

**Fall PN Articulation Meeting**  
**Oct 27<sup>th</sup>, 2014 VCC Downtown Campus**  
**Room 413**

**Attendees:**

Jacque Scobie – CNC lead/PN Articulation Chair	Nancy Goad – UFV Julie Gilbert – VCC Lead	Brenda Miller - NH Sabine Lundman - NW
Norma Stubbert – OC	Lois McNestry - Private Rep	Sandi Hill – COTR
Monica Adamack – IH Rep	Jessica Michalchuk – private rep replacing Lois	Paul Clarke – MAVED (teleconf)
Alejandro Otero– CLPNBC PC	Anita Dickson – LPNABC	Claire Sauve – VCC continuing studies
Ruth Erskine – BCCAT	Patricia Wejr – BCNU	Rhonda McCreight – TRU WL PN Articulation Secretary
Wendy Wagner – VIU	Wendy Winslow – CLPNBC	Baljit Lail – FHA
Laurie Michaud – NIC	Janet Davis- UFV	Andrea Taylor – VIHA
Carly Hall – Camosun	Kathleen Haggith – Dean Liaison; NIC (via teleconference)	Lana Sprinkle - NLC
Anne MacDonald – TRU PN/HCA Chair		
Marti Harder – NVIT		

Regrets: Sara Telfer

1. Introductions
  - Approval of minutes - Laurie / Carly
  - No additions to agenda
2. Outstanding business - none
3. Reports
  - a. LPNABC – Anita Dickson (report attached)
    - New member – hoping to come today with posters to circulate (Daina)
    - New bylaws for PN Canada
    - Works as an assisted living coordinator;
  - b. CAPNE - Carly Hall
    - Toronto, Ontario for 2015
    - Awards may 1<sup>st</sup> ; deadline;
    - Conference at CAPNE:
      - Intercultural concepts
      - Creative classrooms
      - Faculty mentorship
      - Nurse to nurse hostility presentation
  - c. Dean Report (Kathleen Haggith – NIC)
    - Background info; replaced Jocelyn Van Neste-Kenny
    - Liaison at Deans & Directors

- D&D meeting:
  - Bobby Kleit? AVED report; job blueprint reflecting job needs up by ~15%; top 16 jobs identified will shift; core review main themes were cap on tuition, inability to???? surplus at the year end, not all institutions need to be all-inclusive for entire populations.
  - Embedding quality into the post secondary – Kathleen to send Rhonda the info
  - FN Health Authority – identified plan/process/delivery of FN education; director of the education (JOE Gallager); priorities outlined; how can HC practitioners promote ‘wellness’ when they don’t know what health is (Kathleen to forward this website)
  - PN Access program – several colleges/universities offering this program; discussions between the institutions regarding this program and the delivery

d. BCNU - Patricia

- [www.bcnu.org](http://www.bcnu.org) website has info on how BCNU can interact with your students
- Short student job opportunities; positions available summer work
- Learning modules on the website for students
- Labour relations: project in place to meld the collective agreements between LPNs and RNs
- Campaign – reducing / intervening regarding LPN layoffs; HAs are hiring HCAs in place of RNs/LPNs so BCNU is trying to intervene
- Need post-basic LPN education (credit programs): i.e. mental health
- Question:
  - Are students part of CASN surveys and planning? CAPNE is included in data collection for student PNs and circulates the surveys by sending contact info to CASN directly; LPNABC supports membership CASN surveys
  - CASN circulates the surveys to institutions that offer PN and BScN (contact is Siobhan Bond)

**Action: Carly to send Rhonda the CASN contact info for survey/data collection for circulation**

e. BCCAT – Ruth Erskine

- Bulletin circulated with updates
- [www.bctransferguide.ca](http://www.bctransferguide.ca) and [www.bccat.ca](http://www.bccat.ca)
- Questions
  - Block transfer in the BC system → could consider having the A&P prerequisites articulated across the province

**Action: Jacquie to f/u with Ruth and John Fitzgibbon on how to articulate this A&P**

f. Continuing Studies:

