

Health Care Assistant & Practical Nursing Articulation Committee
Spring 2017 Meeting, April 4, 2017
Vancouver Community College – Broadway Campus

Attendees

- See Appendix A

Approval of minutes from

- PN Fall articulation meeting – no identified issues, approved
- HCA Fall articulation meeting - no identified issues, approved

Round table

- See Appendix B for detailed annual reports from educational institutions

Summary of issues identified by HCA/PN educators as impacting program delivery

- *If noted, (+ = # of times issue mentioned)*
- Student cell phone use in both academic and clinical settings ++++++
 - Note that inappropriate instructor cell phone use also noted as an issue
- Social media issues – examples include students posting inappropriate information, threats to other students on social media sites/via text +++++
- Availability of placements
 - Consistent appropriate placements for Level 3 PN – maternity/MH
- Decline in ESL student applications d/t visa/length of study requirements
- Generic offering experiencing issues with ESL students
- Negative student feedback re: different delivery models – face-to-face preferred to online or hybrid delivery
- Student suitability for the career – struggle in program if unsuited/unaware of nature of career
- Accommodated students struggling to meet demands of program including those with undiagnosed learning disabilities
- Lack of responsible behaviour re: meeting academic and practice behavioural expectations, absenteeism, etc.
- Lack of transportation – has impact on clinical placements

Attrition reasons

- Academic and/or clinical skills failures
- Student health issues – MH issues, pregnancy, anxiety
- ESL for PN students – difficult to manage the demands of acute care
- Math for PN students – achieving required %
- Behavioural/classroom dynamics challenges, student conduct, student-to-student bullying (via social media/texting as well+++)
- Professional practice issues
- Personal reasons
 - Withdrawals for financial reasons, struggling to balance home vs. school vs. work responsibilities

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- Integration of on-line/video conferencing student cohort with existing F-to-F cohort problematic for one school – led to attrition
- Incomplete pre-clinical requirements
 - No Hepatitis B vaccine so refused clinical placement by HA – noted in the following health authorities - VCH, NH

Trends in Palliative Care – presentation by Kath Murray and review of resources

HEALTH AUTHORITY REPRESENTATIVES REPORTS

Vancouver Coastal Health, Lisa Bower (report embedded below)

LPNs

- Continue to have challenges with recruiting in rural/remote areas (Squamish, Whistler, Pemberton, Sechelt, Bella Bella, Bella Coola)
- Rural/remote have less support for new grads as there may be only 1-2 LPNs on duty and positions may be vacant so mentorship is difficult
- Total of 423 students supported in PN program

HCA

- Also difficult to recruit in rural/remote areas
- Recruitment challenges on the Northshore
- Total of 294 students supported in HCA programs

GENERAL

- VCH has new policy “Responding to Suspected Opioid Overdoses in Community Settings (includes LPN and unregulated care providers)
- VCH has 2014 policy on social media and online communication
- VCH updating policy on use of cell phone and other devices

HCA + PN Articulation Meeting Spring 2017

Representative: Sandy Judge

1. Data from October 2016 to April 2017 (number of job openings, types, sites, etc.):

Count of Requisition Posting #	LPN
Sector	Total
Acute	155
Community	16
Orthopedic	2
Operating Room	1
Residential	69
Grand Total	243

Count of Requisition Posting #	LPN
Requisition Vacancy Type	Total
Casual	38
Regular FT	53
Regular PT	65
Temp FT	51
Temp PT	36
Grand Total	243

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Count of Requisition Posting #	HCA		Count of Requisition Posting #	HCA
Sector	Total		Requisition Vacancy Type	Total
Acute	134		Casual	35
Community	133		Regular FT	186
Residential	290		Regular PT	141
Grand Total	557		Temp FT	78
			Temp PT	117
			Grand Total	557

2. New / On-going Strategic Initiatives:

Ongoing:

IHealth:

