

## **Health Care Assistant & Practical Nursing Articulation Committee**

Fall 2022 Meeting: **In Person** October 19, 2022 @ [0900 – 1700](#)

### **Vancouver Community College, Downtown Campus**

#### **Attendees**

- See Appendix 1

#### **Morning Welcome**

- Welcome from Lisa Beveridge VCC and introduction of Elder Jean
- Blessing, welcome, and territorial acknowledgement by Elder Jean
- Welcome and thank yous from Lauren Fraychineaud and Sarah Lechthaler, PN and HCA articulation chairs.

#### **Agenda**

- Review of agenda and request for additions – none added
- Accept Agenda – Cathy Farrow
- No approval from minute of spring meeting. The combination of in-person and zoomed attendees made minute taking challenging.

#### **Round Robin Discussion and Reports from Colleges**

- See attached annual reports from each college.

#### **Health Authority Reports**

##### **Jaime Williams: Vancouver Coastal Health**

- Please see attached PowerPoint for more detailed information.
- Reviewed PN scope of practice – scope of LPN is optimized, extra education happening such as:
  - IV medication administration
  - Peripheral IV insertion
  - Home health – able to pronounce expected death
  - Trach and inner canula care
  - Autonomous care planning – available on learning hub
  - Med/surg – continuing compt. Assessment tool. Support onboarding.
  - Looking at LPNs in mental health settings and needed education. In discovery phase. Partnership with PSIs to include in scope
  - Bone marrow transplant and other specialty areas looking at PNs
  - In November VGH going live with electronic charting - student placements will continue
- HCAs – critical shortage
  - Removing need for acute care qualifications from job descriptions
  - New orientation for LTC and acute care

- Grads wanting to be casual
- There is a need for LPN-BSN bridging, but not as great as HCA-PN.

**Aneta D'Angelo: IHA**

- Submitted written report; see attached
- 840 hires. 442 vacancies still
- 175 vacant HCAP positions across IHA region
  - 195 enrolled, 82 waiting to begin
  - Biggest challenge – being disadvantaged when being hired into community because hours don't count towards APN program
- PN – hired 542, almost 300 vacancies
  - Looking at scope optimization opportunities
  - Working on additional ed for CPAP/ BIPAP, chest tube dressings, med admin
  - Orthopedic program – 6-8 students currently

**? Are Community hours being considered for APN program?**

- AEST: Tabetha – proposing to remove that requirement - when updating supplement that will be considered. 3 institutions approved to go forward and remove or change the requirement to make hours eligible, or change hours required.
- NI college is a pilot program: community HCAs eligible. Require small amount of additional education to ensure they are equal to LTC HCAs. A combination of education pre-program and during program. (i.e.: use of mechanical lifts, prioritizing). Other 2 pilot

**? At what point does extra med admin education stop. Grads reporting education is repetitive.**

A – IHA: education will stop when regulatory requirement on med admin ceases to exist. Requirements still exist for additional education. 37 activities require extra education.

**Debbie MacDougal: FN Health Authority**

- Please see attached PowerPoint for more detailed information
  - Over 204 FN communities across BC
  - 80% are band delivered, fully self-determined health services
  - 20% FNHA provides direct service delivery
  - Home and CC program – 100 % of communities run their own programs. Majority of HCAs, HSW and PNs work here.
  - Primary care center in WL – just opened.

**? Are PNs being hired into PN roles or vacant BSN lines?**

A – can't fully answer because operations are regionalized – intention is that it will be PN roles. Not to replace RN roles. Looking at 4 or 5 PNs right now – hoping to grow that #

**? Are HCAs assisting with meds, is there additional education being provided, what does it look like?**

A – PNs work alongside HCAs. Bands often organize their own education, may reach out to FNHA for education and scope of practice questions.

**Janice Penner: BCCNM (Director of Education Review)**

- Please see attached report.
- Education program review
  - Developing new process
  - New process will have 1 set of education standards/indicators and process for all programs (PN, RPN, RN)
  - Using College of Nurses of Ontario and developing to BC standards
  - Standards/ limits /conditions on LPN scope
    - How to communicate changes considered
    - Using newsletters, not all receive
    - Change in scope in June – board rescinded PNs requirement to have extra education before performing NP swab.
    - Doing stakeholder consultations re: other limits/conditions. Info will be provided in writing
    - With time, some limits and conditions will be pulled away as things become more common practice
    - Cultural safety/humility –on BCCNM radar. Important for education review. Excellent resources – links in report. Ongoing work.
    - Newsletters – various versions (RN/RPN/PN) suggestion to subscribe to all as there is good info in each. (links provided in report)
    - When new process is developed this will be communicated on website.