- Immunization skills check

- Heightened education (does not fill up; considering re-branding this)
  - Foot care popular
  - Renal dialysis technician – program under review
  - Medical device reprocessing
  - Other
    - Transcribing
    - Pharm review
    - IV therapy (theory only)
- g. MAVED (Paul Clarke) report
- PN curriculum on Open BC
  - PN curriculum evaluation process; Health Service Deans meeting; MAVED taking a step back as this is just a 'guide'; looking at timing, competency updates/revision; need to do this on an annual basis? What is the role of AVED in this process? Deans feel that AVED needs to play a role;
  - Paul requesting info from this group as to how this evaluation process should be handled. Jacquie responded that PN Educators/institutions strongly feel that this curriculum requires updating and revisions; financial support from AVED is required to get this work done. There have been ideas around steering committee development to plan and proceed with evaluation.
  - Algorithm / steering committee process was drafted; Paul looking to connect with PN Articulation rep → Kathleen Haggith to be the key liaison
  - CLPNBC Wendy Winslow requesting more information regarding how Inter-jurisdictional legislation, HPA and PN competencies can be better aligned to make the role and practice of LPNs in BC more clear
  - Report on tool that outlines what programs are being offered; programs offered in the north can acquire students from southern regions to train and hopefully work. Aboriginal and employment funding initiative
  - Open textbook – free textbooks online to reduce student costs. Call out for textbook ideas
  - HCA curriculum guide revisions; BC Campus the lead on this process – Dec 2014 draft will be available; potential live date of Feb 2016.
- h. MOH (Debbie) – not available

**Action – Rhonda to invite Ministry of Health to future meetings to speak to HPA**

- i. CLPNBC - Alejandro Otero (LPN)
- Presentation overview of the CLPNBC mission and mandate
  - 'Did you know' pamphlet discussion
  - Professional standards = 'minimum expected behaviour of the registrant'.
    - Responsibility & accountability – registration, documentation, collaboration with team, etc.

- Competency-based practice – decision making, being aware of limitations and getting more education/practice
- Client-focused provision of service – individualized careplans, ensuring the client is the centre of the plan for care.
- Ethical practice – privacy & confidentiality
- Scope of practice = ‘legal requirements for LPN practice which is guided by the BC Government
  - “Did you know?” documents outline the scope for specific practice issues and skills
- Practice Standards = requirements related to specific aspects of LPN practice.
  - Example – working with HCAs and assigning duties; LPNs must know the scope, role and skill level of the HCA
  - Island Health created an Acute Care manual for HCA, PN and RNs; willing to share this!
  - Working on a social media example
- Educators are responsible to share, mentor and guide students to understand the guidelines, legislation and practice documents. Also to encourage new grades and practicing LPNs to mentor and guide students and new grads.

**Action: Andrea Taylor is will send VIHA document to Rhonda for distribution.**

**Action: Jacque to send Articulation list to CLPNBC to be added to newsletter list.**

- j. Wendy Winslow – reports
- PID for instructors; looking at policy to enforce instructor requirements; lots of discussion ensued:
    - Conversation around PID equivalents – perhaps a competency list to ensure equivalency is valid
    - Alignment of regulatory bodies to have the same requirements (i.e. CLPNBC & CRNBC) \*\*no PID requirement for BScN for example
    - ‘Right touch’ regulation changing how CLPNBC interacts/guides curriculum requirement. The curriculum outlines the requirement for faculty preparation and the CLPNBC is responsible to ensure that institutions are keeping to the curricular guidelines.
  - HPA development: Darryl Beckett? LOA replaced by a team
  - Scope document 2013 original; updated and revised but now waiting for HPA regulation.
  - Program recognition: evaluation of the process to go to Pam DeWolfe
    - Reports back 1-3 weeks
  - Developing a jurisprudence program = taking the regulatory legislation and applying it to LPN practice.

