

**DRAFT**

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

Spring 2023 Meeting: **In Person** May 3, 2023

@ 0900 – 1600 Room 1228

**Vancouver Community College, Broadway Campus**

**1155 East Broadway, Vancouver, BC, V5T 4V5**

**AGENDA**

<b>Member</b>	<b>Institution</b>
Kim Morris	Thompson Rivers University (TRU)
Sarah Lechthaler	Selkirk College
Donna Wedman	North Island College HCA (NIC)
Barb Mcpherson	North Island College PN (NIC)
Laura Hickey	North Island College PN (Access) (NIC)
Kim Diamond	Yukon University HCA
Judy Crain	College of New Caledonia HCA/PN (CNC)
Lauren Fraychineaud	Coast Mountain College (CMC)
Tracey Vipond	Northern Lights College – PN (NLC)
Erika Reimer	Northern Lights College – HCA (NLC)
Trudy Baker	College of New Caledonia (CNC)
Jeff Quinn	College of the Rockies (COTR)
Leigh-Ann Postowski	Okanagan College – PN
Janita Schappert	Vancouver Community College (VCC)
Lisa Beveridge	Vancouver Community College (VCC)
Nikki Laidlaw	Nicola Valley Institute of Technology PN (Access) (NVIT)
Shobha Raj	Native Education College (NEC)
Roz Giles Pereira	Camosun College
Cathy Farrow	Okanagan College -HCA
Tanvir Gill	Douglas College
Asal Makhmour	Vancouver Community College (VCC)
Michelle Taylor	Northern Lights College PN (NLC)
Sam Piper	Yukon University
Linh Mitchell	Capilano University
Sonayna Rana	Kwantlen Polytechnic University HCA (KPU)
Heather Bartch	Nicola Valley Institute of Technology HCA (NVIT)

<b>Participant</b>	<b>Affiliation</b>
Joan Reiter	First Nations Health Authority (FNHA)

Carolyn Solomon	Ministry of Health (MOH)
Esther Aguilar	BC Career Colleges Association (BCCCA)
Tabetha Miekle	Ministry of Post Secondary Education and Future Skills – HCA/HCAP (M of PSFS)
Lara Williams	BC Care Aide and Community Health Worker Registry (BCCACHWR)
Sarina Corsi	BC Care Aide and Community Health Worker Registry (BCCACHWR)
Carly Hall	Deans and Directors rep; Okanagan College
Hadiyah Mizban	BC Care Aide and Community Health Worker Registry (BCCACHWR)
Brenda Miller	Northern Health Authority (NHA)
Lou Black	Health Employees Union (HEU)
Aneka Vink	Island Health Authority
Sandy Judge	Island Health Authority
Cathy Yonker	Ministry of Health (MOH)
Olga Galter	Ministry of Health (MOH)
Barb Eagle	British Columbia Nurses Union (BCNU)
Jaime Williams	Vancouver Coastal Health
Jenn Lesage	Safecare BC
Debbie McDougall	PN Curriculum Update
Christine Poznaski	PN Curriculum Update
Fiona McQuarrie	British Columbia Council on Admissions & Transfer (BCCAT)

0845-0900 Coffee/Tea/ Name tags

0900-0915	<p>Morning welcome to the territory / prayer – <b>Lisa Beveridge and Elder John</b></p> <p>Agenda – <b>Lauren F</b></p> <ul style="list-style-type: none"> <li>- <b>Additions to the agenda- none</b></li> <li>- <b>Accept agenda – accepted</b></li> </ul> <p>Approval of minutes from FALL 2022</p> <ul style="list-style-type: none"> <li>- <b>PN and HCA Combined Spring articulation meeting- accepted</b></li> </ul>
0915-1010	<p>Round robin/ Introductions</p> <ul style="list-style-type: none"> <li>· Name, Role, Institution</li> <li>· Programs offered, total seats, delivery model – <b>reports submitted from institutions</b></li> </ul>
1010-1040	<p><b>BC Care Aid and Community Health Worker Registry (Sarina Corsi, Lara Williams &amp; Hadiyah Mizban)</b></p> <p><b>Sarina – Report shared.</b></p> <p><b>?NIC: Why is there an increase in grads moving to BC</b></p> <p><b>A: Due to streamlined registration process</b></p>

