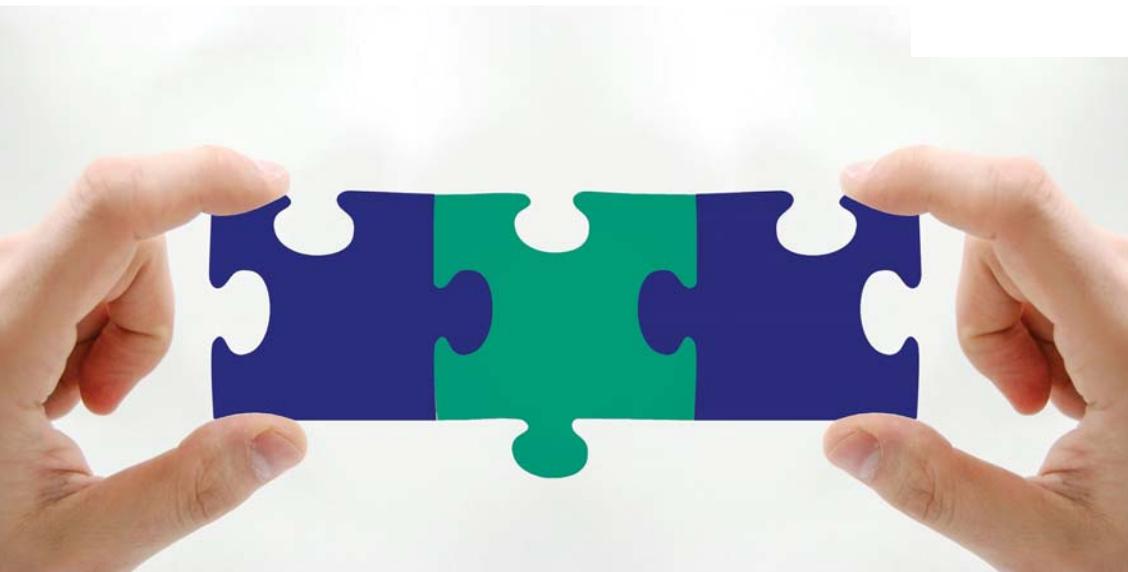
Health employers achieved a major milestone in benefits management this past year as the three health sector Joint Benefits Trusts (JBTs) assumed full control of employee benefits on April 1, 2017.

The JBTs represent an innovative and foundational change in the way benefits are managed. In a joint trust, employers and employees, through their union representatives, jointly manage benefits to ensure employees get the benefits they want and need, within a sustainable, jointly managed funding envelope. Working together, both parties are motivated to operate efficient and sustainable benefits plans that provide the best possible benefits for employees.

The JBTs were negotiated as part of the 2014-2019 Health Sciences, Facilities and Community subsector collective agreements, and by all accounts, the transition of responsibility for employee benefits to the joint trusts has been seamless and smooth. Over the past year, trustees established governance policies and operating processes and worked with legal, benefits and actuarial experts to lay the foundation for the sustainable management of employee benefits now and into the future.

Earlier this year, employers received experience-adjusted contribution rates for the period April 1, 2018 to March 31, 2019. Rates are updated annually with adjustments based on bargained provincial rate changes, risk-sharing provisions included in the funding formulas at the JBT level, and actual claims experience at the employer level.

Benefits for nurses and excluded (non-unionized) employees continue to be managed by Healthcare Benefit Trust.



CASES OF NOTE

ARBITRATION DECISIONS

Grievance seeking travel time for employees in multi-site jobs dismissed

The Health Sciences Association (HSA) filed a policy grievance seeking compensation for travel time for employees in “multi-site” positions. The union alleged that employees were entitled to a transportation allowance when they did not work at their regular work site and that associated travel time should be paid as wages and, where applicable, at overtime rates. The employer’s position was that, in a multi-site position, all sites would be considered the “regular work site” and that commuting time to work should not be included in hours worked. The arbitrator agreed with the employer on both counts and dismissed the policy grievance.

Grievance on special leave upheld

The employee, a social worker represented by HSA, sought special leave so that she could accompany her spouse to a surgery. The employer denied the special leave request on the basis that the employee was not “providing care” as required by the collective agreement. The arbitrator upheld the grievance, determining that the grievor was providing care to her spouse and that such care extended even into the time he was in surgery without her by his side. The arbitrator confirmed, however, that the onus was on a grievor to provide sufficient information to support the leave request and that any arbitral review should generally be based on the information available to management at the time.

Employer’s decision to put employee on unpaid suspension confirmed

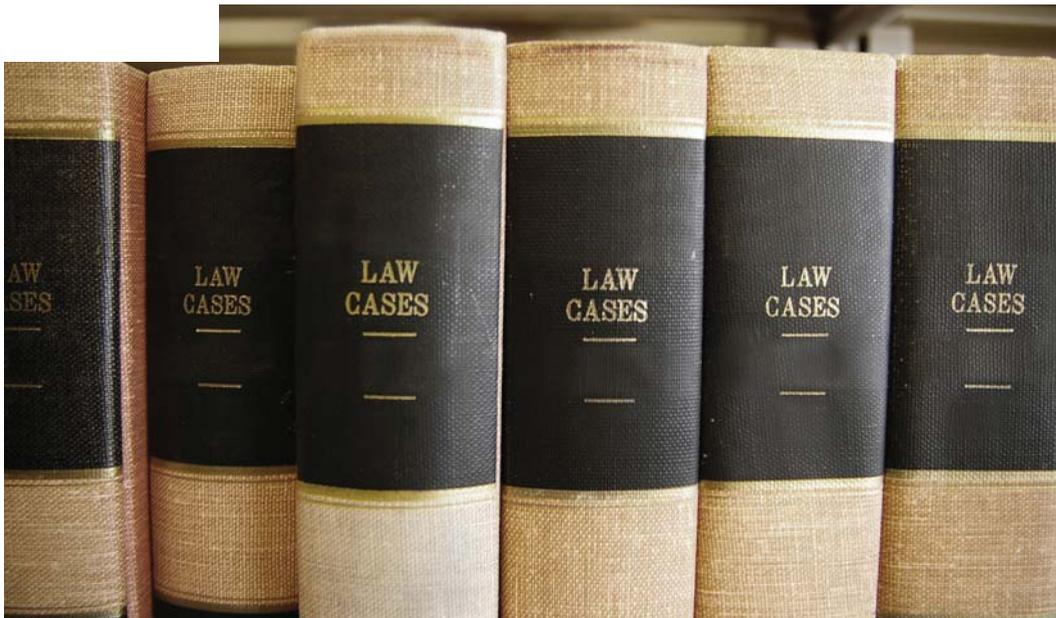
The employer received information that an employee, an x-ray technician, was under investigation for alleged sexual assault of a patient. The employee declined to participate in the employer’s investigation and was transferred to non-patient duties. After the laying of charges involving three different patients, the employer suspended the employee without pay and the employee grieved the unpaid suspension. The arbitrator weighed the employee’s right to be presumed innocent until proven guilty with the potential harm to the reputation of the employer and dismissed the grievance, finding that the unpaid suspension was an appropriate weighing of interests in the circumstances.