- Addressing Cochrane Report recommendations to improve implementation of the EHR in Island Health
- Only NRGH, Dufferin and Oceanside are fully activated
- No further implementations are scheduled at this time

North Island Hospitals Transition

- 1 Hospital / 2 Campuses (Campbell River and Comox Valley)
- On track for Fall 2017 occupancy – CRH Sept and CVH Oct
- The next few months will provided us with an opportunity to define the possible role for PN and HCA students in the transition of patients from site to site
- All students will be included in the learning sessions for each site
- Faculty will have opportunity to engage with the new sites during the summer months

Community Health and Care initiative:

- Establishing Primary Care Homes.
- Especially focused on providing care for seniors with complex needs and those with mental health and substance use disorders.
- Analyzing the required team composition for community health teams.
- Implementing a 3 year education strategy that standardizes learning and performance for 9 common disease conditions that affect frail seniors and interprofessional practice.

Community Health and Care

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- In Nov 2016, Cowichan Home Support started a new concept of delivering care at home called Neighbourhood Model of Home Support
- This model will serve clients, who live in a close proximity to each other, with teams of regular Community Health Workers
- This model is starting in the downtown core – 1 assisted living site and 2 neighbouring apartment buildings
- Four months into the new model and they have seen huge benefits – consistency of care, flexibility of visit times, better communication through twice daily huddles and a decrease in travel time between clients
- Exploring expanding the role of LPNs in community health and care settings.

Delegation of Task

- We've clarify with CLPNBC that LPNs do not delegate tasks; they assign activities to UCPs.
- We continue to work with our community health and care partners to ensure appropriate process for the DOT are in place.

3. Practice

- a. PN: Continue to expand practice – Clinics and Ambulatory Care areas, Public Health (pilot project starting in April) and the OR (job posting up currently), increasing skills – starting IVs (in selected areas only), and starting to look at the possibility of PN working in Community Care areas
- b. HCA: continue to be included in a variety of Acute Care areas (such as CRH, LMH, CVH)

4. Island Health is focusing on:

- Cultural safety (first nations, seniors, immigrants, etc.), psychological safety and respectful workplace including workplace wellness, , many consults relate to scope boundaries and knowing the various controls on practice, 48/6 remains a practice expectation and strategic focus
- Seniors Health is focusing on understanding dementia is a neuro-cognitive disorder, behavioural management using tools like the P.I.E.C.E.S and U-First modules.
- Reducing the number of nursing family job descriptions.
- Health human resources management.
- Access to surgical and diagnostic services.
- Rural and remote health services.
- Engagement 2 experience.
- Quality.
- Aboriginal Health.
- Research.

5. Other items to share:
 - a. Cell phone use is allowed in Island Health in the following conditions:
 - i. Use is not to interfere with clinical practice
 - ii. Shifts are called/text to our employees via cell phone by our Staffing Services department
 - iii. Cell phone users must adhere to Privacy, Confidentiality, Respectful Workplace and Social Media policies

Interior Health, Tricia McBain (2 pages - report provided and embedded below)

REPORT TO: Health Care Assistant Articulation Chair, April 4, 2017

- HCAs (specifically in acute care) do not stay long in one position and it has become a “revolving door”. Many units do not provide a dedicated orientation, which perhaps is a contributing factor to turnover.
- ICU is the most consistent acute care area that provides a dedicated HCA orientation. In ICU, the scope is limited due to patient population but there might be appetite to expand if the supports were in place.
- HCAs get very little experience in acute care during their training, so it’s hard to expand scope as many of the skills require critical thinking (i.e. BGM).
- We have little in the way of direction in what scope should be and many areas have made their own decisions. Many grey areas which make professional practice consultations challenging.
- Interior Health would welcome provincial direction for these unregulated positions. A more clear understanding and standardization regarding what HCAs can do in practice is needed.