	<p>Also, many HCAs doing short term contracts prior to deciding to move to BC ? CMC: Could registry provide #s on retention? High turnover in some communities. A: Registry doesn't collect employment information currently. Could look at when registration goes into inactive status; doesn't always indicate they have left career as employers may not always check if their status is current. <b>Action:</b> Will inquire about getting this information Kathy Yonker MOH: enormous data mining process; difficult to get that information CMC: information would still be helpful, as we need to know if we are retaining HCAs A: registration update is currently voluntary. ? HEU: what is data on Internationally educated registrants. A: recently made changes to registration to have a confirmation on international status; optional button for applicants to state their residency status in BC ?VCC: in addition to the competency letter, VCC has been asked for character reference letter for registration. A: this is a waived requirement and only refers to nursing students ?NIC: do PN students have to submit official transcript? A: no- unofficial is fine while the public health emergency is in place. Nursing student competency letter template has been updated and is on webpage under nursing student category TRU : what is the process of reporting abuse and definition of abuse A: on website, including definitions. Link is on report; employer submits report ? What is the length of time from report to investigation outcome? A: 1-4 months average is 2.5 months start to finish</p> <p>Lara W BC Care Aide Registry : HCA Program Recognition: page 4 of report Curriculum guide and recognition guide to be released this summer ? from Lara – tentative timeline is set for implementing curriculum; would like input from the group: Spring 2024: Due date for HCA educators to submit updated curriculum to registry. Fall 2024: Province wide implementation date of updated curriculum, final due date of Winter 2025. Feedback from group: Camosun : Edco deadlines : has to go into academic calendar, would have to have completed by January 2024. Would need to be ready to go this fall. Selkirk: would have to input in April 2023 for Fall 2024 changes. (April 2024 deadline for Fall 2025) ?CMC: What are you asking for in terms of submission A: Curriculum table submission : which course are additions being made in. Updated course outlines and program outlines ?CMC: There are institutions that do not follow the course outlines exactly?</p>
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	<p><b>A:</b> need to see course outlines to ensure content has been added. Need details of assignments and activities</p> <p>Comment Lisa Beveridge VCC: the bulk of the updating will be in student guides. Most of updates were in content, not learning outcomes. It may depend on how detailed your course outlines are.</p> <p>? Selkirk: envisioning curriculum mapping, using software. Will include assignments. UBC curriculum mapping.</p> <p><b>Action :</b> Sarah Lechthaler will put link in the minutes.</p>
<p><b>BREAK 1040-1050</b></p>	
<p><b>1050-1130</b></p>	<p>HCA Curriculum Update (Lisa Beveridge)</p> <p>Timeline: coming back to BCCampus from ministry, plan to release in early June</p> <p>12 recommendations guided the project: <b>(will be circulated with minutes)</b></p> <ol style="list-style-type: none"> <li>1. Numbered program and course learning outcomes for ease of use and curriculum mapping. Duplications were addressed. Themes were grouped. Verb edits to align with current standards.</li> <li>2. Review and update language and terminology re: mental health, diversity and nutrition. Gender neutral pronouns, change residential care to complex care, assess changed to observe or evaluate, nutrition/nutritional needs to dietary needs.</li> <li>3. Review skills not included in the personal care and assistance course but required in the HCA role: hand/foot care, compression stockings. Not included: BP, O<sub>2</sub> saturation, postmortem care</li> <li>4. Incorporate language and LOs on trauma informed practice. Course content added. “Introduction to trauma informed practice” for now; may be developed further in the future.</li> <li>5. Content and concepts that could be streamlined/ where is there duplication. Found that rather than duplicated, concepts are levelled. I.e.: emergencies, delegation and reporting. Exception was critical thinking – removed from 1200</li> <li>6. Review current content on dementia and best practices. Consulted with Alzheimer’s Assoc. and Ministry of MH. Course learning outcomes edited in HEAL 1350. Course content edited also – themes grouped and ordered in a logical way. GPA – requests to teach it in curriculum decided that copyrighted information should not be referenced in curriculum. Encouraged to look at programs that discuss this.</li> </ol>