**? What is process of curriculum changes related to scope change? How do health authority and BCCNM work together?**

A – look at scope when mapping curriculum. You may need to revise content related to changes. Challenge when limits and conditions are in place. Standards and competencies may change over the course of a curriculum.

**? Curriculum continually changing – is it set every 5 years? It is cumbersome making it difficult to graduate nurses that are up to scope.**

Discussion: These questions are best suited for AEST to answer.

Becca from BCCampus – ministry drives curriculum updates. Becca will get feedback from PN educator’s groups tomorrow to incorporate into curriculum changes.

Janice –BC is unique – there are not standardized curriculums across Canada.

AEST (Tabetha Meikle): I personally do not know the history of how AEST gained the responsibility of owning the provincial curriculum. I will look into why that is and how it came to be. PSIs following curriculum – looks different between institutions. Goal is to align curriculum with scope of practice.

**? Who could PN educator group address if curriculum review process needs changing. Have policy reviewed? Who would we address the policy to be reviewed.**

A – would have to go to Sarah (AEST) and then executive director

? **Aneta IHA**– understands challenge of keeping programs up to date. Challenging with changes to scope. Students graduating not necessarily receiving education related to scope changes. Acknowledges level of risk with this. There needs to be competency validation in place as students may not graduate with particular skills. Will take a while before curriculums are updated to ensure skills are developed.

**Janice BCCNM**– from a risk perspective – all nurses have a scope and controls on practice and need to be competent to perform skill. Nurses need to understand limits and conditions.

**Aneta IHA**– from an employer perspective – very easy for employers to assume that curriculum has changed, and everyone has implemented new scope.

**Tabitha Meikle: Ministry of Advanced Education and Skills Training**

- HCAP
  - Is here to stay indefinitely
  - AEST will reach out to each institution to seek feedback and support (survey/questionnaire coming soon)
  - HCAP funding – provided 2-year funding to prevent last minute scrambling – can request additional funding
  - Has initiated review of HCA/PN/APN curriculum guides.
  - Direct questions to BCCampus r/t curriculum updates.
- 3 Pilot projects to address APN requirements

**? Clarification re: A and P PN course. What is ministry's relationship with that curriculum.**

Can PSIs deem equivalent courses as it is not often offered. It was pulled from curriculum to become a pre-requisite. IS there a curriculum in place that we should be following? Do we have leeway.

A – would be BCCNM responsibility

**Sharmen KPU**– this fall under PSI to determine equivalency.

**Janice BCCNM**: BCCNM does not have authorization to determine equivalency. Concerned about English language proficiency. Don't look at A and P equivalency. Not BCCNM area of responsibility.

**Becca Shortt: BCCampus Curriculum Revision Project**

- Please see PowerPoint for additional information
- Steering committee exists for each revision: HCA and PN/APN subcommittees
- Acknowledges that changes to scope/standards have been made since beginning project and those need to be incorporated.
- Major review – aligning curriculum with changes to scope/standards. Not updating supplement unless changes affect.
- Review of curriculum change process map (see slides)

**? Who are content matter experts for curriculum revision?**

A – Becca – can't share yet as contracts are not finalized.

**Discussion: Janice – BCCNM** notices gap in institutions wanting to offer a new program and unawareness of set curriculum. BCCNM not responsible for communicating curriculum changes.

**Becca BCCampus:** – looking into how to address programs wanting to get approval during a curriculum change. Will see what communication strategy was last time, and how to improve.

**Janice BCCNM** – was not effective last time. Curriculum not easy to find.

**Lara Williams BCCACHW** – potential updates to personal assistance guidelines – registry advises new programs to wait for new curriculum. Suggest putting notice on current curriculum that it is under review and for new programs not to move forward right now.

**? Who sets expectation that new curriculum changes are implemented?**

Becca – not BCCampus responsibility – possibly AEST? There is leeway

Tabetha AEST– at least a year grace

**Discussion re: hours not being added and limited time in program.** Becca (BCCampus) clarified that hours cannot be added at this point but could be moved around in program. Consultation happens with subject matter experts to determine appropriateness. Tabetha (AEST) indicated asking for additional hours would have to be addressed **beyond** the executive director of AEST.

Becca will recommend that increased hours are looked at for future revisions.

**Comments:** 5 years is a long time to wait with scope changing so rapidly. Increased scope also means increased cost. Current curriculum revision not meeting needs of current changes happening. How can we look at getting hours increased. Review of process needs to happen so curriculum changes meet needs of all stakeholders.