Grievances seeking payout of banked statutory holiday pay at double time dismissed

HSA filed grievances on behalf of employees seeking to have banked statutory pay paid out at double time as a result of the non-scheduling of lieu time. The employer argued that such an interpretation could not be construed from the collective agreement and would confer a significant monetary benefit that was not intended by the parties. The arbitrator dismissed the grievances, finding that if the parties had mutually intended that banked statutory holiday pay would have been paid out at the rates suggested by the union, they would have used other language.

Significant discipline appropriate for inappropriate Facebook post

A nurse's employment was terminated after she posted a series of comments on Facebook which were derogatory to patients. The arbitrator determined that the employee's posts constituted serious misconduct. However, since the employee had apologized, removed the posts, and had a 10-year discipline free record, a termination was too severe a penalty. To recognize the seriousness of the workplace offence, the arbitrator substituted a lengthy suspension which included the time the grievor had been off work (six months) and extended it by a further two months for a total eight-month suspension.



CASES OF NOTE

LABOUR RELATIONS BOARD DECISIONS (LRB)

LRB upholds arbitrator's decision to decline jurisdiction over occupational health and safety matter

Last year, we reported on an arbitration concerning a grievance brought by the BC Nurses' Union (BCNU). The arbitrator had upheld the employer's preliminary objection that he decline jurisdiction and that WorkSafeBC was the proper adjudicative body. The BCNU filed an appeal of this decision to the LRB which was dismissed.

LRB confirms certain excluded positions should be in bargaining unit

The Hospital Employees' Union (HEU) sought to represent 22 positions within a health authority that had existed since at least 2012 and had been excluded since that time. The LRB found that the positions did not have the traditional indicators necessary for managerial exclusion, nor did they meet the test for confidential exclusion as they did not have substantial and regular exposure to confidential labour relations information. Consequently, it was not appropriate to maintain the positions as excluded jobs. The employer sought leave for reconsideration, but its leave application was dismissed.

LRB dismisses appeal of arbitrator's decision confirming appropriateness of contracting out

The BC Government Service and Employees' Union (BCGEU) sought to appeal the decision of an arbitrator who had determined that a health authority's decision to use contracted agencies to provide certain home support services was appropriate contracting out. The BCGEU's position was that the employer had inappropriately "contracted in" the work and that the arbitrator's interpretation of s. 6(3) of the *Health Social Service and Delivery Act* (the "Act") was incorrect or alternatively inconsistent with Charter values. The United Food and Commercial Workers International Union (UFCW) was granted interested party status in the appeal. The LRB dismissed the appeal finding that the unions had not demonstrated any basis to conclude that the arbitrator's decision should be overturned and that there was no basis to disagree with the interpretation of the Act. The unions have now sought leave for reconsideration of the LRB decision; the employer is appealing the decision of the LRB to grant the UFCW standing in the appeal.

LRB grants order requiring health authorities to make on-site facilities available during labour dispute between contractor and third-party providers

HEU represented the employees of various contractors who provided support services to health authorities. HEU and the contractors were engaged in a labour dispute and HEU sought an order that health authorities make on-site facilities available, if at all possible, as headquarters for the union to schedule employees at the facilities covered by the essential services orders. The health authorities opposed the order on the basis that the LRB did not have jurisdiction to make an order against them as they were third parties to the labour dispute. The LRB determined that it had the jurisdiction to grant the order.

CASES OF NOTE COURT DECISIONS

BC Supreme Court upholds LRB's decision to dismiss BCNU raid application

In November 2015, BCNU filed numerous applications with the LRB seeking certification of a bargaining unit of psychologists and psychometrists. The applications were dismissed by the LRB on the basis that they were "partial raids" and that BCNU had failed to establish the bargaining units applied for were appropriate. BCNU appealed the LRB's decision but the appeal was dismissed by the Court. In a decision by the Chief Justice, the Court held that BCNU had failed to demonstrate that the LRB's decision was patently unreasonable or that there was any breach of natural justice or procedural fairness.

BC Supreme Court upholds BC Human Rights Tribunal (BCHRT) decision dismissing human rights complaint based on reasonable offer by employer

The employee filed numerous grievances alleging the employer had failed to accommodate him to the point of undue hardship. His union, HSA, and his employer, a health authority, entered into a Consent Award, without the employee's agreement, which resolved the grievances. The employee also filed a human rights complaint and the employer made a "with prejudice" offer of \$15,000 as damages for injury to dignity which the employee rejected. The employer then applied to the BCHRT to have the employee's complaint dismissed, since it was a reasonable offer and that in light of the offer and the Consent Award, it would not further the purposes of the *Human Rights Code* to continue with a hearing into the human rights complaint. The BCHRT agreed and dismissed the complaint. The employee applied to the BC Supreme Court to seek to have the BCHRT decision set aside, but was unsuccessful. The Court determined that the Tribunal's decision was not patently unreasonable and therefore upheld the BCHRT decision.



LABOUR RELATIONS BY THE NUMBERS

775

Adjudication files opened

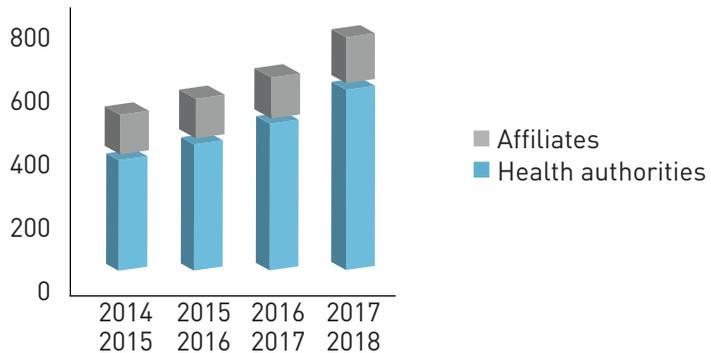
537

Health authority

238

Affiliate

Caseload growth
Adjudication files



BY FORUM

Judicial Review: 1
 Labour Relations Board: 41
 Troubleshooter: 56
 Full Arbitration: 210
 Expedited Arbitration: 333
 BCHOA: 134

BY BARGAINING ASSOCIATION

(does not include LRB)

NBA: 185
 FBA: 128
 HSPBA: 132
 CBA: 289

TOP 5 TOPICS:

Scheduling & hours of work: 175
 Leaves: 130
 Discipline & discharge: 129
 Classification, pay & benefits: 90
 Posting & selection: 66

LEGISLATIVE UPDATE

The provincial government completed amendments to several key pieces of labour relations legislation this past year. HEABC has issued General Interpretation Updates (GIUs) to its members, and a brief summary is included below.