HUMAN RESOURCE INFO	NUMBER HIRED from 01 OCT 2017 TO 31 MAR 2017	
	External Hires	Internal Hires
HCA	104	282
CHW	87	94
TOTAL	191	376

POSITION	NUMBER of VACANCIES from 01 OCT 2017 TO 31 MAR 2017	
	External Vacancies	Internal Vacancies
HCA	24	24
CHW	23	9

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TOTAL	47	33
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* Total number of HCA student placements for 2016/2017 fiscal year = 486 (Source: HSPnet)

INTERIOR HEALTH OVERVIEW: REPORT TO: Practical Nursing Articulation Chair April 4, 2017

- Monica Adamack retired from Interior Health in January 2017. Aneta D'Angelo has been hired as Monica's replacement. Aneta brings past experience with CRNBC to her role, and she will be taking a lead in the ongoing scope of practice work for Interior Health.
- We continue to work with the CLPNBC and the other BC Health Authorities on the changes to the Health Professions Act and the implications to the LPN scope of practice. The amount of additional education Health Authorities are required to have in place to implement many of the LPN scope of practice changes has been an issue of concern and priorities for areas of focus are being established provincially.
- The Professional Practice Office has hired a Leader, Specialty Education. Eveline LeNoble was the successful applicant and started in this newly created position on March 15, 2017.

HUMAN RESOURCE INFO	NUMBER HIRED from 01 OCT 2017 TO 31 MAR 2017	
	External Hires	Internal Hires
LPN (Community)	1	12
LPN (Acute)	47	91
LPN (Residential)	50	70
TOTAL	98	173

POSITION	NUMBER of VACANCIES from 01 OCT 2017 TO 31 MAR 2017	
	External Vacancies	Internal Vacancies
LPN (Community)	5	3
LPN (Acute)	13	5
LPN (Residential)	17	10
TOTAL	35	18

* Total number of LPN student placements for 2016/2017 fiscal year = 749 (Source: HSPnet)

First Nations HA, Leona Smith

- Publicly funded, intersect with the other 5 health authorities, not a stand alone entity, work in collaboration with the other health authorities
- Have representation across the province – 5 nurse managers

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- HCAs – fair number working in the communities
- Working to support LPNs to increase their scope of practice and work to full scope – may work in dual roles, home care and community health
- HCAs pilot project with TRU and open learning center – supporting the online program, have 2 years to complete, 16 students coming from all over the northern region

Fraser Health, Baljit Lail

- 2 new tools for LPNs have been created – LPN activities to be used together, LPN activities record guide and CAPE tool/things LPNs could do without an order/with an order
- High alert medication policy – communicated to nursing schools
- “Releasing time to care” initiative – where am I wasting time...what am I doing...how could I spend more time at the client’s bedside –will differ from unit to unit, trying to integrate the philosophy throughout the entire unit
- Believes there will visioning work done as to how the whole team is working together in the peri-operative program
- Trying to use the LPN more in the home + community setting – delegation is still a ‘no’ from CLPNBC
- Starting process around looking at the LPNs in ambulatory care settings such as endoscopy. There is an entero-gastronomy course through Okanagan College
- IV meds for LPNs – a conversation that is happening
- Cell phone use – same as other health authorities, can use as a resource i.e. look up a medication, receive work related texts/calls
- Everyone doing the Violence Prevention modules

Northern Health, Sheila Gordon-Payne

- Not present, no report received

Union reports

HEU, Lou Black

- “Care can’t wait” – 3 community forums last month
- Staffing level review has come out – *Plecas Residential Staffing Review Part One: Decision Time. A review of policy, practice and legislation of child welfare in BC in relation to a judicial decision in the J.P. case*
 - <http://www2.gov.bc.ca/assets/gov/family-and-social-supports/services-supports-for-parents-with-young-children/reporting-monitoring/00-public-ministry-reports/plecas-report-part-one.pdf>
- Ministry to support 1500 FTEs - 900 will be HCAs, how many part-time and/or casual can be converted to FT

BCNU Report – Patricia Wejr

Violence Prevention: BCNU is currently engaged in a public campaign to draw attention to unacceptably high levels of violence against nurses at work – on average, 26

nurses a month in BC suffer a violent injury at work. Called “Violence. Not Part of the Job” the campaign features television ads and includes reaching out to provincial election candidates to sign a pledge in support of the campaign goals.

