

2018 - 2019 ANNUAL REPORT



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ABOUT HEABC

The Health Employers Association of BC (HEABC) represents a diverse group of more than 218 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 138,000 unionized health care employees. In addition, HEABC's Physician Services team oversees and coordinates the negotiation of provincial and local physician contracts, including leading the negotiations to renew the Physician Master Agreement this year.

HEABC takes a provincial leadership role in strategic planning related to human resources and labour relations for BC's publicly funded health employers. Through collective bargaining and other industry initiatives, HEABC builds constructive and collaborative relationships with members, government, employees and unions, while continuing to adapt to the evolving needs of its members.

As part of its new 2019-2024 strategic framework, HEABC has adapted the following vision and mission statements.

Vision

HEABC, health employers, government and other stakeholders work in partnership to ensure BC's health workforce is supported to meet the future health needs of British Columbians.

Mission

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

Guiding Principles

We...

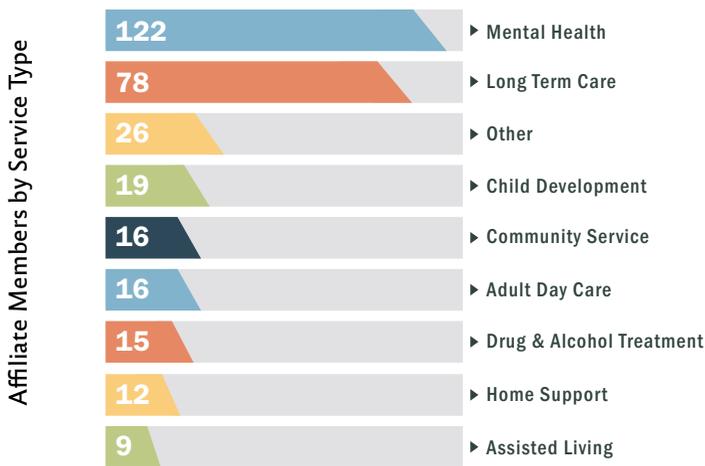
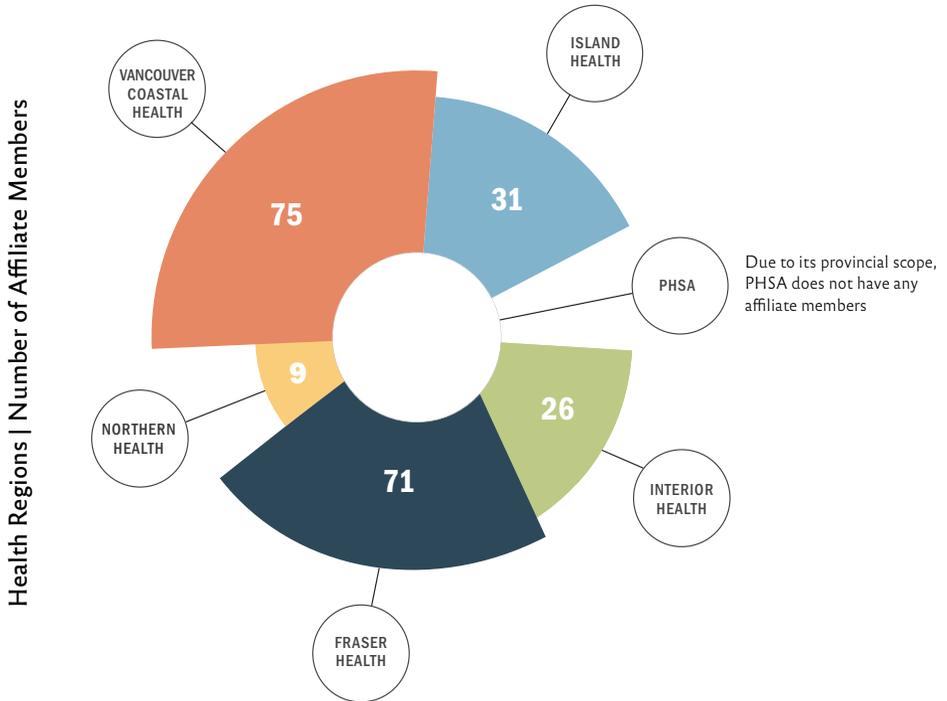
- Provide timely, effective services that add value
- Build and sustain long-term collaborative relationships
- Listen and understand others' perspectives
- Anticipate issues and take action
- Recognize the diversity of our membership when developing system-wide approaches
- Routinely seek feedback on the relevance and value of our contributions
- Demonstrate effective leadership regardless of the positions we hold
- Recognize and value teamwork while acknowledging individual contributions

HEABC MEMBERS

Health Authorities = 6

Affiliates = 212

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.



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

With the previous health sector collective agreements expiring this spring, the past year for HEABC has been focused on preparing for negotiations and then leading employer teams at the bargaining table. We set out to renew the six health sector collective agreements, as well as lead negotiations on behalf of the Ministry of Health for a renewed Physician Master Agreement (PMA) by the end of the fiscal year, and at the time of writing, have achieved five ratified agreements and a renewed PMA. Negotiations with Ambulance Paramedics and Ambulance Dispatchers are ongoing.

I am very proud that HEABC's commitment to partnerships and collaboration among health sector unions, employers and government stakeholders is reflected throughout the renewed collective agreements. More information about the 2019-2022 collective agreements is included in this report.

Overlapping with this very important work, HEABC embarked on a process to renew its 2016-2019 Strategic Plan, which expired this spring, and replace it with a five-year strategic framework.

At the end of last year, HEABC marked 25 years as an organization. Our aim is to leverage the experience and organizational knowledge and perspective that come from a quarter century of working to support our members, with a goal of achieving the greatest positive impact on the health system.

The next five years will see significant change in health care delivery in BC as demographic and technological changes both increase the demand for services and impact the workforce. The health care system is complex and highly dependent on people for the provision of services. Outstanding human resource planning and practices will continue to be at the centre of the system's ability to both implement required changes and maintain high quality services.

As such, this planning cycle represents a unique opportunity to shape HEABC services to better meet the needs of the system, and provide the leadership and support necessary to assist our members and stakeholders as they respond to emerging circumstances, demands and needs. Recognizing this, the Board approved a different approach to the strategic planning process this time around.

Firstly, the process was led by HEABC staff members working in the areas of Corporate Planning & Performance and Organization Development & Engagement. Secondly, the process rolled out over a longer period of time – almost one year – to allow for extensive consultation and hands-on work with HEABC staff, the Board, union representatives, and HEABC members and government stakeholders. Finally, in producing a five-year strategic *framework*, rather than a strategic *plan*, we have chosen to identify and focus on clear, high-level strategic directions, rather than time-limited goals or objectives.

Amplifying Our Impact: HEABC's 2019-2024 Strategic Framework will guide an annual refresh of HEABC's organizational work plan. I invite you to read the framework and reflect on how HEABC can embark on these strategic directions in partnership with employers, government stakeholders and union representatives.



MESSAGE FROM THE PRESIDENT & CEO

Michael McMillan

As we entered into the current round of bargaining, HEABC set out to support a reset of the relationship between our employer members and union partners, recognizing that system change can only be achieved through collaboration and true partnerships. I am happy to report that we have made some significant accomplishments across agreements in the areas of supporting improved continuity of care, recruitment and retention, occupational health and safety, and fairness and equity. These successes are built on collaboration and partnerships.



The past year has seen a great deal of change at HEABC as we settled into our new home at Renfrew Centre, along with our lease partners. One objective of co-locating with similar organizations is to find cost savings and potential synergies. By sharing meeting room space, reception, common areas and some IT functions, we were able to make improvements in all of these areas, and reduce costs. HEABC projects a cost savings of approximately \$9.6 million over the term of our 15-year lease.

Over the past year, HEABC made several adjustments to our leadership team, in support of better and more integrated services for our members. Last spring, we completed a comprehensive review of the Legal Services & Strategic Labour Relations team to create a structure that better supports members and HEABC's overall strategic directions. The LS&SLR department now conducts the litigation of the majority of full (non-expedited) arbitrations and Labour Relations Board matters. As resources permit, we also represent members before the BC Supreme Court and the Court of Appeal on administrative law matters.

Following the departure of two leadership team members this spring, HEABC took the opportunity to further review its organizational structure. As a result, our Strategic Negotiations & Benefits Administration (SN&BA), Legal Services & Strategic Labour Relations (LS&SLR) and Physician Services teams, which all provide contract negotiations and labour relations services to our members and government, have been integrated into one team under a newly created vice-president position.

The labour relations advice and support we provide to members, along with our lead role in health sector contract negotiations, is central to HEABC's legislated mandate. The addition of a vice-president role will ensure that these core functions are coordinated and delivered in a way that maximizes the value we provide to members and government stakeholders. In May, Matt Prescott was appointed to the newly created Vice-President, Legal Services, Negotiations & Labour Relations position.

You can read more about the accomplishments and work-in-progress of these three teams, along with the rest of HEABC, throughout this report.

2016-2019 STRATEGIC PLAN UPDATE

HEABC’s current three-year Strategic Plan expired March 31, 2019. Looking back, we have achieved or exceeded the majority of our annual key performance indicator targets. These are described in the tables below beneath each of our four strategic objectives that were identified in the last planning cycle.

HEABC’s 2016-2019 Strategic Plan has been replaced by a new, five-year strategic framework, which you can read about elsewhere in this Annual Report.