Workers Compensation Act

Earlier this spring, the provincial government introduced changes to the *Workers Compensation Act* creating a presumption for eligible occupations that certain mental disorders, such as post-traumatic stress disorder, are associated with workplace incidents or stressors that occur in certain types of employment, including emergency medical assistants. Eligible employees advancing WorkSafeBC claims for mental disorders will no longer have to prove that their mental disorder was caused by a traumatic event(s) or significant workplace stressor(s).

Employment Standards Act

The *Employment Standards Act* was amended to grant extended maternity, parental, compassionate care and bereavement leaves and introduce two new unpaid leaves: a crime-related child disappearance leave and a child death leave. The changes to the maternity and parental leaves align with changes made to the federal *Employment Insurance Act* to allow parents to choose to receive Employment Insurance (EI) parental benefits for up to 18 months, albeit at a lower benefit rate. Employers are required to provide unpaid leaves in accordance with the changes to the *Employment Standards Act*.

Community Care and Assisted Living Act

Earlier this spring, the provincial government introduced changes to the *Community Care and Assisted Living Act* to improve the availability of information about community care facilities and assisted living facilities. Medical health officers in health authorities will be required to publish prescribed information about community care facilities on health authority websites. The Ministry of Health website will publish prescribed information about assisted living facilities.

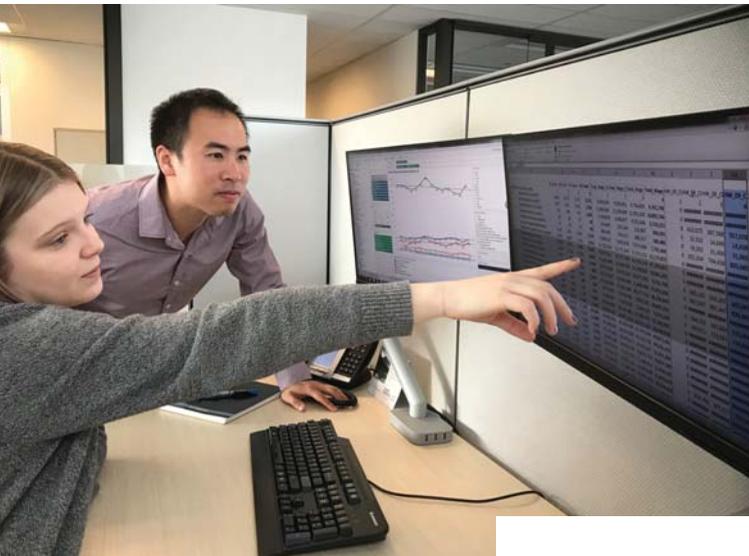
Labour Relations Code

In February, a committee of special advisers was appointed to review the *Labour Relations Code* to ensure British Columbia's unionized workplaces support fair laws for workers and businesses, and are consistent with the labour rights and protections enjoyed by other Canadians.

INTEGRATED HEALTH HUMAN RESOURCE PLANNING PUTTING THE FORECASTING MODEL TO WORK

In 2016/17, HEABC’s Knowledge Management team, working with the Ministry of Health, developed a human resource forecasting model that allows policy makers and employers to test what the human resource requirements would be given a number of different scenarios of service delivery models and team/skill composition. This tool allows policy makers and employers to plan ahead for how to best meet the health service needs of British Columbians into the future.

In 2017/18, we put the model to work, assisting the Ministry of Health with its Health Human Resource Plan and Labour Market Analysis. HEABC provided invaluable health sector human resource/workforce data and advice regarding the best way to gather the information and use the beta version of the forecasting tool. The output from the tool supported the Ministry of Health’s provincial human resources plan for key professions and a related workforce planning session which was held last fall.



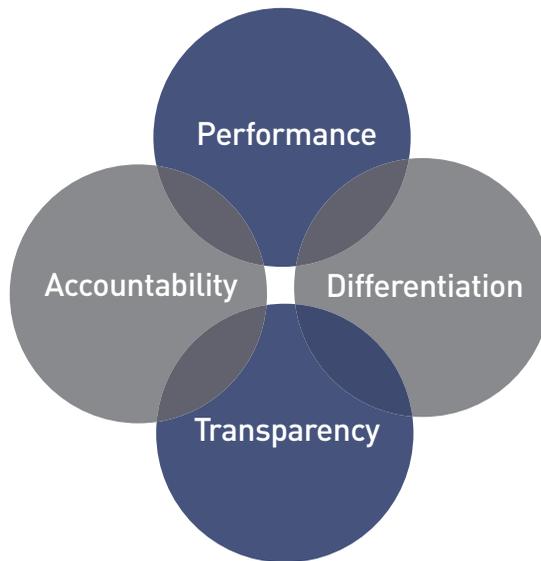
EXCLUDED COMPENSATION REFERENCE PLAN ESTABLISHING FAIR AND CONSISTENT COMPENSATION FOR EXCLUDED EMPLOYEES

Salary ranges for unionized health professionals are bargained and set out in the relevant collective agreements, but there are approximately 10,000 health sector employees who have management or supervisory responsibilities and are therefore excluded from the collective agreements. For these employees, compensation parameters are set out in the health sector *Compensation Reference Plan*, which was updated in 2016 as part of a review of compensation practices across the public sector. The *Compensation Reference Plan* establishes a fair, defensible and competitive total compensation package that is aligned to the following core principles:

- Plan supports and promotes a performance-based organizational culture
- Plan supports salary differentiation when appropriate
- Decisions are objective and based on a documented business rationale
- Plan is clearly understood by employees and the public while protecting personal information

In 2012, the BC Government imposed a wage freeze for all public sector executive and management positions. HEABC continues to collaborate with employers and government to support a measured and consistent transition out of this province-wide management compensation freeze.

In 2017/18 HEABC submitted a two-year plan with recommendations to government to ensure excluded staff salary ranges are well positioned to attract and retain a qualified, diverse and engaged leadership group focused on delivering high-quality health services to the people of BC. HEABC is optimistic further discussions regarding the recommendations will lead to changes to the salary range structure for its members.