MAiD: in response to questions from our members, who were asked very early after the federal legislation was passed, we have had to advocate to ensure the appropriate policies and protocols were in place. Unfortunately, MAiD began prior to a common understanding of expectations. We have also just published a Position Statement on Palliative Care, that includes a section on MAiD.

Convention: occurring May 15 – 18, 2017 which will include a full education day focusing on professional practice. Note that each BCNU region can support a student nurse to attend convention, which has been very well received by students.

Implementation of the Provincial Collective Agreement: a very complex process to integrate LPNs into the Nurses Bargaining Association, which involved a phased approach. For example, on April 1, 2017 LPNs became eligible to receive all shift premiums. For example, the weekend shift premium went from \$1.00 an hour to \$2.30 per hour. On September 1 this year, all LPN members will receive a \$1.00 per hour wage increase.

Education: BCNU is engaged with the Nursing Policy Secretariat to explore a provincial approach to perioperative education that contemplates modules which will fit local practice needs. LPNs will be fully part of this approach.

Scope of Practice: as part of the collective agreement, a commitment was made to have the Nursing Policy Secretariat seek information and make recommendations on scope of practice throughout BC. Particularly with LPN practice, it has been frustrating for LPNs to have completely uneven approaches to what they may and may not do, even within one facility. We expect a report and plan sometime this month.

Professional Responsibility Process: Joint union/employer education has begun so that nurses and their managers have a common understanding of how they can utilize this article of the collective agreement to address patient and nurse safety issues. Language changes negotiated last year have sparked this initiative.

Student outreach: we are beginning to revise our student presentation modules and will be sending out information to Schools of Nursing when they are complete. BCNU representatives are available to meet with student nurse classes to speak to them about the union and how it can support nurses in practice.

BCNU will be presenting at the Canadian Mental Health conference in September. Called “Learned Resilience: Inoculating Nurses Against Cumulative Trauma” it will describe the resiliency workshops the union has been holding for members.

This is just a sample of our initiatives – please email me if you would like to discuss how BCNU assist you and provide information to your students.

pwejr@bcnu.org

BC Care Aid and Support Worker Registry, Bruce Bell, Sarina Corsi + Lara Williams

- Report attached

Ministry of Health Report - Karla Biagioni (report provided and embedded below)

Planning Board for Health and Medical Education

- The Ministries of Health and Advanced Educating have recently established the *Planning Board for Health and Medical Education*.
- *This board is co-chaired by* Assistant Deputy Ministers of the MoH and AVED and reports to an Executive Steering Committee comprised of Deputy Ministers of Advanced Education and Health.
- The board has been established to facilitate informed and integrated strategic planning to further strengthen the collaboration between the two Ministries and our respective partners.
- Currently, the Board is considering the functions of the Partnership Committee on Health and Education (PCHE) to determine how its role can best be aligned to support the work of the Planning Board.

Purkis Report “*Preparing Registered Nurses for a Health System in Transformation: A BSN curriculum framework*”

- In the spring of 2016, the Ministries of Health and Advanced Education agreed on the need to create a framework for a provincial approach to Specialty Nursing education.
- Subsequently, the Ministry of Health engaged Dr. Mary Ellen Purkis to consider the current state of nurse education and clinical training and provide recommendations towards mapping a provincial framework.
- David Byres has been leading consultations with stakeholders, in collaboration with staff from both AVED and MoH.
- Within MoH the Nursing Policy and Integrated Practice Secretariat has been established, with David Byres appointed as the Chief Nursing Advisor. David is leading the work of this secretariat, focusing on the optimization of the role of nursing.