	<ol style="list-style-type: none"> <li>7. Review documentation LOs. More guidance added on electronic documentation. Introduction only, not teaching.</li> <li>8. Language and LOs related to Indigenous content. Cultural safety, humility, culturally safe care added t/o curriculum. Added as performance indicators in practice education. Course content in concepts for practice – inequity and discrimination</li> <li>9. More content on building/maintaining a respectful workplace. Added to Intro to practice</li> <li>10. Enhance language and expectations around health promotion and well being across the lifespan with different populations. Erikson’s developmental stages added to concepts for practice</li> <li>11. Review language and expectations around medication assistance. More clarity around assistance vs administration.</li> <li>12. Ensure curriculum aligns with the National Occupational Standards for personal care providers as appropriate for BC.</li> </ol> <p>? OKC re: postmortem care – will discuss at HCA sharing day</p>
1130-1140	<p>HEU (Lou Black)</p> <ul style="list-style-type: none"> <li>• Focus on recruitment and retention of care aides.</li> <li>• Bargaining hopefully assisted with that.</li> <li>• Funds – MOH increased Facilities bargaining association (FBA) education fund.</li> <li>• Not as many applicants due to HCAP program, but some people want freedom from return of service agreement.</li> <li>• Support workers typically access funds – wanting to be HCAs.</li> <li>• Looking at solving retention issues in particular areas.</li> <li>• Recruitment and retention of Indigenous workers – memorandum in last agreement.</li> <li>• If private institutions need care aids, HEU is willing to work with them.</li> <li>• Within FBA Collective agreement, provincial retention and recruitment committee established. Focus is care aides. Also medical lab assistant, technicians.</li> <li>• MOA mentor role in last collective agreement. HCAs could utilize mentor model – staff HCAs workload increased with students. Want to negotiate a mentor role for HCAs and other occupations.</li> <li>• Rotation support fund – staff need input into their schedule. Hoping to get poor rotations out of system and promote better ones. Looking to increase size of FTEs. Disconnect b/w HCAP students wanting full time and it is not available, but they are held to their return of service agreement.</li> <li>• ?CMC – is there a stipend for preceptors?</li> <li>• A – yes in BCNU but not in FBA. There is a MOA that this will be discussed for HCAs</li> <li>• ? NIC – is stipend for RN or PN preceptors?</li> </ul>

	<ul style="list-style-type: none"> <li>• BCNU -can't speak to this</li> </ul>
1140-1200	<p><b>Ministry of Health (Kathy Younker)</b> <b>(Will provide PPT)</b></p> <p><b>Legislative framework, delegation and medication related activities:</b></p> <ul style="list-style-type: none"> <li>• <b>Regulatory Framework in BC: Government legislations and regulations (laws), Regulatory colleges (BCCNM), Employer policies, individual competence</b></li> <li>• <b>Each level can narrow practice, but cannot expand i.e.: Law states– cannot give medication until you are over 19</b></li> <li>• <b>Each regulated health provider has scope of practice, and definitions. Authorizes restricted activities for the regulated health provider.</b></li> <li>• <b>Restricted activities: a narrowly defined list of specific (invasive higher risk) activities i.e.: to put an instrument, hand or finger beyond the anal verge (inserting a suppository)</b></li> <li>• <b>RHP are authorized in their profession specific regulation</b></li> <li>• <b>RHP and UCP who have been authorized by another RHP may be able to perform task.</b></li> <li>• <b>RHPs can authorize others to perform a Restricted Activity that they themselves can autonomously provide. I.e.: suppository</b> <b>If they don't need an order to provide that service themselves, they can delegate that task to a UCP.</b> <b>I.e.; RNs and NPs can without an order prescribe, administer etc.: medications for the purposed of anaphylaxis...</b></li> <li>• <b>UCPs- no regulation, no scope of practice. They have a role</b></li> <li>• <b>Role description must align with education, training and UCP competency. Cannot perform RA without authorization from a RHP.</b></li> <li>• <b>RAs must be in the client care plan.</b></li> </ul> <p><b>Medication Activities</b></p> <ul style="list-style-type: none"> <li>• <b>A range of services provided to client to ensure meds are taken by client as intended by the prescriber</b></li> <li>• <b>Compounding, administering, assisting..</b></li> <li>• <b>Some are RAs, some are not</b></li> <li>• <b>Med assistance – client must be able to self-direct their care, consent to assistance</b></li> <li>• <b>Tasks – opening package, handing meds, verbal reminders, observing</b></li> <li>• <b>Med administration is a RA. RHP must assess, make clinical decision and plan care</b></li> </ul>