ENHANCED DISABILITY MANAGEMENT PROGRAM (EDMP)

NEW SERVICE PROVIDER FOR EDMP FOR AFFILIATES

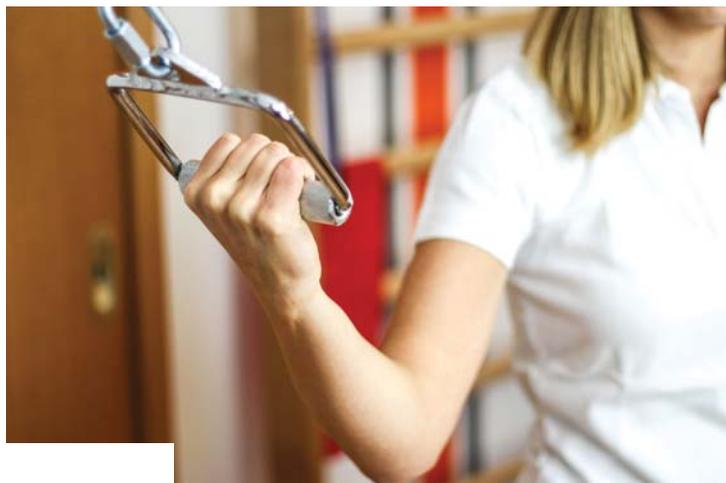
Patients, employees and employers all benefit from a healthy workforce. Recognizing this fact, unions and health care employers worked together to develop and implement an Enhanced Disability Management Program (EDMP), which forms part of the health sector collective agreements. EDMP provides early and ongoing support so that injured/ill employees are able to return to work in a safe and timely manner. The program is mandatory and supports a reduction in LTD premiums, WorkSafeBC premiums and sick leave utilization.

EDMP was first implemented for health authorities and that program is working well and achieving its goals. The number of grievances and disputes relating to disability management is down, employees are getting the support and case management they need, and feedback shows there is strong support for the program among employers, unions and employees.

Recognizing that smaller employers do not have the same in-house disability management resources, a customized EDMP program for affiliates was introduced in 2015, with case management services provided by a third-party disability management provider. The new program experienced growing pains, and it soon became clear that improvements were needed to meet the needs of affiliate employers.

After an extensive RFP process guided by the Affiliate EDMP Steering Group, Lifemark Health has been awarded a contract to begin providing third-party EDMP services for affiliate members in 2018. The new EDMP contract with Lifemark will include increased accountability, expanded return-to-work services, referral flexibility and complex case support.

Employers have been provided with information about the transition to the new services provider, and we expect that follow-up surveys will show a significant improvement in both services provided to employees, and employer satisfaction.



WORKPLACE VIOLENCE PREVENTION INCREASED FOCUS ON TRAINING AND EDUCATION

Occupational Health & Safety (OHS) is an important factor in the day-to-day work of healthcare workers across the province. Workplace violence prevention is an area within OHS which can have considerable impact on the physical and mental well-being of workers while providing care. Due to the widespread impact of workplace violence incidents, an increased focus on training and education and violence risk assessments has been undertaken by healthcare employers across the province.

Provincial Violence Prevention Curriculum (PVPC) revision completion and implementation

Working with stakeholders (HEABC, WorkSafeBC), employers revised the PVPC in 2016/17 and rolled out changes through a sustained effort in 2017/18. A new facilitator model was embedded into the curriculum, all educational materials were updated and the revised resources were delivered to master facilitators and facilitators in health authorities. Further, with HEABC acting as the project manager, a standardized “refresher” training curriculum was developed and implemented in early 2018 for health authorities. Refresher training is designed to be competency based and allow for short “on unit” or classroom sessions to be scheduled so that all “high-risk” staff receive annual refreshers in the key skills required for violence prevention.

Violence prevention training for workers deemed “high risk” across the health authorities is more than 95 per cent complete.

Violence Risk Assessment (VRA) standard

The VRA standard project began in August 2016 and was completed later in 2017. The standard provides a clear picture across the health authorities as to potential dangers and corrective actions needed within units by using the same risk assessment tool across the province. A comprehensive education and training package has also been developed to ensure appropriate and consistent use of the VRA. All health authorities have started to use the VRA standard in their ongoing work of conducting VRAs across their regions. This standard will set a benchmark for how employers collaborate with one another, share important data around similarities and differences in various units across employer groups, and build out their ability to institute the Health and Safety Management System.

Over 72,000 health care workers
have received violence prevention
training, including 95% of workers
in high-risk environments

EDUCATION SERVICES

EDUCATION SERVICES TO MEET OUR MEMBERS' NEEDS

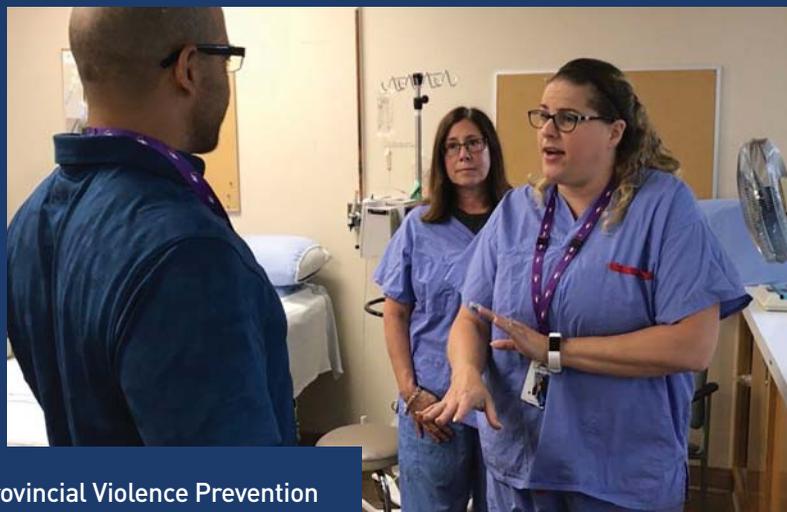
The numbers speak for themselves: 23 workshops/webinars, 539 registrants, 98 per cent satisfaction rating! HEABC's member education program offers current, health care specific workshops and webinars that provide managers, supervisors and human resources professionals with the information they need to effectively deal with various workplace and labour relations issues.

Education sessions are held at the HEABC office and are led by HEABC labour relations professionals, allowing us to keep the cost for members down. Courses consistently sell out, and new courses are regularly added to meet our members' needs. Last year, four new webinars – the Classification series – were introduced to HEABC's suite of workshops and webinars.

In addition to our workshops and webinars series, HEABC also provides education support for other health system priorities. Last year, HEABC led the development and implementation of the Provincial Violence Prevention Curriculum (PVPC) Refresher Training and collaborated with Physician Services on the development and implementation of an education series for health authority physician compensation staff and violence prevention curriculum for medical staff, which includes customizing the existing PVPC program for medical staff including physicians, dentists and midwives.