<p>OBJECTIVE 1.0</p> <p>Lead high-quality labour relations, negotiations and contract implementation and interpretation aligned with government’s and members’ strategic directions</p>	<p>KPI 1</p> <p>Collective Agreements within Mandate</p> <p>ON TARGET</p>	<p>KPI 2</p> <p>Implementation of New Priority Collective Agreement Provisions</p> <p>ON TARGET</p>	<p>KPI 6</p> <p>Member Service Satisfaction – Legal Services & Strategic Labour Relations</p> <p>DEFERRED due to the need to support negotiations. It will be revisited in connection with the annual HEABC work plan process flowing from HEABC’s new 2019-2024 Strategic Framework</p>
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<p>OBJECTIVE 2.0</p> <p>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</p>	<p>KPI 7</p> <p>Member Data Report Satisfaction</p> <p>DEFERRED due to the need to support negotiations. It will be revisited in connection with the annual HEABC work plan process flowing from HEABC’s new 2019-2024 Strategic Framework</p>	<p>KPI 8</p> <p>Workshop/ Webinar Satisfaction</p> <p>EXCEEDED</p>
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OBJECTIVE 3.0

Lead Physician Master Agreement negotiations, coordinate physician contract management and address physician supply challenges

KPI 3

Health Match Recruitment

Matches for:
Physicians
Nurses
Allied Health Professionals

KPI 4

Coordination of Physician Alternative Payment Agreements

KPI 5

Effective Functioning of the Provincial Medical Services Executive Council

EXCEEDED

EXCEEDED

ACHIEVED

OBJECTIVE 4.0

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

KPI 9

Efficiency through Shared Services/Joint Collaborations

KPI 10

Balanced Budget

KPI 11

Employee Engagement

ACHIEVED

ACHIEVED

ACHIEVED

NEW NEGOTIATIONS AND LABOUR RELATIONS TEAM TO PROVIDE MORE INTEGRATED SERVICES FOR MEMBERS

This spring, HEABC took the opportunity to review its organizational structure and make changes in support of improved and more integrated services for members. As a result, HEABC's Strategic Negotiations & Benefits Administration (SN&BA), Legal Services & Strategic Labour Relations (LS&SLR) and Physician Services teams, which all provide contract negotiations and labour relations services to our members and government, have been merged into one team.



In May, Matt Prescott was appointed to the newly created role of Vice-President, Legal Services, Negotiations & Labour Relations to lead the new, integrated team.

The labour relations advice and support HEABC provides to members, along with our lead role in health sector contract negotiations, is central to our legislated mandate, and the work of these three teams in this area is complementary and often overlaps. Reorganizing these teams under a vice-president role will ensure that these key functions are coordinated and delivered in a way that maximizes the value we provide to members and government stakeholders.

Matt brings a wealth of experience and relevant skills to this role. He was first recruited to HEABC in 2008 as a Labour Relations Consultant and has been successfully promoted to increasingly senior roles throughout his 10 plus years of service with HEABC, including time as Executive Director, Legal Services & Strategic Labour Relations and Legal Counsel.

Most recently, Matt led the expansion of HEABC's Physician Services team as it took on the role of leading negotiations for a renewed Physician Master Agreement on behalf of the Ministry of Health. He has a strong knowledge of labour and employment law and litigation processes, and has successfully led all aspects of collective bargaining in complex, multi-stakeholder environments.

As Vice-President, Legal Services, Negotiations & Labour Relations, Matt and the teams of professionals under his leadership will play a critical role in delivering on the key directions outlined in HEABC's new 2019-2024 strategic framework, which is referenced elsewhere in this report.

AMPLIFYING OUR IMPACT: 2019-2024 STRATEGIC FRAMEWORK



In December 2018, HEABC marked 25 years as an organization. Our goal is to leverage the experience and knowledge that come from a quarter century of working to support our members to achieve the greatest positive impact on the health system.

With that in mind, HEABC embarked on a process to renew its 2016-2019 Strategic Plan, and replace it with a five-year strategic framework. In the strategic framework, we have chosen to identify and focus on clear, high-level strategic directions rather than time-limited goals or objectives. The framework is not a departure from the services our health sector partners and members rely on, it is an outline of how we are amplifying our impact by identifying and prioritizing the work that will have the greatest positive impact on the health sector.

The five-year strategic framework will guide an annual refresh of HEABC’s organizational work plan to allow HEABC to focus on how we can best support our members as they manage system change and respond to a dynamic and challenging health care environment.

For more information, please see the document, *Amplifying Our Impact: Strategic Framework 2019-2024*, which has been posted to HEABC’s members’ website.

An infographic consisting of four vertical rectangular boxes, each with a different background color and a corresponding icon at the top. The first box is orange and contains the word 'LEAD' in bold, followed by the text 'the negotiation and implementation of collective agreements and other agreements to maximize their strategic impact'. The second box is yellow and contains the word 'ANTICIPATE' in bold, followed by 'labour relations and human resource pressures and trends that may impact health care delivery'. The third box is light green and contains the word 'LEVERAGE' in bold, followed by 'health human resource and labour relations data, information and knowledge as a strategic enabler for government and health employers'. The fourth box is light blue and contains the word 'CONVENE' in bold, followed by 'strategic conversations for health sector partners to respond to emerging labour relations and human resource issues'. Each box has a dark blue icon: a group of people for 'LEAD', an eye for 'ANTICIPATE', a scale of justice for 'LEVERAGE', and two speech bubbles for 'CONVENE'.

NEGOTIATIONS UPDATE

Bargaining for the 2019-2022 collective agreement got underway last May, and as of the writing of this report, HEABC has reached three-year agreements with five subsectors. Negotiations with the Ambulance Paramedics and Ambulance Dispatchers Bargaining Association are ongoing.

Negotiations have been characterized by a collaborative, interest-based approach, in which the parties committed to working together to find “win-win” solutions wherever possible. All of the agreements were reached within the Government of BC’s Sustainable Services Negotiating Mandate and support the priorities of improving services and ensuring sustainability. The following is a brief summary of significant accomplishments. The complete agreements and related interpretations can be found on HEABC’s members’ website.



Community Bargaining Association (CBA)

Term: 3-year agreement (2019-2022)
Ratified: July 30, 2018

Summary:
Agreement takes steps to address two key priorities for both employers and employees: recruitment and retention, and the ability to schedule employees to improve continuity of patient and client care.

Highlights:
Joint committee to undertake a review of compensation for CBA occupations compared to similar occupation under the facilities subsector collective agreement with the purpose of achieving low wage redress.

Task force on optimization of Community Health Worker (CHW) work and scheduling to improve the alignment of CHW work distribution and resources with current and future home care delivery models, including looking at how to improve continuity of care.

Nurses' Bargaining Association (NBA)

Term: 3-year agreement (2019-2022)

Ratified: January 25, 2019

Summary:

Agreement helps set the stage for a strong collaborative relationship with the nurses' union that will benefit patients, nurses and health care employers.

Highlights:

Memorandum of Agreement that clarifies and streamlines the process through which professional practice problems are addressed so that it applies only to issues involving a nurses' professional responsibilities.

Provisions to address recruitment, retention and staffing/scheduling challenges, including a short-notice call premium and a commitment to consult on health authority level nurse workforce planning.

A commitment to work with nurses to implement primary and community care models.

A joint process to look at new work schedules that better meet the needs of nurses.

A commitment to work together to ensure sustainable cost of benefits.

Facilities Bargaining Association (FBA)

Term: 3-year agreement (2019-2022)

Ratified: February 11, 2019

Summary:

Agreement includes a significant focus on occupational health and safety, and other commitments that will both improve conditions for employees and provide better services for patients, clients and residents.

Highlights:

Increases to shift premiums to improve staffing during evenings, nights and weekends in support of improved services, and improved consultation processes.

Establishment of joint union/employer working groups to develop tools and strategies to address workload issues, develop a provincial framework for occupational health and safety for the health sector, and collaborate on recruitment and retention strategies that support diversity, equity and inclusion.

Health Science Professionals Bargaining Association (HSPBA)

Term: 3-year agreement (2019-2022)
Ratified: February 15, 2019

Summary:

Agreement includes a number of improvements to address workload, compensation and job classification, recruitment and retention, and occupational health, safety and violence prevention issues.

Highlights:

A new, profile-based classification system for the sector to be completed by a Joint Classification Review Committee.

Improvements to the grievance and arbitration system through the establishment of a Dispute Arbitration Review Committee.

The establishment of a working group to make recommendations for a provincial framework/structure for health care sector occupational health and safety issues and solutions.

Tools and strategies for employers and employees to identify, assess and address workload issues affecting Health Science Professionals through the establishment of a collaborative Working Group on Workload.

Resident Doctors of BC (RDBC)

Term: 3-year agreement (2019-2022)
Ratified: May 8, 2019

Summary:

Agreement supports improvements to the training experience for resident doctors in BC, with a goal to retain more physicians in BC post-residency.

Highlights:

Recruitment and retention committee to address recruitment and retention of residents post-residency in rural areas and in practice areas with hard-to-fill vacancies.

Working group to promote safe working conditions, the prevention of accidents, the prevention of workplace injuries and the promotion of safe workplace practices.

Ambulance Paramedics and Ambulance Dispatchers (APAD)

At the time of this report, negotiations are ongoing.