	<ul style="list-style-type: none"><li>• I.e.: eye drops, topical cream, drug via inhalation, subcutaneous injections are RAs.</li></ul> <p><b>RAs and Regulatory Orders</b></p> <ul style="list-style-type: none"><li>• RA w/o regulatory order: RHP can authorize another RHP or UCP to perform (delegate)</li><li>• RA with regulatory order – RHP cannot delegate as they need an order to perform</li></ul> <p><b>RAs that require an order: an RN can:</b></p> <ul style="list-style-type: none"><li>• Admin asthma and arthritis meds if RN meets BCCNM standards, limits and conditions, employer policies, individual competence RNs can delegate to UCPs: varies on type of meds. BCCNM authorizing mechanisms need to be in place.</li></ul> <p><b>Can LPNs delegate to UCPS?</b></p> <ul style="list-style-type: none"><li>• Only those activities that can be done without an order, only if permitted by BCCNM.</li></ul> <p><b>Employer responsibilities</b></p> <ul style="list-style-type: none"><li>• Roles must align with regulations</li><li>• Ensure competencies of all staff</li><li>• Develop policies procedures for safe delivery of services</li><li>• Ensure clinical staff are employed and available at all times to provide client care and supervision</li></ul> <p><b>Tools:</b></p> <ol style="list-style-type: none"><li>1. HCA Role: Developed tool to align with HCA curriculum. (not available yet, a long intensive document)</li></ol> <p><b>Lists tasks HCA can do, who can develop</b> I.e.: wash clients face – a task, no authorization needed. I.e.: Basic nail care/foot care : trim nails on client with no chronic disease, assessment needed by RHP prior to HCA doing this. If chronic condition – no, cannot be delegated to HCA.</p> <p><b>Document should provide clarity re: role of HCA</b></p> <ol style="list-style-type: none"><li>2. Medication management tool: in progress Defines RAs, medication assistance/administration, dispensing, defines who can do what activities.</li><li>3. “Personal Assistance Guidelines” in process of being re-written/re-named. Too simplified; does not align with current legislation. Guidance will be given re: care activities</li><li>4. Modules being created re: delegation and medication</li></ol> <p>Hoping tools will be available sometime this year. Modules will come after the first 3 tools.</p> <p><b>Questions:</b> ? Island Health: align legislation with HPA or HPOA?</p>
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	<p>A: anything now will be aligned with HPA, Will change language to align with HPOA once it comes out.</p> <p>Other pieces</p> <p>? NVIT RE: point of age being 19 – is it being reviewed. Concern re: dual credit HCAs coming into APN.</p> <p>A: takes 2 years to change legislation, so it is likely not to be amended.</p> <p><b>Action: the team will need to be involved in a discussion regarding a change.</b></p> <p>? 19 year restriction impacts topical cream for HCAs</p> <p>A: How much impact is this? Legislation</p> <p>Many HCAs working in LTC below age of 19; students included.</p> <p>? LPNs don't delegate, they assign. In LTC LPNs do the bulk of the work; may assign HCAs to bowel care, i.e.: suppository. How will LTC sites do this?</p> <p>A: not our issue; responsibility of LTC sites. Many concerns reported</p> <p>?CMC: could we review these documents at Fall articulation meeting?</p> <p>A: <b>Will try to aim for that timeline</b></p> <p>? CMC: what is the process for ensuring compliance of these regulations? Process for reporting?</p> <p>A: registry gets feedback, but not registry issues. It is a ministry issue. You can e-mail the ministry. Will report to assisted living ministry who will investigate, licensing will investigate, HAs can be reported to. HCAs will often report what they are being asked to do.</p>
1200-1230	<p>Open Discussion HCA</p> <ul style="list-style-type: none"> <li>• Medication related tasks</li> </ul> <p>Covered by Cathy's report</p> <ul style="list-style-type: none"> <li>• Micro credential opportunities/requirements</li> <li>• Plan for continued HCAP funding</li> <li>• ?VCC– what is the long term planning</li> <li>• A Carolyn MOH: will report back after lunch</li> <li>• ? How can institutions run programs regular HCA/HCAP together</li> <li>• A: Tabetha: has been encouraging this. Base funded cohorts can be filled partially, entirely with HCAP. Should use base funding first, then HCAP. Blending is up to the institution. Be careful not to count the students twice; in base funded and HCAP.</li> <li>• ? NIC – HCAP students not getting jobs or hours. How is this being addressed</li> <li>• A: Tabetha M- M of PSFS : HCAP team have a HCAP inquiry inbox- any HCAP questions can go there, they could look into those situations. Follow up happening with HCAP grads and employers. Encourage students to follow up with HCAP team.</li> </ul> <p>? HEU: There needs to be regular jobs in order for this program to be successful. Needs to be a systemic fix; mismatch b/w students desire for full time work, and availability of full-time work. FTEs not being tracked; how do you evaluate effectiveness of program.</p> <p>? Native Ed College: students not getting hired, wanting to move to another HA. What is procedure for that.</p>