2017/18 Member Education

- 98% satisfaction rate
- 13 workshops
- 10 webinars
- 539 registrants



Provincial Violence Prevention Curriculum (PVPC) Refresher Training

PHYSICIAN SERVICES

LEADING A COORDINATED APPROACH TO PHYSICIAN CONTRACT NEGOTIATIONS

Physician services consume nine per cent of our provincial budget and 20 per cent of health care funding. Physicians play a pivotal role in delivering health care to British Columbians and HEABC's Physician Services team is leading a coordinated approach to address system issues affecting physicians and physician service delivery.

Physician Master Agreement

The Physician Master Agreement covers the relationship and economic arrangements between the government and the Doctors of BC's 8,500 active physician members. At the beginning of 2016, Physician Services initiated the development of a coordinated strategy for Physician Master Agreement negotiations.

While the current five-year Physician Master Agreement expires in 2019, the parties agreed to engage in policy discussions and collaborative work towards shared goals in 2017. In partnership with the Ministry of Health and in consultation with health authority executives, Physician Services developed negotiation objectives which were subsequently endorsed by the Ministry of Health, to explore the potential to enlist physicians as active partners in quality measurement and improvement.

This collaborative work resulted in the parties reaching a framework agreement for the development of a measurement system to support continuous quality improvement and high value to patients that:

1. Provides data at the individual level to enable physicians to improve the quality of care they provide to patients
2. Enables assessment of overall health system performance and of the value of physician services through aggregated and anonymized data at the facility/population and provincial level

Steps to bring this framework to life were initiated early in 2018 and continue to date.

Subsequent to the conclusion of the 2017 policy discussions, Physician Services initiated planning for the renegotiation of the Physician Master Agreement (PMA). This work entailed a robust stakeholder consultation of more than a dozen stakeholder groups on a broad range of topics relating to physician-service delivery. This work will continue in preparation for the renegotiation of the PMA in the 2018/19 fiscal year.

Local physician contact negotiations

Following the Auditor General's recommendation that health authorities negotiate physician contracts as one entity, the Ministry of Health positioned Physician Services to lead strategic coordination of local physician contract negotiations.

In 2016, Physician Services developed the Shared Physician Contracts Database as a critical tool to enable knowledge sharing among HEABC and the health authorities in support of a coordinated, province-wide approach. A total of 3710 contracts have now been included in our Shared Physician Contracts Database, representing 98 per cent of the province's spend on physician service, sessional and salary agreements for the current fiscal year.

Physician Services also consulted with health authorities and the Ministry to develop strategies and processes for the negotiation of high-priority physician contracts, including anesthesia and hospitalist contracts within each health authority, and provided expert advice to and/or represented health authorities and the Ministry on a wide variety of active physician contract negotiations.

Expert advice to health system partners

In addition to coordinating local and provincial contract negotiations, Physician Services also provides expert advice to health system partners. Physician Services provided strategic and legal advice to health authorities and the Ministry on a number of emerging issues and initiatives, including: local and provincial disputes regarding interpretation of the Physician Master Agreement, contractual arrangements in support of primary care strategies, health authority engagement with facility-based physicians, and review of the Medical Services Plan Payment Schedule.



NURSE STAFFING SECRETARIAT

A COLLABORATIVE APPROACH TO NURSE STAFFING ISSUES

As part of the 2014-2019 Nurses' Bargaining Association (NBA) Provincial Collective agreement, the parties agreed to establish a Nurse Staffing Secretariat (NSS) to work with health authorities and Providence Health Care to achieve implementation of the Memorandums of Understanding (MoUs) related to staffing that were part of the 2012-2014 collective agreement and subsequent "protocol settlements" on staffing issues reached between the parties and the Ministry of Health.

The NSS receives oversight from an NSS Committee comprised of one senior representative from the Ministry of Health (co-chair), one senior representative from an NBA union (co-chair), one senior representative from a health authority and one senior representative from HEABC. All decisions are by consensus.

HEABC established the NSS in 2017, and over the past year significant progress has been made in many areas, including:

- Establishment of a data metric system on nurse staffing
- Coordination, investigation and resolution of staffing referrals from health authority Nurse Relations Committees (NRCs)
- Establishment and implementation of evaluation tools
- Support, education and case referral support for local health authority NRCs
- Integration of Licensed Practical Nurses (LPNs) into the NBA
- Joint education sessions with NBA regarding changes to Professional Responsibility Clause
- Support, education and direction for health authority Professional Responsibility Committees
- Development of professional responsibility evaluation tools



HEALTH MATCH BC

Health Match BC is a health professional recruitment service funded by the provincial government. Since it was established in 1999, Health Match BC has recruited thousands of Canadian and internationally educated health professionals to work in BC. Over the past year, in addition to its recruitment work, Health Match focused on continuing its development of methodologies to measure results and track return on investment for its marketing and recruitment activities. We are committed to using our resources in the most efficient and effective way possible for the benefit of BC communities.



Recruitment Results in 2017/18

223

Physicians



79

Nurses



3

Allied Health



HEALTH MATCH BC

Locums for Rural BC

Locums for Rural BC was created in 2016/17 to administer the Rural Locum Programs on behalf of the Ministry of Health and Doctors of BC. These programs are the Rural GP Locum Program (RGPLP), the Rural GP Anesthesia Locum Program (RGPALP), and the Rural Specialist Locum Program (RSLP).



82

New Members



7,044

Days Covered

Provincial Nominee Program

British Columbia's economic growth depends on having enough skilled and qualified people to meet labour market needs. The BC Provincial Nominee Program is a way for high-demand foreign workers and experienced entrepreneurs to gain residency in BC and apply for Canadian permanent residence with processing times that are faster than other Canadian immigration pathways.



89

Health professionals supported through the Provincial Nominee Program to obtain a work permit and permanent residency in BC

HEALTH MATCH BC

Practice Ready Assessment BC

In 2015, the provincial government launched Practice Ready Assessment – British Columbia (PRA-BC), a program for internationally educated family physicians who completed residencies in Family Medicine outside of Canada. The program provides qualified family physicians with a new pathway to obtaining a license to practice in BC.

Since spring 2015, the program has successfully placed 87 family physicians in communities of need.

87

Physicians placed in 39 underserved communities

13

Physicians undergoing 12-week Clinical Field Assessment expected to commence practice August 2018



15

Physicians expected for sponsorship by health authorities and 2018 intake

48

PRA-BC applicants interviewed by health authorities for upcoming intakes: 2018/19

HEALTH MATCH BC

PRA-BC PHYSICIAN PRESENTED AWARD OF EXCELLENCE IN RURAL MEDICINE

Practice Ready Assessment – BC (PRA-BC) graduate Dr. Onuora Odoh received an Award of Excellence in Rural Medicine at the recent BC Rural Health Conference in Nanaimo.

Along with his physician colleagues and the Pacific Northwest Division of Family Practice, Dr. Odoh launched CHANGE BC, an innovative program that develops primary care lifestyle support for patients with metabolic syndrome.