JOINT BENEFITS TRUSTS

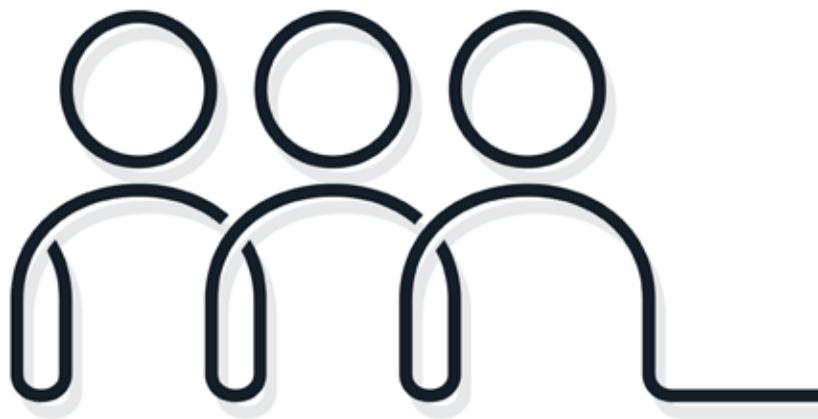
Focus shifts from development to ensuring sustainability

The three health sector Joint Benefits Trusts (JBTs) have been fully operational for more than two years, and the focus has now shifted from establishing governance processes and operating systems to ensuring sustainability. Over the first year (April 1, 2017 – April 1, 2018) of operations, the mantra was *business-as-usual* as the work of the trusts largely focused on establishing governance structures and reporting systems, building knowledge among trustees, and developing an understanding of the investment environment with portfolio management training by British Columbia Investment Management Corporation.

For the implementation period (2017-2019), benefit costs increased at a faster rate than payroll, and employers shared the cost increases; for the remainder of the current collective agreements (2019-2022), funding increases are principally fixed to a percentage of straight-time payroll. As a result, employers should generally expect benefit cost growth to slow for the JBTs during the current collective agreements.

The JBTs have been audited and have gone through an annual cycle of setting actuarial assumptions and valuation. As of the most recent audit/valuation, the JBTs are all sufficiently funded and trustees, with independent fiduciary duties to the JBTs, are working with legal, benefits and actuarial experts to sustainably manage employee benefits into the future.

Benefits for nurses and excluded (non-unionized) health sector employees are not provided through the JBTs. HEABC and HBT are working with the nurses and health employers to address the benefit cost growth for these employee groups



CASES OF NOTE

Arbitration Decisions

Arbitrator upholds drug and alcohol policy with some provisos

The Hospital Employees' Union (HEU) filed a policy grievance objecting to Interior Health's substance use policy. The arbitrator found that the core of the policy aligns with the currently accepted approach to drug and alcohol policies governing safety sensitive sectors, but there were aspects of the policy that were inconsistent with the law. Employees in health care occupy safety sensitive positions, and treatment models recommending abstinence, monitoring/random testing, residential treatment or attendance at a 12-step peer support meetings are supported by the case law. The arbitrator identified sections of the policy that required modification and ordered the employer to suspend the operation of the policy and engage in a 90 day consultation period with the union.

Arbitrator rules on education qualification equivalency statements

The Health Sciences Association of BC (HSA) grieved Vancouver Coastal Health's selection process for a social worker position where applicants were required to hold an MSW. The job description did not have an equivalency statement and the grievor was excluded from the selection process. The grievor argued that her BSW and work experience was equivalent to the qualifications. The arbitrator emphasized the need for job postings to describe the actual work performed, rather than relying on the duties found in a generic description, and found that the grievor's claim of equivalency ought to have been considered. The employer was ordered to rerun the selection process and the arbitrator ruled that employers cannot use an education qualification to exclude employees who can demonstrate through experience that they can perform the work. This decision represents a significant departure from earlier decisions that found employers had the right to define the qualifications required for a position and exclude employees who did not meet the stated qualifications. The arbitrator also distinguishes between employer-required qualifications and other required qualifications. For example, where there is a legislative or licensing requirement, it is unlikely that an equivalency will exist.

Arbitrator dismisses Appendix M grievance

HSA grieved Fraser Health's application of Appendix M of the Nurses' Bargaining Association (NBA) Provincial Collective Agreement, which provides a \$50 per month premium for employees working in areas experiencing staffing challenges, including emergency departments. HSA argued that RPNs working in Mental Health & Substance Use Services (MHSUS) who provided emergency psychiatric care to patients at Surrey Memorial Hospital were entitled to the premium. The arbitrator noted that the premium was intended to address staffing challenges identified by health authorities in specific areas, including emergency, and that MHSUS did not fall within the scope of Appendix M. Furthermore, the arbitrator found that the evidence did not demonstrate that MHSUS was part of the emergency department, and he dismissed the grievance.

Arbitrator agrees with HSA regarding minimum payment for employees called in on days off

After Fraser Health invited employees to attend a displacement meeting on their days off, and paid each employee only for the length of time they attended the meeting, HSA grieved and argued that the employees were entitled to reporting pay under Article 28.05 of the Health Science Professionals Association collective agreement, which provides a minimum of two hours of pay if employees report to work at the call of the employer but do not commence work, and a minimum of four hours of pay if they report to work and commence work. The union argued that attendance at the displacement meetings was "work" because the employees' attendance was mandatory and at the request of the employer. The arbitrator agreed that the employer controlled the obligation to attend, and the timing of the meeting, and therefore employees are entitled to payment under Article 28.05.

Arbitrator upholds termination for falsification of records

The BCNU filed a grievance following the termination of a nurse for misconduct relating to falsification of a medical assessment. The union argued that the termination was based on an isolated incident that was not pre-meditated. The nurse was a 25 year employee with no prior discipline. The arbitrator found that the falsification of the medical record was deliberate and that the deceit was a fundamental breach of the employment relationship. Furthermore, the arbitrator affirmed that health care employees are held to a higher standard and noted that the nurse's actions undermined public trust and confidence in the health care system. The termination was upheld.

LABOUR RELATIONS BOARD

LRB rules section 54 notice provided in reorganization of community services

Fraser Health reorganized its community services to achieve an integrated primary and community care system. BCNU filed a complaint with the Labour Relations Board (LRB) alleging the employer breached section 54 of the *Labour Relations Code* by failing to provide the union with the requisite notice and without meeting with the union in good faith to develop a labour adjustment plan. The Board dismissed the complaint, finding that section 54 notice was provided and complied with when Fraser Health agreed on a without prejudice basis to delay implementation for 60 days pending discussion with the union. The Board also found no basis for the union's argument that Fraser Health did not meet in good faith. The recent changes to s. 54 of the *Labour Relations Code* may affect the relevance of this decision in the future.

BC COURT OF APPEAL

BCCA affirms test for family status accommodations

The BC Court of Appeal allowed the appeal of an employer, Envirocon of the dismissal of its application for judicial review of a Human Rights Tribunal's (BC HRT) decision to deny its application to dismiss the complaint of its former employee, Mr. Suen. Suen had been terminated by Envirocon for refusing a work assignment to Manitoba, citing his desire to remain at home with his wife and infant child. The Court affirmed that the appropriate test for family status accommodations in BC remains *Campbell River*, and that working away from home for several weeks did not constitute a "serious interference with a substantial parental or other family duty or obligation". The court noted that there were no allegations of special needs of the child, or indication that it would not be cared for adequately in Suen's absence. The matter was remitted to the BCHRT for reconsideration of the employer's application to dismiss the complaint.

LEGISLATIVE UPDATE

Legalization of Recreational Cannabis (Federal Bill C-45) and Implications of the Cannabis Control and Licensing Act (Provincial Bill-30)

On June 22, 2018, Parliament passed Bill C-45 (the Cannabis Act) which makes the recreational use of cannabis in Canada legal as of October 17, 2018. Notwithstanding this legalization, employers may continue to prohibit the use of cannabis (as well as any other impairing substance) in the workplace and continue to require that employees are not impaired while working. Further, the duty to accommodate individuals who are prescribed medical cannabis and those with addictions to cannabis remains the same as it was prior to legalization.

The BC Legislative Assembly passed the Cannabis Control and Licensing Act (CCLA) on May 31, 2018, which regulates the use and possession of cannabis within the province. The CCLA bans smoking or vaping cannabis in a number of locations, including public indoor spaces, workplaces, on health board property, and within a prescribed distance from doorways, windows, or air intakes of these locations. Employers are required to take reasonable steps to prevent contravention of these regulations or face penalties, including fines.

In June, Parliament also passed Bill C-46 (An Act to amend the *Criminal Code*), which amended federal drug-impaired driving laws as well as authorizing the establishment of blood drug concentration limits for the purpose of measuring "impairment" in the operation of a motor vehicle. These regulations establishing blood drug concentration limits for THC may be of some guidance to employers looking to determine what constitutes "impairment" of employees in the workplace.

Take away: Under WorkSafeBC requirements, employees cannot attend work impaired and jeopardize their safety or the safety of others.

Bill 47 - Health Sector Statutes Repeal Act

In November 2018, the Government of BC passed the *Health Sector Statutes Repeal Act* (Bill 47), which, when brought into force via regulation, will rescind two existing acts – the *Health and Social Services Delivery Improvement Act* (Bill 29), and the *Health Sector Partnerships Agreement Act* (Bill 94), in their entirety. The repeal of bills 29 and 94 is intended to improve job security and stability and support employers in being better able to recruit and retain the skilled health-care professionals needed to support better continuity in patient care. The government is working with stakeholders to implement the repeal in a way that continues to strengthen the publicly funded health care system.