	<p><b>A:</b> Tabettha M- M of PSFS – they can get released from current employer and transferred.</p> <p>? <b>CMC:</b> evaluation process for HCAP – will Carolyn speak to that <b>Carolyn MOH– will try to get information regarding this.</b></p> <ul style="list-style-type: none"><li>• Foot &amp; nail care</li></ul> <p>? <b>NIC:</b> How extensive are changes: <b>A MOH:</b> added back to PN curriculum as well (basic foot and nail care). Not equivalent to an advanced foot care certificate. Alberta has foot /nail care in curriculum and has advanced foot care program. <b>Comment:</b> Northern Health: HCAs can use nail clippers if no disease, thickened toe nails, etc.</p> <p>? How will employers or MOH ensure current employees receive the updated training <b>A:</b> possibly micro credentialing/upgrading. Can't speak to what ministry may do. Does need to be considered. ? <b>CMC –</b> need to know what plan is to close gap. <b>A:</b> Ministry of Alberta mandated upgrading for addressing of gaps ? <b>CMC:</b> Can we request for information next meeting to address answers: <b>A: Action: will take back to ministry to discuss</b></p> <p>Lisa Beveridge VCC- reviewed specific LOs for foot/nail care in curriculum update ? <b>NIC:</b> does the assessment need to happen every time there is foot care? <b>A:</b> would be situation dependent. Assumption is RHP is doing ongoing assessment ? Can instructors make the assessment or does it need to be employee <b>A:</b> depends on site – Don't think the RN instructor should be doing that – needs to be within care plan. Instructor could identify concerns or approach RN for updates in care plan.</p> <p><b>Dual credit: seats/successes/challenges</b></p> <ul style="list-style-type: none"><li>• Selkirk: 2 seats in winter, going well</li><li>• VCC : 4 seats in Sept, have taken 6. January not ideal time as have done that. Generally goes well. Issue whether a female minor can do peri care on male client if they feel uncomfortable. Decision was made if you are going to do the job, they need to do the whole job.</li><li>• TRU: 5 seats, typically strong students</li><li>• Camosun: saves 3 seats in all 3 intakes. Fill 1, sometimes 2 in each cohort. Success is up and down. Transition from high school to post secondary is being more difficult.</li><li>• NIC: strong students, 4 dual credit seats</li><li>• NVIT: dual credit program – strictly dual credit students in South Okanagan . Happens when SD approaches NVIT for this.</li><li>• Northern Lights: typically 2 seats. Had good success</li></ul>
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	<ul style="list-style-type: none"> <li>• ? BC Care Aide Registry: typically are these students wanting to ladder into nursing?</li> <li>• A Selkirk: yes</li>   <li>• ? Tabetha M MPSEST: what is dual credit?</li> <li>• A: HCA is full program; students get credit for high school</li> <li>• ? HEU – is dual credit integrated with HCAP?</li> </ul> <p>A: no , different funding streams</p>
<p>LUNCH 1230-1330</p>	
<p>1330-1410</p>	<p>Health Authority Rep reports (10 min each)</p> <p>Jaime Williams (VCH) has report</p> <ul style="list-style-type: none"> <li>• PN: Scope of practice optimization – MH substance use education; hemodialysis micro credential with limits and conditions at VGH, autonomous immunizations, caring for mechanically ventilated patients (George Pearson, training provided) Ortho certificate available</li> <li>• New grad transition program - PNs included. Supported 18 months post grad. Skills workshops, on unit resources, mentorship</li> <li>• Student placement – decrease in request, but acceptance increasing. Working to increase capacity, reaching out to sites. Decline reasons - # of requests exceed capability , or requests exceed available staff</li> <li>• HCA: removal of acute care qualifications. Job description revised; internal orientation provided.</li> <li>• Preceptor Support – educator pathway program. A lot of HCAs attending, online workshop.</li> <li>• Student placement: increase in requests and acceptance rates.</li> <li>• Reason for decline: requests exceed available staff on shift, no trained staff available on shift</li> <li>• HCAP: decrease in placement requests, increase in acceptance.</li> <li>• Challenges: full time jobs for HCAP grads limited</li> <li>• Increase in PN vacancies, decrease in HCA</li> <li>• Exploring HCA-PN access programs</li> <li>• HCAP starting in VCH acute care settings</li> <li>• ? BC Care Aide Registry : is educator pathway on learning hub? Is it open to any VCH HCA?</li> <li>• A: Yes. Common curriculum, adjusted to VCH needs . Online synchronous format. Open to HCAs that will be precepting. Time is paid – 4 hours.</li> </ul> <p>Baljit Lail (FH) – regrets Brenda Miller (NH)</p>