“I always try to be part of the community,” says Dr. Odoh, “to get informed and be active.”

Thanks to PRA-BC, physicians like Dr. Odoh have the chance to practice full-time family medicine in rural BC. PRA-BC, an assessment program for internationally educated family physicians who have completed residencies in Family Medicine outside of Canada, provides qualified family physicians with an alternative pathway to licensure in BC.

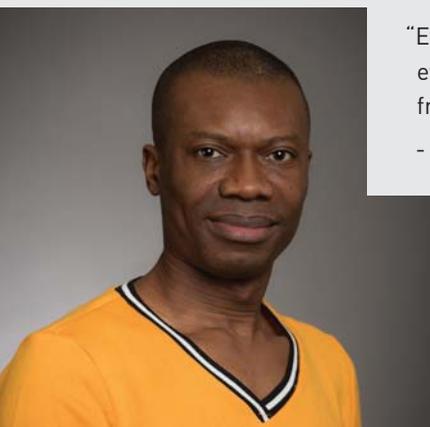
Dr. Odoh was practising full time in Nigeria when he first heard about PRA-BC. He applied to the program and was selected by Northern Health as one of their seven sponsored candidates for PRA-BC’s fall 2015 intake. After successfully completing the program in January 2016, he began practising full-time in Houston, a rural community in the Northern Interior.

“Ever since I arrived, everyone has been open, free and very good to me. The people in the community, my patients, and the staff in the clinic were all supportive, and so I try to keep myself involved,” Dr. Odoh says.

Dr. Odoh, his wife, and two young children, have embraced their new home in Houston. “Even before I came, I had a good inclination that Canada was cold,” he says. “But here in BC, we have mountain topography, and a lot of things to do outdoors, like skiing or snowmobiling!”

Dr. Odoh says he’s learned a lot from the Canadian system and is grateful for the PRA-BC program. “I must comment that PRA-BC and their consultants made the process feel easy,” he explained. “It was a most welcoming period in my life, and I’m thankful that I had good support.”

As a program, PRA-BC has assessed 87 family physicians since 2015. These family physicians are now practising in 39 rural communities of need throughout BC.



“Ever since I arrived,
everyone has been open,
free and very good to me.”
- Dr. Onuora Odoh

BC HEALTH CARE AWARDS

Recipients of the 11th annual *BC Health Care Awards* were announced at a gala luncheon June 26, 2017. Since the awards were launched in 2007, 126 Gold Apples and 91 Awards of Merit have been awarded to health employees who are improving BC's health care system and patient care.

2017 GOLD APPLE RECIPIENTS

Provincial Health Care Hero

Dianna Mah-Jones – Occupational Therapist, GF Strong Rehabilitation Centre

Health Care Hero – Affiliate

Dr. Victoria Su – Clinical Pharmacy Specialist, St. Paul's Hospital Adult Cystic Fibrosis Clinic

Health Care Hero – Fraser Health

Misty Dawn Stephens – Registered Nurse, Burnaby Hospital

Health Care Hero – Interior Health

Cheryl (Cherie) Jardine – Home Support Supervisor, Barriere

Health Care Hero – Island Health

Griffin Russell – Regional Harm Reduction Coordinator, Public Health

Health Care Hero – Northern Health

Nancy Viney – Registered Nurse, Centre for Healthy Living

Health Care Hero – Provincial Health Services Authority

Hilary Horlock – User Experience Architect, Information Management Information Technology

Health Care Hero – Vancouver Coastal Health

Dianna Mah-Jones – Occupational Therapist, GF Strong Rehabilitation Centre

Top Innovation – Affiliate

Canadian Mental Health Association, BC Division (CMHA BC) – Confident Parents: Thriving Kids Program

Top Innovation – Health Authority

Royal Jubilee Hospital, Island Health – Integrated Smartphone Communication Technology Project

Workplace Health Innovation

BC Emergency Health Services, Provincial Health Services Authority – Critical Incident Stress Program

Collaborative Solutions

Interior Health, Diabetes Strategy – The Insulin Safety Initiative

AWARDS OF MERIT

Top Innovation – Affiliate

Agency for Pathology and Laboratory Medicine, BC Clinical and Support Services – Test Review Committee

Top Innovation – Health Authority

Facilities Maintenance and Operations, Fraser Health Authority – Ceiling Lift Program Team

Vancouver General Hospital, Vancouver Coastal Health – Surgical Site Infection Cardiac Surgery Quality Improvement Working Group

Workplace Health Innovation

Fair Haven United Church Homes – Gentle Persuasive Approach Video Learning Support Tool

Collaborative Solutions

Provincial Health Services Authority and Vancouver Coastal Health – Mobile Medical Unit Deployment, Downtown Eastside Overdose Crisis Response

Victoria General Hospital, Island Health – Victoria Sexual Assault Clinic



BC HEALTH CARE
AWARDS

REMEMBERING DIANNA MAH-JONES

Dianna Mah-Jones, an occupational therapist at GF Strong Rehabilitation Centre, was named Provincial Health Care Hero at the 2017 awards gala. Dianna was tragically killed, along with her husband Richard Jones, just three months after receiving the award. Dianna received that award for her inspirational work as an occupational therapist at GF Strong Rehabilitation Centre. Dianna's innovative and person-centred approach to patient care made her a champion for the needs of her clients, and the heart of the GF Strong team.

This year, a new award has been named in her honour – the Dianna Mah-Jones Award of Excellence in Person-Centred Care. The award recognizes teams or projects that make use of leading practices to improve care for patients, residents or clients by focusing on the needs of the person rather than the needs of the system or service. We hope that by naming this award in her honour, we will help keep her memory and legacy alive and inspire others to deliver health care that is respectful of the needs, values and preferences of individuals.



RENFREW MOVE

HEABC GETS NEW HOME

\$9.6 million cost savings projected over 15 year lease

After nearly 25 years at its West Broadway location, HEABC relocated to the brand-new Renfrew Centre in East Vancouver in early March. The project consumed much of the year for HEABC's Corporate Services staff, starting with searching for a new home, shortlisting potential leases, designing the new space, overseeing construction, and then organizing and executing an office move for over 120 staff members.

The move was an opportunity to freshen things up with improved meeting rooms and workspaces featuring current technology, while also allowing HEABC to achieve significant cost savings by reducing our footprint and co-locating with several other related organizations. One objective of co-location is to find operating synergies and savings through shared infrastructure, space, and back-office services. By sharing meeting room space, reception, lunch room and some IT functions, we were able to make improvements in all of these areas, and reduce costs.

Even with countless moving pieces, the project was completed on time and under budget and the space is now fully functional. HEABC projects a cost savings of approximately \$9.6 million over the term of the 15-year Renfrew lease in comparison with the lease costs of remaining at its previous location.