Take Away: Employers need to be aware of the new consultation obligations in the Facilities Bargaining Association. New language in the facilities subsector requires the parties, including the Ministry of Health, to meet within 30 days of Bill 47 coming into force to discuss all services contracted out after January 29, 2002. It also obligates health authorities and Providence Health Care to meet with the union at least 120 days prior to any contract termination, re-tendering or renewal of existing contracted services to discuss returning the service to the bargaining unit as well as annually review all contracted out services to identify practical opportunities to return the service.

Human Rights Code

On November 27, 2018, the *Human Rights Amendment Act, 2018* (Bill 50) received Royal Assent. Bill 50 extends the time limits to file a human rights complaint to one year (previously six months) and also restores the position of Human Rights Commission headed by an independent commissioner with broad powers including the ability to intervene in the tribunal and conduct its own inquiry into a matter.

The Commissioner, who reports directly to the legislative assembly and is aided by an advisory council, will function separately from the Tribunal. The Tribunal will continue to be responsible for adjudicating human rights complaints. The Commissioner will advocate and promote human rights through educational materials, reports, recommendations designed to abolish discriminatory policies and practices.

Take away: Employers have additional time to file a complaint. Employers must implement proactive systems to identify and resolve potential claims and mitigate risks.

Labour Relations Code

Amendments to the *Labour Relations Code* came into force on May 30, 2019. The changes are consistent with the recommendations of an independent review panel published in 2018.

The changes extend successorship protection when service contracts are re-tendered in specific areas including non-clinical services in the health care sector. A number of provisions will likely have a positive effect on unionization, including narrowing the scope of permissible employer speech and extending the period during which cards are valid.

The process for certification has been amended. The Board has an expanded discretion to impose certification when an employer is found to have unduly interfered with the certification process. The amendments also restrict union raiding activity to the seventh and eighth months of the third year of a collective agreement, and each year thereafter, if the term of a collective agreement is for more than three years. If a collective agreement is for a term of three years or less, raiding may only occur during the seventh and eighth months of the final year of the term.

Applications under Section 104 must be made within 15 days of the completion of the grievance process. The Board will convene mandatory case management conferences within seven days of appointing an arbitrator. Hearings must be completed within 90 days of the application.

Section 54 has been amended. After notice has been given by the employer, the parties are required to meet to develop a labour adjustment plan. If the parties do not develop a plan, either party may ask the Board to appoint a mediator to assist the parties to develop a labour adjustment plan. Once appointed, both parties will be required to participate and disclose information.

Arbitrators are now required to hold a case management meeting within 30 days of their appointment to schedule hearing dates, encourage settlement of dispute and schedule the exchange of information/documents. This may assist employers seeking to expedite hearings and result in reduced hearing time and costs.

Take away: The revisions to Section 54 may extend the length of time required to introduce operational changes because introduction of mediation may prolong the Section 54 process.

Employment Standards Act

Amendments to the *Employment Standards Act* (ESA) came into force on May 30, 2019. The changes provide employees with expanded entitlement to leave.

Employees who are experiencing domestic violence are entitled to leave from their jobs to pursue changes that will make their lives safer. These employees will be entitled to up to 10-non-consecutive days of job-protected unpaid leave. Employees also have a second option that provides for 15 weeks of consecutive unpaid leave.

Employees who are caring for critically-ill family members are now entitled to up to 36 weeks of unpaid leave to care for a critically ill child and up to 16 weeks to care for an adult. These changes align with federal employment insurance benefits.

Collective agreements must meet or exceed the requirements of the ESA (e.g. hours of work and overtime, stat holidays, annual vacation and vacation pay, termination, layoff etc.). The application of the “meet or exceed” requirement to collective agreements that were ratified before May 30, 2019 will be deferred until expiry date of the agreement and the parties have an opportunity to address the affected provisions in bargaining.

Workers’ Compensation Act – OHS Regulations

In April 2019, the government introduced amendments to the Mental Disorder Presumption Regulations. The amendments provide easier access for emergency dispatchers, nurses and publicly funded health care assistants to claim compensation through workers’ compensation. If any employee within this group develops a mental disorder it will be presumed to be due to the nature of the employee’s work. With a presumptive condition, an employee will not be required to prove their condition is related to work if they have been formally diagnosed.



LABOUR RELATIONS BY THE NUMBERS

Adjudication files opened

765

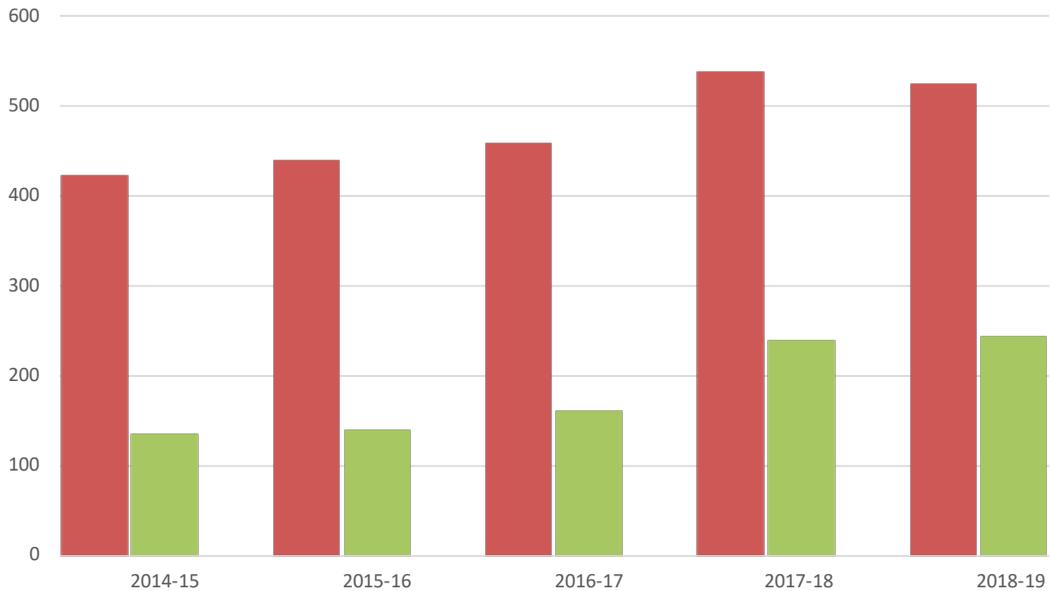
524

HEALTH AUTHORITY

241

AFFILIATE

Caseload growth adjudication files



By Forum

Expedited Arbitration	315
Full Arbitration	204
British Columbia Healthcare	
Office of Arbitration	130
Troubleshooter	80
Labour Relations Board	36

By Bargaining Association

(not including LRB)

CBA	254
NBA	209
FBA	142
HSPBA	121

Top Topics

Discipline & Discharge	178
Scheduling & Hours of Work	77
Leaves	57
Overtime	46
Classification	36
Posting & Selection	32
Wage Rate	32

ENHANCED DISABILITY MANAGEMENT PROGRAM (EDMP)

Increased disability management support for Members

The Enhanced Disability Management Program (EDMP), which forms part of the health sector collective agreements, provides proactive support for employees to achieve a timely and safe recovery when they are absent from work or struggling at work due to an illness or injury. EDMP involves support from a Disability Management Professional and the union EDMP representatives to develop customized plans for employees.

EDMP Features



EDMP was rolled out sector-by-sector from 2012-2015 and has continued to be modified and improved based on member experience. Recently, HEABC has significantly increased its support for members with the addition of a new Manager, Disability Management Services role and two Disability Management Services Advisors, and continues to work with employers and union representatives to strategically approach disability management services and issues to improve outcomes.

Affiliate EDMP Services

Over the past year, HEABC worked with members, service providers, and unions to complete a large-scale revision of EDMP services for affiliate members, including contracting with a new third-party service provider. Lifemark began receiving new case management referrals for participating employers in July, and by November, the transition of all active files was complete. Since being awarded the third-party service provider contract, Lifemark has increased its case management capacity and has launched expanded services with ergonomic support and assessment services to assist complex return-to-work circumstances, or to help prevent an absence from work for employees who are struggling.

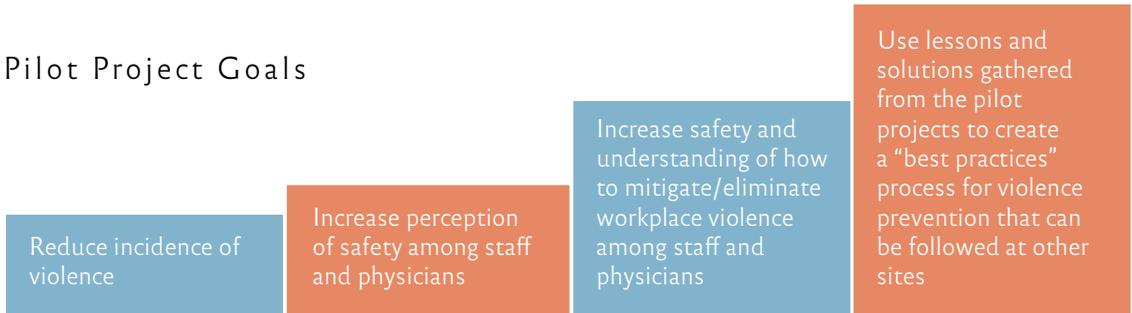
HEABC's role continues to be monitoring service levels and working with Lifemark to enhance services to members, supporting Lifemark in connecting with employers to learn more about worksites, operations and to introduce services, and assisting members with EDMP education and workplace disability management strategies.

