

Health Care Assistant Provincial Articulation

Attendees

Carly Hall, Camosun
Joanne Quirk, Capilano
Rosemary Leffelaar, Capilano
Sandy Ollech, CNC
Cheryl Mackie, COR
Diane Maxwell, Douglas
Nancy Graham, Kwantlen
Marti Harder, Nicola Valley Inst.
Laurie Bird, North Island College
Cindy Broberg, NLC
Sabine Lundmann, NWCC
Sarina Corsi, Stenberg + BCCA rep
Cathy Shultz, Okanagan College
Donna Daines, TRU
Maria MacIntosh, TRU
Jim Olsen, VCC
Gianca Boscanu, UFV
Janet Hebron, VIU
Kim Diamond, Yukon College
Bruce Bell, BC CA + HS Registry
David Hurford, BC Care Providers
Christie Garneau, BCCAT
Faria Ali, DOC Group, VCHA
Anita Dickson, FHA
Carrie Edge, FHA
Katelyn Ranger, MOH
Monica Lust, PCTIA
Mike Sager, Worksafe BC

Approval of Minutes

- Minutes approved
- Nancy Graham, seconded by Cathy Shultz

DOC report (compilation of feedback from facility DOCs)

- Many applicants for facility jobs have minimum English comprehension in terms of writing and listening, may be okay with speaking
- Many hires drop their hours availability after hire and are working very minimally in the institution due to working across a number of settings
- Very task focused, lack of critical thinking skills

- Lacks of understanding of asepsis, cross contamination of areas occurring - makes it difficult to get rid of organisms. Poor isolation skills in terms of managing associated equipment, particularly gown/glove removal
- Demonstrate a lack of reporting skills about unusual client presentations
- Client pt. safety issues related to the skills of choosing appropriate sling
- Doing things faster rather than smarter leading to MSIP injuries
- Not reporting behavioural changes and this leads to outbursts, also approach to care
- Use of incontinent products inappropriate – includes all levels of care providers

BC Care Aide Registry -Bruce Bell

- BC Care Aide Registry usefulness questioned during the DOC report, see response info below – hours requires seems to vary
 - Noted lack of knowledge in lifts and basic safe work practice – many are nurses previously registered from foreign countries where the practices are different and these are not skills
 - Cathy echoes that this is also the perspective of interior employers
 - Comment from Bruce is that the registry has many purposes; primary purpose being to deregister unsafe practitioners. Registration indicates that the registrants have some credentials not that their skills and abilities have been checked out. Removed if there is an employer allegation of abuse by the care aide.
 - Goal is to move to a PLAR process and to ensure that all BC Colleges are delivering the new HCA curriculum
 - An investigation of an abuse allegation costs on average \$5600– if a union employee is involved then the cost is shared
 - Comments that there is great variety between IE nurses training and preparation. Many may not even have personal care skills.
- **HCA Day October 18, 2013** – proclamation from BC gov't, will get a copy to distribute to students
- Just over 40,600 on the registry
 - Approx. 1900 per year educated in BC
 - Just over 800 LPNs on the registry
- 'Flag' list, allegations of abuse and get removed from the registry, 43 on list means they are either under suspension, under investigation, terminated and/or removed from the registry
 - 7 HCAs permanently removed – no process at present for reinstatement unlike the regulatory colleges
 - Employer can check on-line if the name the person gives is associated with the appropriate registry
 - 6 cases under investigation at present
 - 7 removed from the registry with conditions to refill before reinstatement – this is based on the investigator's recommendations

- The Registry appointed investigator mediates with the parties concurrence to ameliorate the employee/employer relationship. (this is binding if the parties agree to the outcome of the mediation). Can also go to arbitration with the union if applicable and/or to a judicial review.
- HEABC, Unions signed off a letter of understanding Appendix A that lays out the process for removal from the registry that indicates who the investigators are – presently 5 individuals. 3 are lawyers and all have a background in mediation and conflict resolution.
- Non-union HCAs need to get their own legal advice if they are not in agreement with the decision of the registry.
- There is a mediation function of the registry. That is the investigator has made the decision for the HCA to be off the registry – the registry mediates non-binding strategies to ameliorate the employee/employer relationship – many different individual situations that have different approaches. If the parties don't agree to the decision the info is non-compellable, can't be brought forward to any further arbitration etc.
- Since registry started Jan.2010 there have been 80 alleged abuse situations, there have been 55 terminations due to abuse, and 35 have been associated with requests for investigations.
- Educational side of the registry is moving along slowly, hoping to move out of the provisional state
- Janet Williams's final report done by committee and endorsed has gone to the MOH and MADVED. Hoping to move this forward soon.