	<ul style="list-style-type: none"><li>• LPN: scope optimization: clinical practice standards and decision support tools, updated education modules, new orientation pathways, team based care models. I.e.: LPN role in emergency. Plan to adopt to MHSU and endoscopy and postop recovery</li><li>• HCAs : review of HCAP numbers – 204 grads now employed. 45 cohorts since 2021. Indigenous HCAP – Nisga’a Valley Health Authority: 3 HCAP employees and 2<sup>nd</sup> cohort starting in May. NH projected workforce of 500 more HCA in the coming 3 years. Majority needed in Home support</li><li>• HCA competencies and skills: foot care, med admin, CBGMs – important to know</li><li>• NH needing bridging programs: HCA-PN, PN-RN</li></ul> <p>Anneke Vink (VIHA)</p> <ul style="list-style-type: none"><li>• Supporting student practice/transition</li><li>• Student placement: 771 were accepted into placement. 45 declined. High rate cancelled placements: reasons are timing, lack of trained staff to precept – staffing complement, level of experience, comfort with precepting. Looking at what staff need in order to feel able to take on students.</li><li>• Hiring: 91 HCAs, 96% in acute care. Vacancy rate: 185 positions</li><li>• HCAP: 307 grads- 146 hired into full time Vacancy HCAP positions: 206 Current students: 77 51 waiting to start program.</li><li>• Work underway: expansion of HCSW role into acute care.</li><li>• Strengths: HCAP assisting with filling vacancies</li><li>• Mentorship model for new HCSW working well. Robust orientation, limits/conditions, thinking this helps support retention.</li><li>• Challenges: Could be reaching saturation point for recruitment. Exploring different avenues.</li><li>• Availability of instructors: wage differences for instructors vs RN role.</li><li>• Support needed for rural areas: students and preceptors</li></ul> <p>? NIC: postpartum scope optimization: where is this happening? A: - South Island trialing, then will expand.</p> <p>Sandy Judge: VIHA PN</p> <ul style="list-style-type: none"><li>• 482 student requests and accepted last 18 months</li><li>• Cancel/decline reasons: lack of trained staff to preceptor</li><li>• Hiring/vacancies: hired 213 LPNs, 84% into acute care. Still have 366 vacancies</li><li>• Work underway: expanding scope; bridging gap b/w curriculum and scope. Focused on 9 activities: IV med admin, peripheral IV insertion, INAs (hypoxemia), pronouncement of expected death, wound care, CPAP/BIPAP, digital stim and rectal disimpaction.</li><li>• Expanded practice in MHSU, renal units, stroke clinic, surgical daycare, postpartum.</li></ul>
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	<ul style="list-style-type: none"> <li>• <b>Challenges:</b> current LPNs not wanting to take on these roles; feel they are RN duties.</li> <li>•</li> </ul> <p><b>Joan Reiter (FNHA) (will provide PPT)</b></p> <ul style="list-style-type: none"> <li>• Represents over 204 communities</li> <li>• More agency nurses provide support in rural communities (70-80%).</li> <li>• Don't provide direct service, but provide support</li> <li>• Role in practice education: often provide their own education within community. Good retention strategies for nurses.</li> <li>• Supports annual conference – May 2022 was palliative focus</li> <li>• HCA survey: education needs – dementia, grief/MH and chronic pain. Face to face education format preferred.</li> <li>• Role in PN practice/education: band organize own education. FNHA supports.</li> </ul>
<p><b>1410-1425</b></p>	<p>PN Curriculum Update (Debbie McDougall &amp; Christine Poznanski)</p> <ul style="list-style-type: none"> <li>• Still in process of review; midway thru revision</li> <li>• Last update 2017</li> <li>• Ministry of PSFS oversees revisions, engages with BCcampus to lead project</li> <li>• 2023 Proposed changes can be found on BCcampus website (<a href="http://bccampus.ca/projects">bccampus.ca/projects</a>)</li> <li>• 1<sup>st</sup> and 2<sup>nd</sup> priority recommendations</li> </ul> <p><b>Priority 1:</b></p> <ul style="list-style-type: none"> <li>• update competency map to ensure alignment with BCCNM requirements for entry to practice</li> <li>• develop/strength spiraled LOs and activities (autonomous practice, MHSU, cultural safety/humility/racism, EDII)</li> <li>• revise LOs and design of level 3: community</li> <li>• Ensure consistency in PN and APN curricula</li> <li>• Improve guidance to PSIs on using curricula</li> <li>• Upload curricula to Pressbooks</li> </ul> <p><b>Priority 2:</b></p> <ul style="list-style-type: none"> <li>• Revise/strengthen existing LOs and suggested learning activities to improve foundational, entry-level competency</li> <li>• Maintain primary mandate of PN/APN curriculum to address entry level competency</li> </ul> <p><b>Out of Scope Recommendations:</b> will take forward and continue to work on</p> <p><b>Next Steps:</b> Revision of PN curriculum will be sent to steering committee today! Will receive feedback from the committee. Work will begin on revision of APN curriculum. Expected date: August 2023</p>