New address!

300-2889 East 12th Avenue
Vancouver, BC V5M 4T5

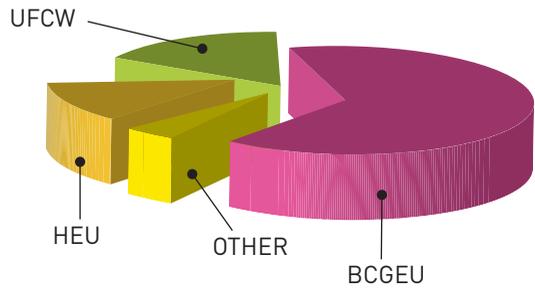


BARGAINING ASSOCIATIONS

Full-time Equivalents by Associations & Constituent Unions

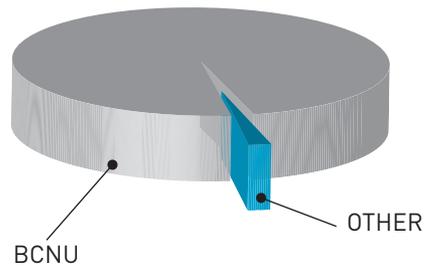
COMMUNITY

UNION	FTES	%
BCGEU	5,942.6	65.3%
UFCW	1,496.0	16.4%
HEU	1,074.0	11.8%
HSA	295.4	3.2%
CUPE	272.7	3.0%
BCNU	25.2	0.3%
TOTAL	9,105.9	100.0%



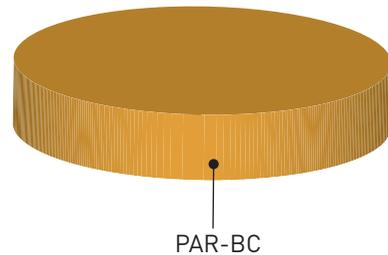
NURSES

UNION	FTES	%
BCNU	29,886.4	98.2%
HSA	545.8	1.8%
BCGEU	6.2	0.0%
HEU	1.3	0.0%
TOTAL	30,439.7	100.0%



RESIDENTS

UNION	FTES	%
PAR-BC	1,276.0	100.0%
TOTAL	1,276.0	100.0%

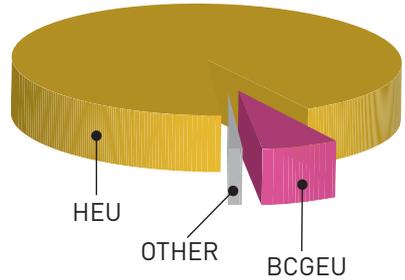


BCGEU BC Government and Service Employees' Union
BCNU British Columbia Nurses' Union
CUPE Canadian Union of Public Employees
HEU Hospital Employees' Union
HSA Health Sciences Association of BC
IUOE International Union of Operating Engineers

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

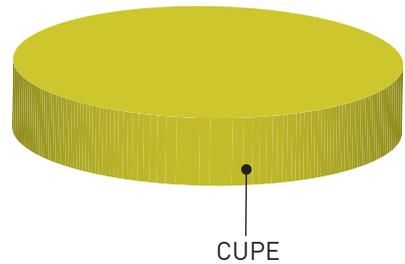
FACILITIES

UNION	FTEs	%
HEU	25,222.1	92.5%
BCGEU	1,630.5	6.0%
IUOE	224.3	0.8%
BCNU	120.8	0.4%
PPWC	65.9	0.2%
USWA	6.8	0.0%
TOTAL	27,270.4	100.0%



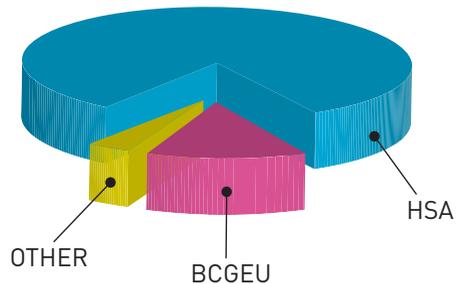
AMBULANCE PARAMEDICS AND AMBULANCE DISPATCHERS

UNION	FTEs	%
CUPE*	2,357.1	100.0%
TOTAL	2,357.1	100.0%



HEALTH SCIENCE PROFESSIONALS

UNION	FTEs	%
HSA	10,682.8	81.9%
BCGEU	1,780.2	13.6%
CUPE	453.5	3.5%
PEA	88.1	0.7%
HEU	46.2	0.4%
TOTAL	13,050.8	100.0%



Notes:

- Data is annualized to a 365-day reporting period.
- FTEs reflect data as reported in HSCIS 2017-Q4. No adjustments made to account for non-reported FTEs.
- FTE: Straight-time hours divided by the annual Standard Work Hours for a full-time employee according to bargaining group (1950 hours). *BC Emergency Health Service CUPE employee's FTE = (Straight-time hours + Standby hours)/2121.6 hours.
- An effort has been made to redistribute FTEs with no valid union certifications to other valid unions based on the latest information available at the time of printing.

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

STATEMENT OF OPERATIONS

Year ended March 31, 2018, with comparative information for 2017

	2018 Budget	2018	2017
	(note 2(i))		
Revenue:			
Provincial government funding	\$ 12,833,215	\$ 9,985,607	\$ 9,448,215
Fees for service	50,000	106,985	100,810
Interest	53,700	130,764	81,259
	12,936,915	10,223,356	9,630,284
Restricted funding from deferred contributions for operations (note 5)	4,528,786	9,849,381	8,918,670
	17,465,701	20,072,737	18,548,954
Expenses (note 14):			
Ongoing operations:			
Knowledge management and compensation services	3,126,500	3,122,574	2,804,065
Legal services and strategic labour relations	4,325,300	3,118,640	3,179,372
Executive services and board governance	1,502,400	1,291,189	1,356,179
Strategic negotiations and benefits administration	1,373,100	1,062,465	1,168,692
Finance and administration	952,120	946,557	764,693
Nurse staffing secretariat	600,000	866,283	340,777
Absence management and occupational health and safety	898,000	506,936	369,970
General	125,000	296,431	198,881
Workforce violence prevention framework	-	6,238	-
Expenses from ongoing operations	12,902,420	11,217,313	10,182,629
Contracted operations:			
Practice ready assessment BC	2,150,000	2,309,296	2,146,164
Physician services	2,900,000	2,278,385	1,832,899
Recruitment services - Health Match BC	2,300,000	1,899,036	2,363,600
Rural GP Locum	1,340,000	1,340,243	664,307
Care aide registry	600,000	573,756	519,183
Health cross jurisdictional labour relations database	438,786	364,708	329,887
Integrated health human resource planning	-	90,000	510,285
Proposed new programs	1,450,000	-	-
Expenses from contracted operations	11,178,786	8,855,424	8,366,325
Total expenses from operations	24,081,206	20,072,737	18,548,954
Annual surplus (deficit)	(6,615,505)	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	\$ (2,987,705)	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