WORKPLACE OCCUPATIONAL HEALTH & SAFETY

Violence prevention pilot project for high-priority sites moves forward

As part of BC’s larger health sector workplace violence prevention strategy, HEABC on behalf of employers, the Ministry of Health and the BC Nurses’ Union (BCNU) are partnering on a violence prevention pilot project at six high-priority health care sites.

Pilot Project Goals



A component of the project involves conducting site assessments that focus on incidents, risks and fears related to physical assaults, and expression of threats and harassment, including bullying, sexual, verbal and emotional abuse. How organizational policies, culture and management may affect the nature of violence in the organization will also be explored.

To date, departments within Mills Memorial Hospital and Royal Columbian Hospital have participated in assessments. Once finalized, the reports will be shared with local working groups to guide violence prevention strategies at these sites. Learnings from these first two assessments will also be used to inform the assessment, implementation and evaluation process at the remaining four sites.

One of the strengths of this project is the level of oversight and structure being put in place to ensure that key recommendations are put into action and evaluated for impact. Learnings and proven solutions from the six priority sites will also be available as a framework that other sites can build on to aid in the overall reduction of violence in the health care sector.

Phased implementation of psychological health and safety standard

HEABC is playing an integral role in facilitating the phased and collaborative implementation of the National Standard on Psychological Health and Safety in the Workplace across the BC health sector. The goal is to create a vibrant, healthy, well-led and engaged workforce delivering safe and quality health care to British Columbians. Provincial governance is provided through the Psychological Health and Safety Steering Committee, which is chaired by HEABC and includes representatives from the Ministry of Health, health authorities, unions, and SafeCare BC.

PHYSICIAN VIOLENCE PREVENTION TRAINING

HEABC, employers and Doctors of BC collaborate on physician violence prevention training

Physicians and other health care professionals are committed to providing the best care possible for patients, clients and residents, but sometimes they face physical and verbal aggression from the very people they are trying to help. This is a challenging aspect of health care, especially in the areas of mental health, substance use, and emergency care.

When we think of violence in health care settings, we often think of nurses, care aides and other frontline healthcare providers, but physicians are also frequent targets. In 2017/18, HEABC led the development of specific violence prevention training for medical staff by customizing the existing Provincial Violence Prevention Curriculum for medical staff, including physicians, dentists and midwives.

In 2018/19 the focus shifted to implementation with the convening of the Physician Violence Prevention Training Implementation Working Group, which includes representation from Doctors of BC, HEABC and the health authorities' medical affairs and occupational health and safety groups.

Physician Violence Prevention Training online modules are now available on Provincial Health Services Authority's Learning Hub, and there has been a "soft" roll-out of the curriculum to doctors as the process to fulfill continuing medical education (CME) requirements is ongoing and may result to some curriculum modifications. Once the CME application is complete, the curriculum will be promoted to doctors in a more robust way.



KNOWLEDGE MANAGEMENT IN SUPPORT OF EVIDENCE-BASED DECISIONS

Health care planning requires information, but information alone is not enough. Information needs to be analysed, interpreted, synthesized and shared with the right people at the right time to make a positive impact. That's where HEABC's Knowledge Management (KM) team comes in. Our KM team provides data, evidence, analysis, consultation services, and recommendations to support efficient health care service delivery, with a focus on human resources and labour relations strategies.

This approach is called integrated knowledge translation (iKT) in support of evidence-informed decision-making (EIDM). Those are the buzz words, but what it really means is that we consult with our members to determine how best to analyze, synthesize and package information and data so our members and government stakeholders can use it to make informed decisions. We respond to requests for data, but our new approach, supported by HEABC's 2019-2024 strategic framework, which you can read more about elsewhere in this report, is to engage with members and stakeholders and look for ways to leverage the data, analytics, research and health economics information we collect, synthesize and share to increase the value HEABC's is able to provide to BC's health care system.

To request information or to discuss how HEABC's knowledge management and translation services can support your business, please contact Barry White, Director of Knowledge Management at Barry.White@heabc.bc.ca.

KEY HEABC KNOWLEDGE PRODUCTS

- **Health Authority Comparative Report**
Regular report to the Ministry of Health, health authorities and Providence Health Care on health human resource statistics
- **Health Authority Affiliate Employer Comparative Report**
Tailored annual report for HEABC members on employee counts and full-time equivalents, occupation information, employee demographics, employee contribution (casual, part-time, full-time), overtime and sick leave, and relevant industry trends
- **British Columbia Performance Measurement Report**
Annual report to the Ministry of Health on sick leave, overtime, and vacancies across the health authorities and for particular occupation groups
- **Health Human Resource Occupations Report**
Current and historical information on 38 priority occupations by health authority, affiliated employers, and geographical region
- **Difficult to Fill Vacancy Report**
Quarterly snapshot of health authority vacancies after 90 or more days of active recruitment, as reported by health authorities
- **Health Workforce Data Hub**
Secure place for HEABC members to access Knowledge Management products and tailor their own using regularly updated, standardized and reliable data

EDUCATION SERVICES

Education services to meet our members' needs

For many years, HEABC has hosted health care specific labour relations workshops and webinars that provide managers, supervisors and human resource professionals with the information they need to effectively manage a range of workplace and labour relations issues.

More recently, HEABC's Education Services team has provide support to members and other HEABC program areas in developing training and education opportunities that support program priorities. In 2018/19, Education Services worked with stakeholders and HEABC's Physician Services team to develop a new Physician Contracting Education series consisting of four e-learning modules and related classroom sessions. In total, 78 people have completed the e-modules, and pilot classroom sessions for the classroom modules held in Northern Health and Interior Health were attended by a total of 71 people. The main goals of this program are to prepare participants to do the following:

- Plan and prepare for contract negotiations with physicians and physician groups within the context of the Physician Master Agreement (PMA), and the Alternative Payments Subsidiary Agreement (APSA)
- Effectively negotiate a physician contract
- Draft a clear contract
- Apply basic contract law principles to the interpretation and enforcement of physician contracts
- Determine when and how to renew or terminate a physician contract

Education Services also worked with HEABC's Occupational Health & Safety and Physician Services teams to develop new violence prevention training for physicians and other medical staff. The e-modules were "soft-launched" in December 2018 and the classroom module for medical staff working in high-risk areas will be rolled out in 2019.

With new contracts negotiated for most health sectors, Education Services also supported the development of in-person post-bargaining contract implementation education sessions for members, with an online version of this training in development.

Overall, workshops, webinars and other training sessions received a 93 per cent member satisfaction rating in follow-up surveys with participants/attendees.

2018/19 Member Education



PHYSICIAN SERVICES

A trusted health system advisor and partner in negotiating physician agreements and coordinating provincial initiatives

In 2018/19, HEABC's Physician Services team continued to build its capacity as a close partner and trusted advisor to the Ministry of Health and health authorities by leading the negotiation of provincial and local physician agreements, coordinating provincial initiatives related to physician service delivery and providing expert advice to health system partners.

PROVINCIAL AGREEMENTS

Physician Master Agreement

In 2018/19, HEABC's Physician Services team successfully led negotiations with the Doctors of BC to renew the Physician Master Agreement (PMA). The agreement was achieved on terms consistent with the Government of BC's Sustainable Services Negotiating Mandate and will support continued collaboration with physicians and the Doctors of BC on key priorities for the health system. In addition to providing funding for compensation increases and business costs, the renewed PMA supports further transition from fee-for-service compensation to new and existing alternative compensation models, and strengthens the joint committee structure to enable a greater focus on strategic collaboration and reduce administrative costs.

Resident Doctors of BC collective agreement

HEABC also played a lead role in negotiating a renewed three-year agreement with Resident Doctors of BC (RDBC) that addresses several key health authority priorities. Further details are provided in the Negotiations Update section of this report. Physician Services will also play a key role in the implementation of this collective agreement to maximize its strategic value and ensure alignment with long-term objectives for physician services delivery in BC.

Other provincial contracts

HEABC Physician Services also provides advice and legal support to the Ministry as updated agreements are negotiated with Midwives, Osteopaths, Optometrists and Dentists.

LOCAL CONTRACT NEGOTIATIONS

The Ministry of Health has positioned HEABC's Physician Services team to lead a coordinated approach to local physician contract negotiations. Physician Services has taken a three-fold approach to achieving this objective: infrastructure, education and supportive services.

Infrastructure

The Shared Physician Contracts Database was created to facilitate improved knowledge management, support accountability in contract management, and inform strategic coordination of local physician contract negotiations. A total of 5,172 clinical contracts are now entered into the Shared Physician Contracts Database, including 1,972 active contracts that represent 100 per cent of the total 2018/19 Alternative Payment Plan and global operating funding.

Education Series

In order to enhance system capacity and provincial consistency, Physician Services developed an education series for health authority and Ministry of Health medical affairs/physician compensation staff and medical and operational leaders. The education series focuses on effectively applying best practice principles of all aspects of the physician contract lifecycle, including negotiations, contract administration, and contract drafting.

In the summer of 2018, HEABC launched four online e-learning modules, which are a pre-requisite to classroom training that delves further into physician contracting and negotiations. The classroom training session was piloted in the fall of 2018 and the e-learning modules and related classroom sessions are now available to all health authorities and the Ministry of Health.

Supportive Services

Physician Services provides negotiations support and legal and strategic advice to health authorities and the Ministry of Health on physician compensation issues, disputes and contract negotiations. Over the past year, Physician Services has provided strategic coordination of 194 priority negotiations, including providing legal, drafting, and/or strategic advice on 95 contract negotiations.