<p>1425-1435</p>	<p>Ministry of Health (Carolyn Solomon)</p> <ul style="list-style-type: none"> <li>• BCNU/ HEU negotiations completed. Importance of support for students; professional responsibility</li> <li>• Nurse/pt ratios: hopefully will shift culture for HCAs and future nurses</li> <li>• Provincial HHR strategy: Billion dollar funding; 70 actions.</li> <li>• HCAP: since Sept. 2020, 5083 hires. HCAP funding – continued approval; no issues with funding anticipated in short term.</li> <li>• APN – inequity in bursaries APN vs PN. The issue has been flagged, no change for now.</li> <li>• Acknowledgement of Nurses week</li> <li>• HCAP evaluation – will include information for minutes.</li> <li>• ? HEU: evaluation – more fulsome evaluation needed, as \$\$ has been spent. Other jurisdictions looking to this model, but more robust evaluation needed, particularly feedback from PSI educators, and HCAs at receiving sites, other stake holders.</li> <li>• Answer: feedback appreciated</li> </ul>
<p>1435-1445</p>	<ul style="list-style-type: none"> <li>• Ministry of Post Secondary and Future Skills: Post Secondary Programs Branch (Tabetha Meikle) (will send presentation)</li> <li>• Updates: name change (formerly AEST) now PSFS</li> <li>• Future skills aspect r/t future ready action plan announced by minister</li> <li>• HCAP: PSIs funding provided into 2025. Additional funding available; reach out to the ministry if needed in community.</li> <li>• HCAP funding expected to be used in addition to base funding. PSIs can request a deferral of funding into future fiscal years.</li> <li>• March 2023 funding included funding for additional coordination of HCAP program. Also funding for student support, English language, tutoring, etc.</li> <li>• Funding approval- HAs will be expected to provide PSIs with student participant information at least 2 months prior to start date. Hope to reduce last minute scrambling .</li> <li>• ? funding – tutoring/English language –</li> <li>• Answer: available for students; PSIs can determine how to use.</li> <li>• Comment BC Care Aide registry: free government language classes.</li> <li>• ? HEU: funding for PSIs for administrative – was funding given for education staff?</li> <li>• Answer: annual one time funding</li> </ul> <ul style="list-style-type: none"> <li>• Violence Prevention training: funding provided to all PSIs where students are required to take program. Not all PSIs have capacity; also available thru SafeCare BC. Can be used for train the trainer as well, so can offer in house.</li> </ul>

	<ul style="list-style-type: none"> <li>• Discussions happening re: OHS council requirement, ministry providing funding. It could be a potential barrier if students can't access. Can e-mail ministry with feedback: VP training.</li> <li>• HCAP VP training – can be included in their tuition.</li> <li>• HCA curriculum: Supplement review starting after curriculum goes out.</li> <li>• Will link MOH documents to supplement . Working on similar overview of legislation for HCAs as presented by Cathy Yonker re: PN. (how to use curriculum, guiding documents) Will provide more into at Fall articulation.</li> <li>• Questions from Articulation Group: document will be provided</li> <li>• Funding provided for HCA-PN laddering at several PSIs.</li> <li>• Further APN expansion – covers level 1 and 2 content that is not covered in HCA.</li> <li>• PN – working with PSIs to expand laddering opportunities. Adding 90 seats across province for PN-BScN.</li> <li>• Further LPN-BSN funding being discussed.</li> <li>• Changing scope of practice for PN not being done in current review.</li> <li>• ? Where are 90 seats located:</li> <li>• A: Camosun, UVIC, TRU, VIU</li> <li>• ?CMC: will committee be formed to review LPN-BSN bridging programs? Who will be involved in determining best path forward.</li> <li>• Is there an opportunity to review curriculums and identify gaps, rather than each institution doing work alone. Could this be discussed at Fall meeting? PSIs would like more accessible pathway.</li> <li>• A: ministry is in discussion; early stages.</li> <li>• <b>Request for fall meeting made to MOH.</b></li> <li>• MOH: want learning pathways smoother; on radar of MOH. Will bring forward</li> </ul>
1445-1455	<p>SafeCare BC (Jenn LaSage)</p> <ul style="list-style-type: none"> <li>• Hearts and Hands conference: 8<sup>th</sup> event. Langley, Oct 25, Victoria Oct. 30, Kelowna, ? Also digital event. Great attendance last year.</li> <li>• PSIs can purchase tickets in advance for students</li> <li>• Focus on dementia education, verbal de-escalation,</li> <li>• Tickets go on sale mid-June \$45/person</li> <li>• Visit Heartsandhands.ca</li> </ul> <p>Education</p> <ul style="list-style-type: none"> <li>• MH, dementia and other education offered for members and non members.</li> <li>• Provided 700 students education last years.</li> <li>• VP \$110/person or train the trainer. \$840 /person or \$420 associate member.</li> <li>• No fees once trained as trainer.</li> </ul>