- Exam to be developed for LPNs to demonstrate understanding of this regulation; contracted external exam-writers – will be piloted in Jan 2015
- Quality assurance process; can repeat exam until successful but success of this will be tied to successful registration; requirement for IENs.
- Registration begins annually in November each year; process will be to include 'jurisprudence' as a voluntary activity for 2015 but will become mandatory after that. The exam features immediate feedback as its being written so that applicants can know if they need to re-write.
- Several comments regarding adult learning issues; online learning deficits; need for process if practitioner cannot pass this exam.
- CLPNBC put out a call for input from educators on exam questions; very thorough and collaborative process.
- CPNRE report (Sara sent Jacquie report – Rhonda to circulate) you got this right??
- Nursing diagnosis – how will educators incorporate this into curriculum? Comments reveal that LPNs already do this and that this is a piece in the curriculum already; this may mean that there will not be much changed...?
- Q&A cards circulated so that any further questions for CLPNBC can be asked; Rhonda to collect questions and send in one documents. Nothing here to add

#### 4. Practice Reports

##### a. Reports

- Fraser Health
  - i. Trying to secure funding for an IV educational module project to support LPN new graduates transition into practice. Will do a 6 month post survey to see if competency has been maintained.
  - ii. Cape document changes for assessing acuity and workload
  - iii. Role document for LPNs – clarifying skills and policies
  - iv. Working on a framework to address when further education is required for LPNs – how does the institution identify this and move forward.
  - v. Orientation work in Home setting r/t delegation of task and how to manage this better
  - vi. Question – Home Health LPNs want to do admissions; not currently being done; looking at how to include that skills/role for LPNs in Home Health setting.
  - vii. Job Opportunities? - do not have that data
  - viii. 800+ PN students coming out of Fraser Health
- Interior Health
  - i. Leaving things to CLPNBC to roll out the new scope and competencies
  - ii. Waiting for new HPA regulation to go forward with policy/role implementation

- iii. Not moving on LPN roles in venipuncture yet – r/t skill maintenance issues and getting RNs to maintain this
  - iv. Wounds – training LPNS in advance wound therapy
  - v. 48/6 fully implemented across IH
  - vi. Ebola – considering students in the emergency planning
  - vii. Student placement orientation (?special???? available in lower mainland) – IH creating online / intranet modules
  - viii. In-charge manuals for LPNs in residential care
  - ix. Practice issues: need for LPNs to do immunizations, casting, etc
  - x. Practice opportunities – 113 LPNs hired between April – October. 40 vacancies currently
- Island Health
    - i. Practice issues – integrating LPNs into renal units & the OR
    - ii. Updates – role/scope/function document; team document; student practice page (need to know and do)
    - iii. Reviewing of orientation needs of new LPN graduates
    - iv. Care sensitive of adverse events – reduction of UTI, pneumonia, in-hospital fractures, and pressure ulcers. Teams work on ONE issue and create ‘aim statements’ that go over adverse events and how to intervene and prevent issues. Identifying systems issues that lead to events.
    - v. 48/6 on-going
    - vi. I-Health – ‘Surner Cerner Corporation’ consulted; one file or ‘place’ for all client information; reduction of error d/t multiple charting and files. Electronic record process to start spring 2015.
    - vii. Change from south, central & north island to quadrants 1-4
    - viii. Job opportunities – shift in residential care staffing (LPNs moving around); not sure why.
  - Northern Health
    - i. New COO chief nursing executive; lots of changes in NH org structure
    - ii. Challenges in implementing new scope – geographical challenges and structural needs in each outlying community. Try to come up with a regional strategy but so much depends on the site specific needs.
    - iii. Three levels of LPNs – mature/seasoned, new and out-of-province
    - iv. NH just finished lengthy accreditation process; some outstanding requirements to focus on
    - v. Primary care model implementation on-going – looking a designing an e-model for patient care
    - vi. Short term – how professional practice can support administration for HR purposes, role and skill mix decisions,
    - vii. Practice issues – amb care casting differences; LPNs doing ‘train-the-trainer’ approaches that may not be suitable; medication administration upgrading;

LPNs assigning duties to HCAs (need more support for that skill); IV therapy policy and manual developed but not in practice so far.

viii. Jobs – doing an environmental scan of numbers of RNs, LPNs, etc and reviewing what employment needs are based on current numbers.

- Round robin on merits of Articulation and ideas for improvement
- Private reps – connect with all private institutions by email to update them on the Articulation business and discussions; Jessica taking over as the Private Rep

Spring PN Articulation date: April 29<sup>th</sup>, 2015

DRAFT