Provincial Anesthesia Contract

In partnership with the Ministry of Health and health authorities, Physician Services led negotiations to successfully reach agreement with Doctors of BC on a provincial template anesthesia contract. The contract is a significant achievement that lays the groundwork for improving relationships with anesthesiologists, advancing system change, supporting the surgical strategy and ultimately improving patient care.

Primary and Urgent Care

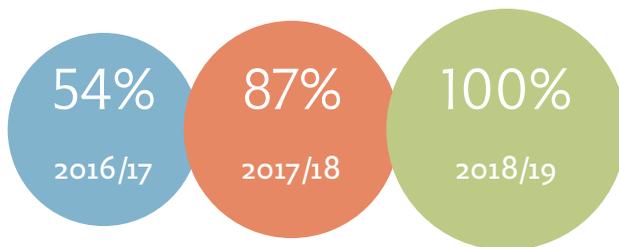
To support implementation of the Ministry of Health's target operating model for primary care, Physician Services worked closely with the Ministry to develop a contract model to attract new General Practitioners (GPs) and Nurse Practitioners (NPs) to BC. The contract is designed to support physicians to practice differently and support patient attachment and access. In addition, Physician Services has begun work to develop a contract model aimed at supporting GPs currently in practice to transition away from fee-for service and on to alternative payment models.

As part of BC's Primary Care Network, Urgent Primary Care Centres (UPCC) are being set up to provide same day access for urgently needed care. Services provided are distinct from those required in an emergency department and complement those provided by primary care providers. Physician Services is supporting the contract negotiations/drafting for physician services for Site 1 and Site 2 UPCC sites to ensure consistency with the Ministry's strategic direction for primary care and compensation policy.

EXPERT ADVICE & STRATEGIC INITIATIVES

For the past two years, HEABC’s Physician Services team has played a lead role in ensuring the effectiveness of the Provincial Medical Services Executive Council (PMSEC) and its working groups (Physician Compensation and Physician Engagement) through the provision of secretariat services, preparation of briefing materials and direct participation as members and co-chairs. In assessing the year-over-year results, the most recent evaluation clearly delineates significant improvements in member satisfaction with the overall functioning of PMSEC.

Annual PMSEC survey scores



Medical leadership compensation

Physician Services led the development and implementation of a Medical Leadership Compensation Framework, which provides consistency across the province while maintaining flexibility for the unique needs of each health authority. Evaluation and reporting on the framework and the impact of implementation to costs will be delivered to the Ministry of Health and PSEC throughout the implementation.

In-house analytic services

In 2018/19, HEABC Physician Services’ in-house research and analytics team entered into an Information Sharing Agreement with the Ministry of Health in order to access data relating to physician fee-for-service billing and patient hospital visits. This agreement demonstrates a new level of collaboration with the Ministry, and the tool has enabled Physician Services to provide better evidence-informed strategic advice.

NURSE STAFFING SECRETARIAT

A collaborative approach to nurse staffing

The Nurse Staffing Secretariat (NSS) was established as part of the 2014-2019 Nurses' Bargaining Association (NBA) Provincial Collective Agreement to work with employers to implement memorandums of understanding (MOUs) and other "protocol" agreements on staffing issues reached between the parties and the Ministry of Health. With the renegotiation of the NBA collective agreement, these MOUs and side agreements have been replaced by new collective agreement language that embeds a shared commitment to address both short-term, immediate staffing strategies and long-term, predictable staffing needs. The NSS will play a lead role in working with employers and the union to implement the new language over the term of the agreement.

The new nurses' agreement also includes numerous provisions to improve scheduling in support of both workload issues and improved patient care, and a streamlined professional responsibility process that will separate professional practice problems from workload issues. Another noteworthy change is the creation of Strategic Nurse Staffing Committees (SNSC) at each health authority and Providence Health Care (HA/PHC). The purpose of each SNSC is to consult on HA/PHC high-level nurse workforce planning including trends, activities and initiatives; as well as organizational approaches to long-term and short-term staffing strategies. The SNSCs will report quarterly to the Nurse Staffing Secretariat Steering Committee through the NSS.

Overall, the 2019-2022 NBA collective agreement is characterized by collaborative solutions and a shared responsibility approach to workload, patient care and staffing issues that that will require provincial-level coordination that will continue to be provided by the NSS.



EXCLUDED COMPENSATION REFERENCE PLAN

Fair, consistent and accountable compensation practices for excluded employees

Health sector employers are charged with delivering high-quality health services and navigating a variety of human resource challenges in a very competitive labour market. Salary ranges and compensation practices for unionized health professionals are bargained and set out in the relevant collective agreements, but there are approximately 16,517 health sector employees who have management or supervisory responsibilities and are therefore excluded from collective bargaining.

Executive, management and excluded compensation, as outlined in the Compensation Reference Plan (CRP), supports HEABC members to build leadership capacity, increase executive bench strength, improve employee engagement, and attract and retain a qualified, diverse and engaged workforce.

The CRP promotes accountability and credibility for health sector managers by providing a framework for compensation practices built on four core principles: performance, differentiation, accountability, and transparency.

In 2012, the BC government introduced a salary freeze for all public sector management positions. This year, working in collaboration with our members, significant progress was made to support a measured and a sustainable lift of the management compensation freeze and return to an environment where employers can manage excluded/management compensation within the Compensation Reference Plan.

To support this transition, HEABC received government approval on the following two significant compensation related initiatives for excluded/management employees.

Salary Range Adjustment Plan

Following a comprehensive review of employer group salary ranges, HEABC received approval to implement a salary range adjustment plan effective April 1 2019. The plan considers challenges facing health employers such as recruitment and retention pressures, and includes key indicators such as the utilization and sustainability of existing ranges, salary range design elements that help maintain a defensible and responsive compensation system, and compensation survey results.

Accountable Compensation Sectorial Implementation Plan

Additional flexibility for performance-based salary increases was provided to public sector employers under the BC Public Sector Accountable Compensation direction. HEABC received approval on an implementation plan designed to support its members in ensuring excluded compensation decisions are both consistent with government direction, and strive for system wide consistency and accountability. The additional flexibility allows for in-range salary increases that support and promote a performance-based culture, and strengthen the link between individual performance and organizational objectives.

For more information, members may consult the Management Compensation section of HEABC's members' website, or contact HEABC's Compensation and Classifications Services at mgtcomp@heabc.bc.ca.

PHYSICIAN SERVICES/HEALTH MATCH BC

HEABC supports launch of Primary Care Networks in British Columbia

In May 2018, the BC government announced a new vision for an integrated system of primary and community care across the province. As part of the new strategy, the government announced the creation of Primary Care Networks (PCNs)—a clinical network of local primary care service providers located in a geographical area. In PCNs, family physicians, nurse practitioners, allied health care providers, health authorities, and community organizations work together to provide a range of specialized and standard services within communities. This team-based approach maximizes the diverse skills of the health care workforce and improves access to health care for patients and families across BC.



PCNs have been announced in the Fraser Northwest region, Burnaby, South Okanagan-Similkameen, and Prince George, with additional networks soon to be launched in communities such as Richmond, Comox Valley, Smithers, Kootenay-Boundary, Vancouver City Centre, Ridge Meadows, and South Island. To support the success of PCNs, the government also announced funding for up to 200 new family physicians (GPs) and 200 Nurse Practitioners (NPs) to work in the new team-based care model.

These new GPs and NPs will be compensated via a new Alternative Payments Program (APP) service contract model which has been developed by HEABC Physician Services in close partnership with the Ministry of Health. This contract is designed to support the new GPs and NPs practice within a PCN and support patient attachment and access. In addition, HEABC Physician Services has begun work to support the Ministry of Health in developing a service contract model for GPs currently in practice within a PCN who wish to transition from fee-for-service compensation onto an alternative compensation model.

As an integral part of the PCNs, Urgent and Primary Care Centres (UPCC) are being set up to provide same-day access for urgently needed care. HEABC Physician Services continues to support the contract negotiations/drafting for physician care and compensation policy for Site 1 and Site 2 UPCC sites to ensure consistency with the Ministry's strategic direction for primary care and compensation policy.

Health Match BC has been working closely with the Ministry of Health, health authorities, Divisions of Family Practice, HEABC Physician Services, and community partners to provide recruitment support for the PCN initiative. In August 2018, Health Match launched a comprehensive marketing campaign including a new website, community-focused landing pages, digital advertising, social media and direct candidate engagement (e.g., conferences, resident talks, etc.). Health Match BC has received hundreds of expressions of interest from healthcare providers interested in exploring the PCN model. HMBC's Recruitment Consultants connect with each applicant personally, guide them through any necessary immigration and licensing processes and keep them up-to-date on developments related to PCN implementations including access to the new APP service contracts.

Health Match BC has been active in making employment referrals to PCN vacancies based on the personal and professional interests of qualified candidates, while the interview and selection-process is ongoing at the local level.

HEALTH MATCH BC UPDATE

Recruitment Services

Health Match BC (HMBC) provides recruitment services on behalf of public health employers. Since 1999, HMBC has recruited thousands of Canadian and internationally educated health professionals to live and work in British Columbia. In addition to ongoing work towards the recruitment of physicians, nurses, and allied health professions, in 2018/19 HMBC took on new responsibilities including the development and implementation of a comprehensive approach to recruiting family physicians and Nurse Practitioners for BC's new Primary Care Network strategy, and the development of a collaborative and system-wide approach to address the growth and stabilization of the Health Care Assistant (HCA) workforce.