	<ul style="list-style-type: none"> <li>• Students can be trained face to face or digital.</li> <li>• Information on website.</li> <li>• ? Online class – will this continue ?</li> <li>• A: Yes, no plans to stop.</li> <li>• ? what is cost of membership?</li> <li>• A: based on seats.</li> <li>• ?Train the trainer – what are upcoming programs?</li> <li>• A: only 3 per year, but could offer in lower mainland if interest</li> <li>• Next is in Kelowna, June 20-22<sup>nd</sup>.</li> </ul>
1455-1505	<p>BC Career Colleges Association (Esther Aguilar)</p> <ul style="list-style-type: none"> <li>• 4 private PN and 7 private HCA</li> <li>• November- held first in person conference – similar to articulation meetings.</li> <li>• Would like to have an educator day similar to public educator</li> <li>• Offer one-time funded HCAP programs depending on region and HA, according to need.</li> <li>• May offer programs within facilities.</li> </ul>
1505-1515	<p>BCNU (Barb Eagle) Will provide report</p> <ul style="list-style-type: none"> <li>• May 8-14 nursing week: Our nurses, our future is theme!</li> <li>• May 10<sup>th</sup> – BCNU hosting online education opportunity for nurses to feel empowered amidst overwhelm</li> <li>• Contract ratified April 27<sup>th</sup></li> <li>• Precepting: PNs will get premium as do RNs for precepting.</li> </ul> <p>? What is the plan for allotted funding for bridging program? A: for individual LPNs seeking to bridge to BSN. Not big enough to support programs.</p>
1515-1525	<p>BCCAT (Fiona McQuarrie) <b>Will provide spring update document</b></p> <ul style="list-style-type: none"> <li>• Projects: pathways tool. Will show pathways into degrees/credentials, rather than how individual courses transfer. Students can put in courses already taken and see how they could transfer to other programs. Testing with engineering.</li> <li>• Transfer guide: looking at integrating more info into transfer guide. Students are not always able to access accurate info.</li> <li>• Research reports on website: research around practices around collecting data on race, ancestry. How is this data being used?</li> <li>• Also research r/t impact of COVID 19 on PSIs – student MH, emotional well being, academic progress.</li> <li>• Joint annual meeting taking place Nov. 2/3 (online and in person)</li> </ul>
1525-1550	<p>Open Discussion PN</p> <ul style="list-style-type: none"> <li>• Scope of practice: addressed by Cathy Yonker</li> <li>• Minimum age re: med admin/Rex-PN- addressed by Cathy Yonker</li> <li>• ? BCCCA– is it clear that we can't take students under the age of 19?</li> </ul>

	<ul style="list-style-type: none"><li>• A CMC – program can take in, but under 19 you cannot be giving medication.</li><li>• Issue for some as students may not turn 19 prior to graduating.</li><li>• Care Aide Registry: if you are under 19, parental consent is needed to get a registry number.</li><li>• ? Can students under 19 years of age assist with medications?</li><li>• A: MOH – legislation speaks to administering not assisting. An internal ministry meeting on will be taking place on May 9<sup>th</sup> to discuss this issue. <b>An update will be provided.</b></li><li>• ? how will update be provided</li><li>• A MOH – a different ministry will be providing response; not sure which one.</li><li>• <b>? CMC: request formal update for fall meeting</b></li><li>• <b>A MOH – yes , sooner if possible.</b></li></ul>
1550-1600	<p>Closing Discussion</p> <ul style="list-style-type: none"><li>• Fall 2023 Meeting Dates: October 17 HCA Educator Day,</li><li>• October 18 Joint HCA-PN Articulation</li><li>• &amp; October 19 PN Educator Day</li><li>• Additional Guests for Fall 2023?</li><li>• Areas for follow up</li></ul>