**Tabetha AEST**– 2 separate issues. Revisions currently happening – goal is to have curriculum reflect needs of health authorities. Adding hours is separate – can dig deeper into timelines and requirements.

**? Aneta IHA – Is there opportunity for Deans/directors could consider micro-credentialing for skills beyond entry level requirements.** Additional education does not have to happen by employer – could be satisfied by PSIs.

There are currently 37 skills requiring extra education.

Sharmen KPU– some PSIs developing competency based micro credentials. She can bring forward to Dean/director meeting.

**Discussion:** Suggestion to look at packaging skills vs. individual skills. le: r/t practice environments.

Concern is that current curriculum changes won't meet needs of current employers. Multiple curriculums not ideal. PSIs are already overwhelmed.

**? Would it be mandatory PSIs offer micro credentials? Meeting competencies is primary concern!**

**Sharmen KPU** – micro credentials – PSIs work with partners to determine what is needed. There is flexibility. PSIs would engage with health authority to determine mutual benefit and interest. There is a provincial micro credential steering committee.

**? PNs moving from workplace to workplace – does micro credential follow them?**

Sharmen KPU– digital badge follows PN that validates what their course was. This allows communication b/w sites.

**? What is the process to add hours to curriculum?**

**Tabetha AEST**– approval at ministry level needed as it would create huge ripple effect. Would be very lengthy and dependent on multiple approvals.

Hearing scope of practice not reflected in current curriculum – will highlight outstanding issues. Didn't want to delay changes that can happen now.

**Comment:** Important to remember that PN scope of practice has been increasing by leaps and bounds. It will continue to be difficult to fit content into current hours.

### **BC Care Aide Registry Report**

Sarina Corsi and Lara Williams– **report provided**

Summary of Discussion:

- Reminder to educators to submit graduation verification list so students can obtain registry # in a timely matter
- Interim registration measures still in place
- PN students can be registered once completed all term 2 courses.
- Unofficial transcripts appear to be working well along with grad verification list – may continue to be in effect after COVID measures rescinded.
- Alleged abuse reporting – see attached report
- HCAs cannot resign from position as a method of getting out of alleged abuse. Investigation will continue despite resignation.

**? For APN applicants – a requirement is registry with BC Care aide registry – how can they prove registration?**

A – members can print off their proof of status

### **Nicole Molinari HEU – report provided**

- Bargaining – new 3-year collective agreement ratified.
- Compensation r/t cost of living (14% over next 18 months), staffing/burnout
- HCA – 29.60/hr.
- More positions garnered
- HCAP – funding commitment for 3000 care aides – may expand to acute care

### **? Is salary increase applicable to CHWs as well?**

A – most CHW are under CH umbrella which are currently in bargaining. Pushing for compensation as well.

### **Becca Shortt : BCCampus: Curriculum Update**

- Please see slides attached.
- HCA curriculum updates – Lisa Beveridge is content expert and working on revisions.
- Review of project map
- Review of recommended changes -Lisa Beveridge
  - 1. Program and course learning outcomes – a lot of repetition, concepts jumbled, cleaning up language. Documents will need to be updated
  - 2. Updates to language /terminology (MH, diversity, nutrition). I.e.: feeding . Cultural safety/humility. Hx of Indigenous people in Canada.
  - 3. Skills – foot care, e.g. Working with ministry to determine what is in HCA role.
  - 4. Trauma informed practice – topics added. Introducing concept of TIP. Application in later course.
  - 5. Streamlining of concepts – duplications/scaffolding. I.e.: critical thinking, nutrition
  - 6. Dementia – re-organized, best practices. CLOs revisited to be less application based.
  - 7. Documentation – added more specific language re: electronic documentation. (PCC costs \$5000 so not feasible to teach specifically)
  - 8. Indigenous content – hx, other relevant topics
  - 9. Bullying/harassment – increased content
  - 10. Health promotion/well-being. Reviewed language
  - 11. Medication assistance – working with ministry to address issues such as confusion in practice
  - 12. Occupational standards – currently in review so not available.

### **? Will supplement be coming out as well?**

A – supplement will be a separate project, but hopefully some updates can be added as resources to current supplement.

### **? Will there be a revisions manual**

A – yes available through pressbooks

**Carolyn Solomon** — manager of nursing secretariat (oversees PN/RPN/RN)

- Health human resource strategy [\(link will be provided\)](#)

## **Karla Biagioni – Ministry of Health**

- Please see report

**? Discussion re: funding model for HCAP: possible to change to reward once complete rather than stipend.**

A – conversation within ministry about how to improve program. There is opportunity to review how program is run and make changes now that program has been running for a while.