Recruitment Results in 2018-2019

289

Physicians

136

Nurses

33

Allied Health

In addition to its core recruitment services, HMBC also manages the Provincial Nominee Program and operates, on behalf of the province: the BC Care Aide and Community Health Worker Registry, Locums for Rural BC, and BC's Practice Ready Assessment Program.

BC Provincial Nominee Program

The BC Provincial Nominee Program (BC PNP) is a means through which foreign workers, including in-demand healthcare professionals, can gain residency in BC and apply for Canadian permanent residence with processing times that are faster than other Canadian immigration pathways.

In 2018/19, HMBC supported 98 health professionals through the BC PNP to obtain a work permit and permanent residency in BC.

98

Health Professionals supported through the BC PNP

Locums for Rural BC

Locums for Rural BC (LRBC) has been operating rural local programs on behalf of the Ministry of Health and Doctors of BC since 2016. LRBC's locum programs include: the Rural GP Locum Program, the Rural GP Anesthesia Locum Program, and the Rural Specialist Locum Program. By facilitating locum coverage, LRBC provides support and assistance to physicians and specialists practicing in rural communities to take reasonable periods of leave from their practices for continuing medical education, vacation and health needs.

LRBC Results in 2018-2019

7,841

Days covered

113

New members

Practice Ready Assessment BC

Practice Ready Assessment – British Columbia (PRA-BC) is a program for internationally educated family physicians who completed residencies in Family Medicine outside of Canada. PRA-BC provides international medical graduates with an alternate pathway to licensure in BC through a transparent, rigorous and standardized set of processes. The program, which was launched in 2015, was designed to support the recruitment of physicians to underserved rural and remote communities.

Since spring 2015, PRA-BC has successfully placed 112 family physicians in 44 rural communities of need.

PRA-BC is currently exploring opportunities to expand the program to meet the acute need for family medicine physicians in urban and semi-urban areas.

112

Physicians have been placed in 44 underserved communities

9

Physicians will attend the spring 2019 intake and are expected to commence practice in August/September 2019

16

PRA-BC applicants are currently being interviewed by health authorities for sponsorship in the upcoming fall 2019/Spring 2020 intakes

Marketing and recruitment in the digital age

Technology and innovation play an increasingly important role in how job seekers are exposed to information about potential employment opportunities. Recognizing this, Health Match BC (HMBC) has increased focus on digital and social media, integrated multi-channel communications, and direct candidate engagement to achieve its marketing objectives. By expanding its digital reach, HMBC has significantly increased the amount of targeted traffic going to HMBC and affiliated websites.



Adapting

To adapt to modern methods that health care professionals use to seek employment, HMBC created new digital ad content and developed dynamic and versatile multimedia formats to use across platforms and mobile devices. New digital ads were designed with vivid imagery of beautiful British Columbia landscapes, directing users to the HMBC and affiliated websites. Traditionally text-heavy content was converted into more visually engaging formats that are shareable across platforms and stakeholder networks.

A major upgrade to the HMBC website included a redesign of BC community profile pages, and updates to the descriptive content. Featuring job postings and external links to partner websites where cultural, municipal and geographical content about each community is available, these webpages are displayed in a dynamic, responsive layout that is visually engaging on all devices, including mobile phones and tablets.

In 2018, we saw a record-breaking total of 377,352 new visitors to the HMBC website—a 37 per cent increase from 2017, and the most visitors to the website since it first launched. Page views on the website also increased by 13 per cent, with 1.5 million total page views in 2018 compared to the 1.3 million in 2017.



Measuring

Digital technology enables HMBC to accurately measure, react and respond to live online marketing results with the design of systematic and streamlined operations, customized analytics, and newly built dashboards to monitor key performance data. Also, by integrating new advertising tools that research, manage, and analyze online campaigns, we were able to use an improved data-driven approach to evaluate digital marketing effectiveness, especially compared to traditional channels.

In 2018, our Facebook digital ad campaign increased its intended audience reach of Canadian, American and UK physicians by 28 per cent. Four million Facebook ad impressions targeted to physicians were generated in 2018, a 135 per cent increase from 2017. Facebook ad clicks directing users to our website or social media pages increased by 24 per cent. For our Google Adwords marketing campaign, we increased ad impressions by 108 per cent, from 4.4 million to 8.5 million. Google ad clicks directing traffic to our website and blog also increased by 39 per cent.

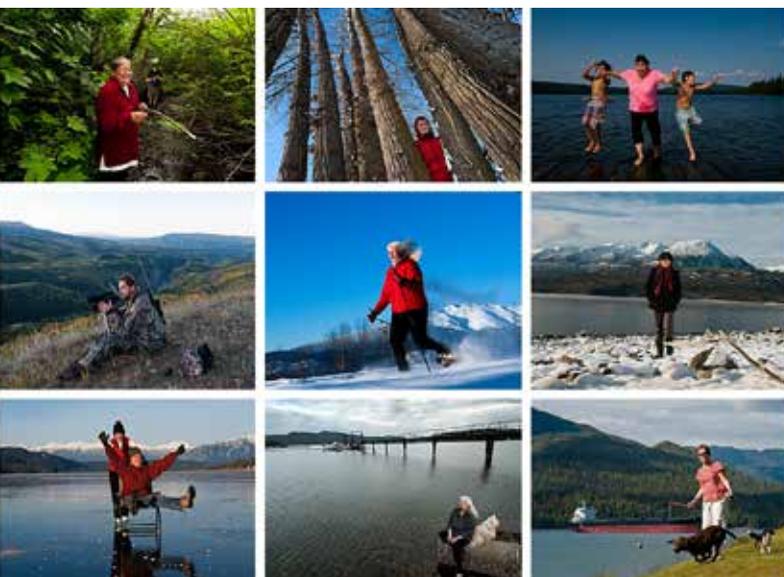
Telling stories

Today's digital landscape is perfect for powerful storytelling. Stories communicate messages in highly specific, emotionally impactful and memorable ways, where audiences can share in a personal experience.

Organic social media marketing is an effective approach for storytelling, and content is posted daily to the HMBC Facebook, Twitter and Instagram accounts. With a combined following of over 8,000 engaged users in 2018, (a 60 per cent increase from 2017) our social feed is approaching 10,000 and is designed to engage audiences while creating brand awareness for all of the HMBC programs. Authentic social media content showcasing BC communities is posted regularly, featuring testimonials from previously recruited health professionals who are currently practising in BC communities and want to share their story with others.



Social media followers



By engaging audiences through social media and online advertising, and spreading the awareness of HMBC among health care professionals residing in BC, other Canadian jurisdictions, and internationally, digital advertising allows for a wider level of interaction between our program staff, our candidates, and our employer partners.

BC HEALTH CARE AWARDS

Project-based Gold Apple and Award of Merit Recipients

Recipients of the 12th annual BC Health Care Awards were announced at a gala luncheon June 25, 2018. Since the awards were launched in 2007, 140 Gold Apples and 97 Awards of Merit have been awarded to health employees who are improving BC's health care system and patient care.

GOLD APPLE

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

The International Seating Symposium

Sunny Hill Health Centre for Children, Provincial Health Services Authority

Residential Care for Me: Megamorphosis

Seniors Care and Palliative Services, Providence Health Care

TOP INNOVATION

SNIFF: C. Difficile Canine Scent Detection Program

Vancouver Coastal Health

WORKPLACE HEALTH INNOVATION

VGH Emergency Department Healthy Workplace Initiative

Vancouver Coastal Health

COLLABORATIVE SOLUTIONS

Improving Indigenous Cancer Journeys: A Road Map

BC Association of Aboriginal Friendship Centres, BC Cancer (Provincial Health Services Authority), First Nations Health Authority, Métis Nation BC

AWARDS OF MERIT

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

Resources and Needs Review

Nanaimo Regional General Hospital, Island Health

TOP INNOVATION

Symphony QuickCall, Workforce Management Solutions, Provincial Health Services Authority

Fall-unteers: A Volunteer-Based Falls Prevention Strategy in Residential Care

Holy Family Hospital Residential Care, Providence Health Care

WORKPLACE HEALTH INNOVATION

Reducing Workplace Injuries through Leading Practices

Menno Place

COLLABORATIVE SOLUTIONS

Regional Strategy for Reducing Ambulance Turnaround Times Hospital Emergency Departments

BC Emergency Health Services, Provincial Health Services Authority, Fraser Health

Vancouver Shared Care Team

Doctors of BC, Providence Health Care, Vancouver Coastal Health

BC HEALTH CARE AWARDS

Health Care Hero Gold Apple Recipients

AFFILIATE

Dr. David Agulnik
Emergency Physician, St. Paul's Hospital

FRASER HEALTH

Mits Miyata
Pharmacy Manager, Lower Mainland Pharmacy Services

INTERIOR HEALTH

Lynda Martyn
Registered Speech-Language Pathologist, Coordinator, Kelowna Cleft Lip/Palate Clinic

ISLAND HEALTH

Dr. Ramm Hering
Physician Lead, Primary Care Substance Use

NORTHERN HEALTH

Debbie Strang
Health Services Administrator, Quesnel

PROVINCIAL HEALTH SERVICES AUTHORITY

Glenn Jay Braithwaite
District Supervisor, Emergency Coordinator, BC Emergency Health Services

VANCOUVER COASTAL HEALTH

Dr. Faisal Khosa
Associate Professor, Radiology, Vancouver General Hospital

PROVINCIAL HEALTH CARE HEROES



Dr. Ramm Hering - Island Health
Physician Lead, Primary Care Substance Use

For inspiring his colleagues to work together to develop new programs and services and create an efficient, client-centred system of addiction services, Dr. Hering was named Provincial Health Care Hero at the 2018 BC Health Care Awards.