PCTIA – Monica Lust

- Agency regulates private colleges in the province, those who are members of PCTIA – only regulate programs that charge more than \$1000 and are over 40 hrs. Any private college meeting these criteria must be a member of PCTIA.
 - They are an institutional regulatory body, no a program regulatory body
 - They are not program accreditors, do not offer that level of certification
 - They do look at this 'in general' –basic education standards, and higher standards for accredited institutions. These are general standards, vague and/or flexible.
 - Will investigate infrastructure of institution in terms of the program, a third party does do this who has expertise. They follow the industry standard of the curriculum and program delivery.
- Have been awaiting the BC CA registry educational process to be in place
- Feels they need to be more assertive to be scrutinizing their registrants practices/settings
- Unaware of the 'intro to RCA' program except that Beacon Control Services in Victoria, an employer, was offering this
- Has a complaint function
- Will check to see if the privates under their auspices have a HCA curriculum license from the MOH/MADVED

Ministry of Health – Katelyn Ranger

- No official report given
- Mentioned during Bruce Bell's report that MOH and MADVED – Debbie McLaughlin and Lori Mackenzie respectively **will be looking at reviewing and evaluating the HCA curriculum (now 5 yrs. old) in respect to the HCA role in acute care and other aspects**

Worksafe BC – Mike Sager

- Updated work list
- Changes to WSBC legislation - exposure to chronic stress and bullying compensable. Changes to the act will be made through the legislature and at present there are no resources for this injury sector. Limited evidence based research in this area and a lack of definitions of the underlying concepts.
- Domestic violence resources
- International Violence Conference – Oct.24-26th, approx. \$800, Richmond B.C.
- Violence prevention curriculum being piloted widely through the health authorities
 - Recommendation is that with modifications, this will be ready to roll out curriculum in the PS education system, moving it to a new learning program
 - Classroom 4 (2 hr.) sessions, online 8 (20 min) sessions
- In the process of updating violence prevention pieces. In addition, there is a patient handling project going on and updating of the resources will happen.

Fraser Health Authority – Anita Dickson

- Seeing a difference in the approaches to practice placement request, getting a number for acute settings – perhaps primarily from the private colleges. Will speak to PCTIA about this. Curious what is driving this acute care curriculum when there is not necessarily the employer description and/or defined role in acute care? Also have questions about workers who are in MH courses that seem to be combined with personal care skills components.
- Seeing a push by HCAs to expand their scope to VS, wound care, etc. and there seems to be a corresponding lack of attention to personal care of clients
- The regulated professional scope vs. that of the unregulated professional needs to be clearer. Not an understanding of the scope practice and/or the transfer of skills/functions from one environment to another, i.e. from community to the complex, complex to the acute care. Commented that this may be more common in HCAs educated in private colleges.
- Role description/scope is a concern to FHA
- There is an employer piece to clarify setting specific job descriptions and the educational programs are responsible for following the provincial curriculum preparing the students via the work role course to understand the implications of their work role and boundaries within the HC team – they understand they are obliged to notify their supervisor when a client/task is outside their expertise and boundaries.

- VIHA took the lead in this HA group but FH has chosen not to adopt their package. FHA is expecting their HCAs to take the VCC acute care curriculum prior to moving into the higher intensity settings – FHA has HCAs in very high acuity settings – neonatal, emergency
- HCAs have 5 benchmarks of the job – it means roles and responsibilities, 4 or 5 cornerstone of the unionized job; negotiated through collective bargaining. Make more money in acute care, employer responsible for the job description but it can't be above the bargained benchmarks. There is no benchmark for the acute care role. So the employers are using either the complex care or community care. Many job descriptions contain the caveat 'other duties as assigned' and they are under the direction of the RN. When the worker is at the lowest education level they are unlikely to exercise power and/or discretion in refusing to do tasks.
 - Comment re: recent discussion with CRNBC practice consultant about the role of the RN in delegating. Apparently, this occurs only within the community setting that in other settings the employer effectively delegates via the job description.

BCCAT - Christi Garneau

- Handout provided
- No matrix at present, there is funding for a person to do this from BCCAT

BCCA rep - Sarina Corsi

- Will update her colleagues at the health care committee with the info from today
- Will f/u with Monica on the acute care HCA

HEU – no rep attended

Elsevier text representatives – Bryan McCready + Kim Armstrong

- New Sorrentino text is being released in mid-April
- Can request some desk copies but if you have a number of instructors pls. use the e-book access
- Textbook and workbook - \$113
- Textbook, Workbook and Video Skills - \$147 – there are 65 skills on the video portion, instructors can access an on-line trial version for review of the latter
- Workbook can be purchased in e-format
- Instructor Support – free manual and conversion guide – pg. referencing, also will run educational sessions via webinar or visit
 - Has skill check lists which can be adapted
 - English level glossary
 - Colouring book for A&P material
 - ExamView Test Generator resource – has free downloadable software that allows exams to be created quickly and efficiently

- Students can buy their books in an e-format – 40% less than hard copies, e-text can be bundled with workbook and dvd
- Lots of add'l info in new text – aboriginal health/cultural diversity, delegation, expanded discussion of infection, increased safety content and emphasis, revised and enhance coverage about palliative care, work role material re: job interviews
- All procedural steps in skills/activities feature the rational
- New test bank with higher cognitive level

Text book reps Lippincott – Dan Renaud

- Textbook is \$81
- Workbook Pkg. is \$116
- Skills video pkg. \$20
- Can be set up to preview the videos