**? Is employment status tracked for HCAP? Success/attrition rates r/t employment**

A – Karla will request data.

**? Are HCAs staying after return of service complete?**

A – will be looking at data

**? Can HCAs entering regular PN program access bursary if APN is not in their region**

A Carolyn – focus is on building capacity so that is why bursary r/t to APN. She will take that back to discuss.

**(TRU, Selkirk, College of the Rockies are in this situation)**

**?Are resources being allocated to establish bridging program from PN to BScN.**

A - looking at bridging across the continuum

**? Roz – question re: form H. Any way of streamlining forms**

A – registry looking at this

**? Sarah – is there consideration in the timeline of processes . Employers not getting vacancies at same time as institutions are planning for seats.**

A – Sharmen – there has been a change – employers can hire as needed, don't have to wait for allocations.

## **Daryl Davidson WorkSafeBC**

- OH & S consultant
- Support industry at regional/provincial level
- Update on resources/strategies
  - Patient handling bulletin – r/t MSI prevention
  - 2023 patient care high risk strategy – will be coming in new year (focus on MSI and violence prevention)
  - Stats – MSI and violence still leading cause of injury – HCA large portion
  - Changes to OS regulation r/t violence prevention – coming later in 2023. Sign up for e-news to be updated on these changes (will provide link)
  - Psychological health and safety – increase in claims/reports



- No regulations r/t to psych. Health and safety, but on workplan (will provide link)
  - Psych health and safety initiative page – link to page. Focus is on increasing awareness, and improving psych health and safety overall
- Bullying/harassment, violence risk assessment primary programs
- Students don't fall under WorksafeBC responsibility – but need orientation similar to visitors
- Ensure new and young workers are aware of support programs
- SafeCareBC – WorksafeBC sits on board of directors – help to support industry from that direction.
- Open to reviewing health and safety components of any curriculum.
- Don't currently have education pieces that are healthcare focused .

**? Sharmen – PVPC – can you comment on refreshers to curriculum. I.e.: 8 hour in class session**

A – WorksafeBC does not provide direction on curriculum. Not aware of any changes happening.

**Ken Donohue: SafeCare BC – (please see attached slides)**

- Injury rate in LTC still high
- Rate in home and community still high and double rate of all other workers in province
- HCAs 62% of injuries
- LPNs 11% of all injures

New Vaccination Curriculum

New Dementia Care Videos

**Fiona McQuarrie – BCCAT**

**Link to Fall Update:** [ACUpdate202210 \(bccat.ca\)](https://www.bccat.ca/ACUpdate202210)

- Preparing for joint annual meeting Nov 3<sup>rd</sup> /4<sup>th</sup> Link for registration: [Joint Annual Meeting - BCCAT](#)
- Theme – sustainability, learning, access, and mobility (SLAM)
- Registration free and open to everyone (will provide link)
- Sessions will be videotaped and available afterwards
- Committees are a mix of f to f and virtual meetings.
- BCCAT Council – 4 new members, and 2 new members on transfer committee
- Link to fall update will be available
- 2 new staff members
- Transfer credit system – new dashboard for institutions to track requests, and for faculty evaluating transfer requests
- Review dates for agreements – reminders will be sent out to institutions to review.
- Reciprocity tool – automatic notification to both institutions

**Open Discussion HCA**

**? Will there be wage increases for PNs? HCAs will be making more than LPNs as per latest bargaining.**

**A Barb BCNU:** – bargaining happening right now as per wages. BCNU is aware of HCA wage increase.

**? medication assistance and HCAs – confusion re: limits. What does that look like from health authority point of view.**

A – Jaime Williams VCH – not aware of med. Administering – will bring question back

Discussion: HCAs are administering meds from med cart in some facilities.

**A – BCCACHWR:** Can bring forward to ministry of health

Comment – in house med administration courses being given. Regulation language is not clear. (Section 70 of Continuing Care Act)

- Barb BCNU – clarifying that HCAs cannot administer, but only assist
- Comments: HCAs are being pushed to move beyond assisting

**Discussion:** Clarification needed on what this education looks like from health authorities. Suggestion to invite Cathy Yonker to speak on this issue.

Lara from **CACHWR** – addressing terms delegation and authorization in revisions.

**Nicole HEU– how extensive is this?** Will raise with HEU – liability issue.

Comments: it appears to be widespread throughout province

Carolyn – nursing secretariat aware; may not be aware of extent.