Glenn Jay Braithwaite - BC Emergency Health Services, District Supervisor, Emergency Coordinator

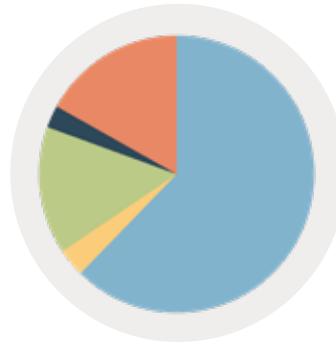
For his outstanding commitment to patients, colleagues and the broader community, and truly heroic actions, Glenn Jay Braithwaite was named Provincial Health Care Hero at the 2018 BC Health Care Awards.

BARGAINING ASSOCIATIONS

Full-time Equivalents by Associations & Constituent Unions

Community

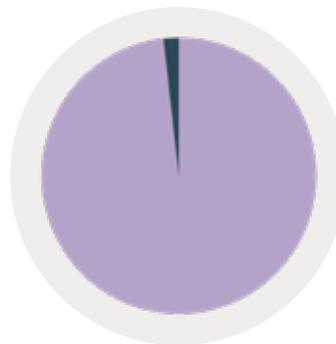
Union	FTEs	%
BCGEU	5,484.1	62.0%
BCNU	38.1	0.4%
CLAC	4.9	0.1%
CUPE	290.7	3.3%
HEU	1,314.3	14.9%
HSA	229.2	2.6%
UFCW	1,485.0	16.8%
USWA	0.0	0.0%
Total*	8,846.3	100.0%



BCGEU
UFCW
HSA
HEU
CUPE

Nurses

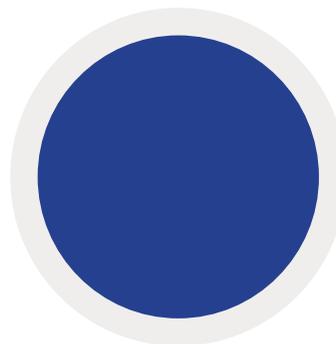
Union	FTEs	%
BCGEU	3.1	0.0%
BCNU**	30,900.0	98.2%
CLAC	1.3	0.0%
HEU	3.4	0.0%
HSA	558.6	1.8%
Total	31,466.3	100.0%



BCNU
HSA

Resident Doctors

Union	FTEs	%
RD-BC	1,289.6	100.0%
Total	1,289.6	100.0%



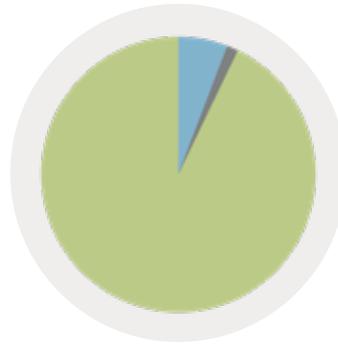
RD-BC

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

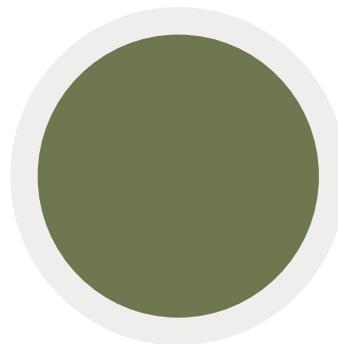
Union	FTEs	%
BCGEU	1,637.6	5.8%
BCNU	75.7	0.3%
HEU	26,229.0	92.9%
IBEW	5.6	0.0%
IUOE	208.3	0.7%
IUPAT	1.0	0.0%
PPWC	69.0	0.2%
UAPP	3.8	0.0%
UBCJA	4.6	0.0%
USWA	7.4	0.0%
Total	28,242.0	100.0%



HEU
BCGEU
OTHER

Ambulance Paramedics & Ambulance Dispatchers

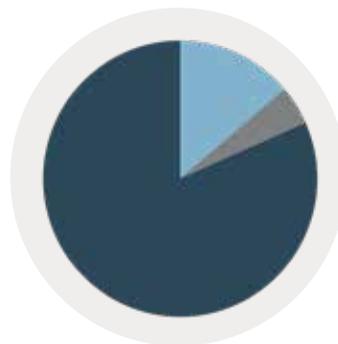
Union	FTEs	%
CUPE***	2,507.0	100.0%
Total	2,507.0	100.0%



CUPE

Health Science Professionals

Union	FTEs	%
BCGEU	1,867.5	13.8%
CUPE	476.6	3.5%
HEU	48.1	0.4%
HSA	11,046.9	81.6%
PEA	93.6	0.7%
Total	13,532.7	100.0%



HSA
BCGEU
OTHER

Notes:

- Data is annualized to a 365-day reporting period.
- FTEs reflect data as reported in HSCIS 2018-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.
- ** Includes UPN employees.
- * Community total appears to have declined from 2017; however, a significant number of Community members did not report in 2018-Q4, and the true total will show a small increase.

HEALTH EMPLOYERS ASSOCIATION OF BC

Statement of Operations and Accumulated Surplus

Year ended March 31, 2019, with comparative information for 2018

	2019 Budget (note 2(i))	2019	2018
Revenue:			
Provincial government funding	\$ 11,448,215	\$ 10,830,588	\$ 9,985,607
Fees for service	70,000	83,711	106,985
Interest	60,000	308,336	130,764
	<u>11,578,215</u>	<u>11,222,635</u>	<u>10,223,356</u>
Restricted funding from deferred contributions for operations (note 5)	12,112,214	10,493,705	9,849,381
Amortization of deferred capital contributions (note 6)	-	192,283	-
	<u>23,690,429</u>	<u>21,908,623</u>	<u>20,072,737</u>
Expenses (note 15):			
Ongoing operations:			
Legal services, negotiations and labour relations	4,721,710	4,301,310	4,030,518
Knowledge management and compensation services	3,219,980	3,001,055	3,122,574
Physician services	2,971,000	2,266,882	2,278,385
Recruitment services - Health Match BC	2,300,000	2,094,021	1,899,036
Executive services and board governance	1,544,730	1,326,555	1,291,189
Collective bargaining	1,323,100	991,095	150,587
Finance and administration	848,110	900,050	946,557
Nurse staffing secretariat	608,200	562,195	866,283
Absence management and occupational health and safety	571,010	570,887	506,936
General	759,000	822,219	296,431
Workforce violence prevention framework	1,100,000	197,553	6,238
Expenses from ongoing operations	<u>19,966,840</u>	<u>17,033,822</u>	<u>15,394,734</u>
Contracted operations:			
Practice ready assessment BC	2,260,300	1,982,655	2,309,296
Rural locum program	1,440,000	1,648,102	1,340,243
BC care aide and community health worker registry	600,000	545,990	573,756
Health cross jurisdictional labour relations database	438,914	395,791	364,708
Primary care strategy	-	302,263	-
Integrated health human resource planning	-	-	90,000
Expenses from contracted operations	<u>4,739,214</u>	<u>4,874,801</u>	<u>4,678,003</u>
Total expenses from operations	<u>24,706,054</u>	<u>21,908,623</u>	<u>20,072,737</u>
Annual surplus (deficit)	(1,015,625)	-	-
Accumulated surplus, beginning of year	3,627,800	3,627,800	3,627,800
Accumulated surplus, end of year	<u>\$ 2,612,175</u>	<u>\$ 3,627,800</u>	<u>\$ 3,627,800</u>

See accompanying notes to financial statements.

HEALTH EMPLOYERS ASSOCIATION OF BC

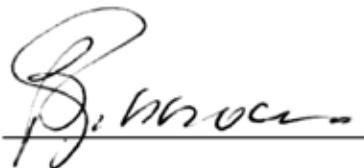
Statement of Financial Position

March 31, 2019, with comparative information for 2018

	2019	2018
Financial assets:		
Cash (note 3)	\$ 4,855,206	\$ 4,082,177
Restricted cash (note 3)	5,634,043	4,177,428
Investments (note 4)	-	380,243
Accounts receivable	837,771	2,449,106
	11,327,020	11,088,954
Liabilities:		
Accounts payable and accrued liabilities (note 13)	1,974,195	3,281,209
Deferred operating contributions (note 5)	5,634,043	4,177,428
Deferred capital contributions (note 6)	2,691,956	2,884,239
Deferred lease liability (note 7)	2,166,888	2,247,570
Retirement benefit liability	254,300	276,382
	12,721,382	12,866,828
Net debt	(1,394,362)	(1,777,874)
Non-financial assets:		
Tangible capital assets (note 8)	4,842,848	5,283,921
Prepaid expenses	179,314	121,753
	5,022,162	5,405,674
Commitments (note 12)		
Contractual rights (note 13)		
Accumulated surplus (note 9)	\$ 3,627,800	\$ 3,627,800

See accompanying notes to financial statements.

Approved on behalf of the Board:

 Director

 Director

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

BOARD OF DIRECTORS

Board Chair

Betsy Gibbons, independently appointed Board Chair

Affiliated Care Provider Representative

Joseph McQuaid, Executive Director, Alberni-Clayoquot Continuing Care Society

Denominational Care Provider Representative

Erroll Hastings, Executive Director, Zion Park Manor

Fraser Health Representative

Dr. Victoria Lee, President & CEO, Fraser Health

Government Representative

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

Government Representative

Mark Armitage, Assistant Deputy Minister, Health Human Resources & Labour Relations Division, Ministry of Health

Interior Health Representative

Susan Brown, 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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