STATEMENT OF FINANCIAL POSITION

March 31, 2018, with comparative information for 2017

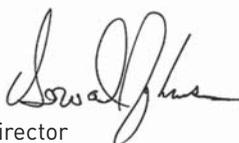
	2018	2017
Financial assets:		
Cash	\$ 4,082,177	\$ 1,296,459
Restricted cash (note 3)	4,177,428	2,364,109
Investments (note 4)	380,243	2,574,453
Restricted Investments (note 3 and 4)	-	2,884,239
Accounts receivable	2,449,106	874,419
	11,088,954	9,933,679
Liabilities:		
Accounts payable and accrued liabilities	3,076,620	1,175,312
Deferred operating contributions (note 5)	4,177,428	5,248,348
Deferred capital contributions (note 6)	2,884,239	-
Deferred rent revenue (note 12)	204,589	-
Tenant inducements	2,247,570	149,072
Retirement benefit liability	276,382	258,592
	12,866,828	6,831,324
Net financial assets	(1,777,874)	3,162,355
Non-financial assets:		
Tangible capital assets (note 7)	5,283,921	412,231
Prepaid expenses	121,753	53,214
	5,405,674	465,445
Commitments (note 11)		
Contractual rights (note 12)		
Accumulated surplus (note 8)	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

Approved on behalf of the Board:



Director



Director

BOARD OF DIRECTORS 2017/18

Board Chair – Betsy Gibbons, Senior Client Partner (retired), Korn/Ferry International

Affiliated Care Provider Representative – Joseph McQuaid, Executive Director, Alberni-Clayoquot Continuing Care Society

Denominational Care Provider Representative – Erroll Hastings, Executive Director, Zion Park Manor

Fraser Health Representatives – Michael Marchbank, President & CEO, Fraser Health

Government Representative – Lynn Stevenson, Associate Deputy Minister, Ministry of Health

Government Representative – Christina Zacharuk, President & CEO, Public Sector Employers' Council Secretariat, Ministry of Finance

Interior Health Representative – Chris Mazurkewich, President & CEO, Interior Health

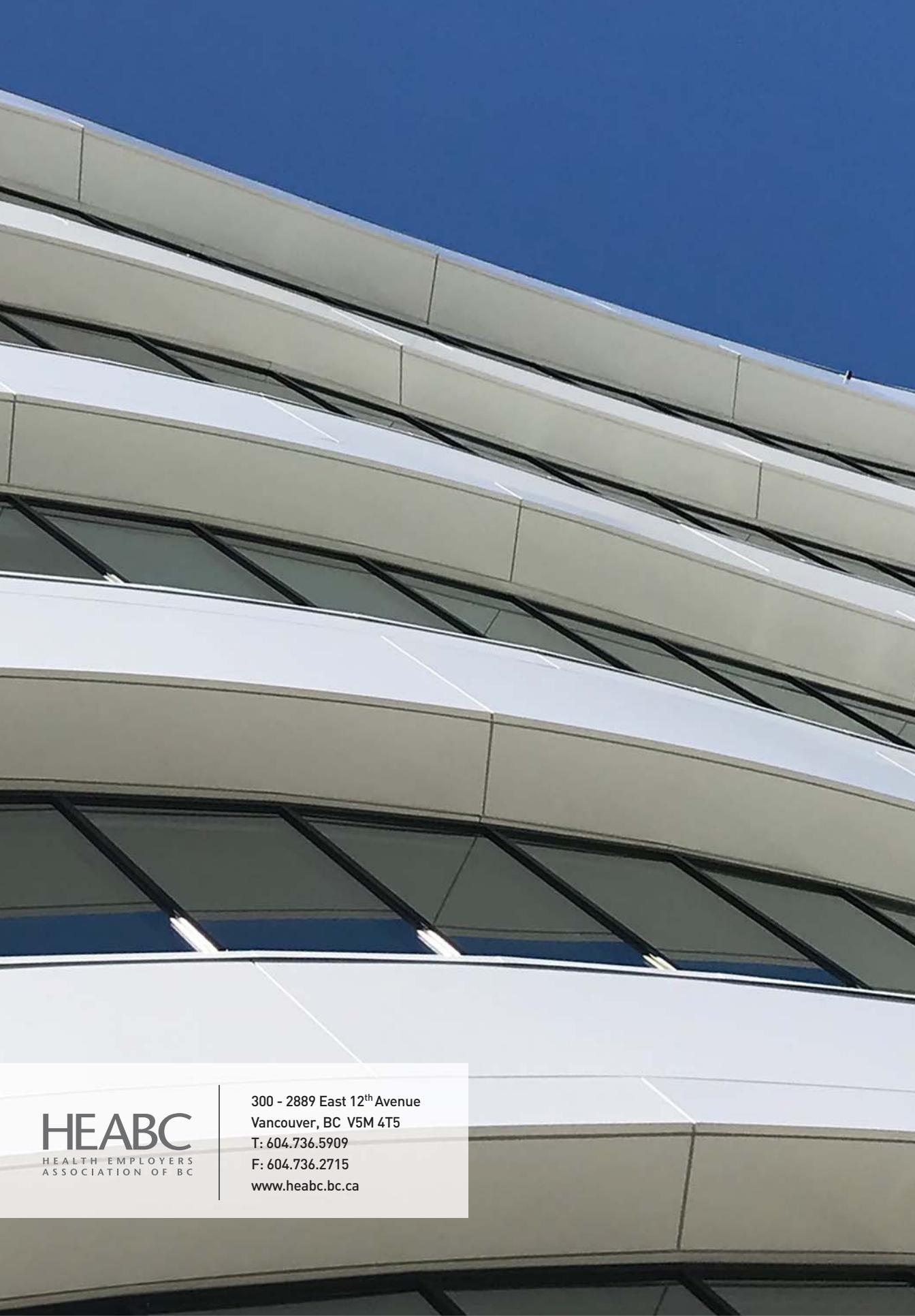
Northern Health Representative – Cathy Ulrich, President & CEO, Northern Health

Proprietary Care Provider Representative – Elissa Gamble, National Director, Home Health Operations, Bayshore HealthCare

Provincial Health Services Authority Representative – Carl Roy, President & CEO, Provincial Health Services Authority

Vancouver Coastal Health Representative – Mary Ackenhusen, President & CEO, Vancouver Coastal Health

Vancouver Island Health Authority Representative – Kathy MacNeil, President & CEO, Island Health



HEABC
HEALTH EMPLOYERS
ASSOCIATION OF BC

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