Ken – will poll members to determine extent- SafecareBc

## **Open Discussion PN**

**None**

## **Tentative Spring Articulation Dates:**

May 2-4<sup>th</sup> (May 3<sup>rd</sup> HCA/PN)

Want to avoid overlap with deans/directors' meetings

Discussion re: Video vs. in person option?

May 3<sup>rd</sup> – in person voted

**1640: Meeting Adjourned**

## Appendix 1: ATTENDEES

Hadiyah Mizban	BC Care Aide and Community Health Worker Registry	hadiyah.mizban@cachwr.bc.ca
Lara Williams, Senior Consultant	BC Care Aide and Community Health Worker Registry	Lara.Williams@cachwr.bc.ca
Sarina Corsi, Program Manager	BC Care Aide and Community Health Worker Registry	Sarina.Corsi@cachwr.bc.ca
Rebecca Shortt	BC Campus (temp guest: Curriculum revision lead)	rshortt@bccampus.ca
Esther Aguilar, Director of Nursing and Health Operations	BC Career Colleges Association	esther.aguilar@sprottshaw.com
Dr. Fiona McQuarrie	BCCAT	fmcquarrie@bccat.ca
Janice Penner	BCCNM	Janice.penner@bccnm.ca
Barb Eagle, Professional Advocacy (LEAP) Officer	BCNU	barbaraeagle@bcnu.org
Debbie McDougall	First Nations Health Authority	debbie.mcdougall@fnha.ca
Nicole Molinari	Health Employers Union	nmolinari@heu.org
Aneta D'Angelo, PPO	Interior Health	aneta.dangelo@interiorhealth.ca
Tabetha Meikle	Ministry of Advanced Education, Skills & Training	Tabetha.Meikle@gov.bc.ca
Carolyn Solomon, Nsg Policy Secretariat	Ministry of Advanced Education, Skills & Training	carolyn.solomon@gov.bc.ca
Karla Biagioni, Manager, Nsg Policy Secretariat	Ministry of Advanced Education, Skills & Training	karla.biagioni@gov.bc.ca
Emily Weel	Private Training Institutions Branch (AEST)	Emily.Weel@gov.bc.ca
Ken Donahue	Safecare BC	kdonohue@safecarebc.ca

Jaime Williams	Vancouver Coastal Health	jamie.williams@vch.ca
Daryl Davidson	WorkSafe BC	Daryl.davidson@worksafe.ca
Ros Giles-Pereira	Camosun College	Pereira@camosun.bc.ca
Karen McGinnis	Capilano University	karenmcginnis@capilanou.ca
Lauren Fraychineaud	Coast Mountain College	lfraychineaud@coastmountaincollege.ca
Judy Crain	College of New Caledonia (CNC)	crainj@cnc.bc.ca
Jocelyn Bergeron	College of New Caledonia (CNC) Prince George	bergeronj4@cnc.bc.ca
Valerie Sokolowski	College of New Caledonia (CNC) Prince George	sokolowskiv@cnc.bc.ca
Sandy Hill	College of the Rockies (COTR)	shill@cotr.bc.ca
Tanvir Gill	Douglas College	gillt1@douglascollege.ca
Sonayna Rana	Kwantlen Polytechnic University (KPU)	sonayna.rana@kpu.ca
Sharmen Lee GUEST	Kwantlen Polytechnic University (KPU)	sharmen.lee@kpu.ca
Nikki Laidlaw	Nicola Valley Institute of Technology (NVIT)	nlaidlaw@nvit.ca
Laura Hickey	North Island College (APN)	laura.hickey@nic.bc.ca
Donna Wedman	North Island College (NIC)	Donna.Wedman@nic.bc.ca
Barb McPherson	North Island College (PN)	barbara.mcpherson@nic.bc.ca
Tracey Vipond	Northern Lights College (NLC)	tvipond@nlc.bc.ca
Leigh-Ann Postowski	Okanagan College (PN)	LPostowski@okanagan.bc.ca
Cathy Farrow	Okanagan College (HCA)	cfarrow@okanagan.bc.ca
Sarah Lechthaler	Selkirk College	slechthaler@selkirk.ca
Kim Morris	Thompson Rivers University (TRU)	kmorris@tru.ca
Samantha Hampton	University of the Fraser Valley (UFV)	samantha.hampton@ufv.ca
Lisa Beveridge	Vancouver Community College (VCC)	lbeveridge@vcc.ca

Kim Fraser	Vancouver Island University (VIU)	<a href="mailto:kim.fraser@viu.ca">kim.fraser@viu.ca</a>
Janita Schappert	Vancouver Community College	<a href="mailto:jschappert@vcc.ca">jschappert@vcc.ca</a>