Plecas Report on residential care staffing

- Health minister Terry Lake asked Parliamentary Secretary Darryl Plecas to work with Seniors Advocate Isobel Mackenzie and ministry staff to examine three core areas of seniors care:
 - Quality of care (including outcomes)
 - Staffing levels
 - Funding in residential care facilities
- Terry Lake publically announced \$500 million for a four year action plan to hire an additional 1,500 care aides, nurses and other caregivers to assist seniors.
- AVED and MoH will work collaboratively with stakeholders to address the recommendations.

HHR Planning and Data

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- The Ministry, health authorities and the Health Employers Association of BC are entering the second year of a collaborative initiative to develop a provincial health workforce planning process.
- The vision of health workforce planning in BC is to create a single mechanism for provincial planning that aligns the supply, mix and distribution of the health workforce to meet patient and population health needs locally, regionally and provincially. In 2017/18, the Ministry will build on the substantial progress made to date.
- The Ministry is also undertaking a set of detailed labour market analyses to better understand all of the supply and demand factors related to the priority professions.
- As part of their 2017/18 mandate letters, health authorities will be issued planning instructions requiring them to provide quantitative and qualitative data about the current workforce and projected needs.
- Once submissions from the health authorities are received, the Ministry will use them to validate provincial-level current state workforce estimates and projections. The end result, achieved through close consultation with health authorities and other stakeholders, will be a comprehensive BC Health Workforce Plan that provides detailed provincial- and regional-level analyses and an action plan to address priority issues.

CLPNBC Report, Janice Penner, Karen Turner

- Changes in the organization – Wendy Winslow has retired, new director is in the role one day per week and will be in BC in the fall working in the role FT
- There will be another educator forum this year – will work with PN Educators to set up.
- Question re: accommodations – more requests for this in the program setting, for exams and some for accommodations in clinical, asking for input re: CLPNBCs thoughts about accommodation in clinical -if it relates to requisite skills and abilities will have to be reviewed individually

WorkSafe BC, Heather Middleton, Mike Sager

- HCA number one injured occupation in care settings, last year 3500 care aides injured – more than 1 in 10
- #2 injured profession in acute care...recognizing that this is a new work setting for HCAs, very concerning injury
- More than ½ are MSI
- Fact sheet to be attached
- In terms of those planning for new lab spaces. WSBC would like to see a lift over every bed in educational lab settings – have graduates coming out with poor skills, poor equipment in the labs, instructors who don't have the skills
- Heather and Mike have new roles – not clearly defined at present

PN Canada / LPNABC, Anita Dickson

- **Anita will circulate report to group**

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BCCAT, John Fitzgibbon

- Reviewed BCCAT website to demonstrate where minutes and info ‘lives’.

BCCCA, Esther Aquilar – no report

Deans and Directors

- Pam Cawley (Douglas College, Dean Rep for HCA – via phone)
- Debbie Sargent (VCC, Dean Rep for PN)
 - Reported on AVED update regarding CIP51 reports; proposals should be submitted to AVED if ‘any significant change in program’ is expected. This includes international students in the program, intake numbers, intake capacity changes, program support changes, etc.
 - Due to election there will be no one-time-funding announcements until Fall 2017
 - Reference to Percus report and discussion at NECBC regarding inclusion into conversation
 - Changes/updates to PN provincial curriculum underway – PN Educator to be invited to participate in updating based on 9 recommendations that came out of the Steering committee. Work to be done this spring for potential updates in effect by September 2017. Recommendations circulated prior to the meeting.

Appendix A – attendees (membership)

EDUCATORS		
Affiliation	Name / Program / Role	Attendance
Camosun	Karen Nielsen – HCA/PN interim Chair	✓
Capilano	Carol Tanner – HCA Chair	✓
C. of New Caledonia	Joleen Warmerdam – HCA Lead	✓
C. of New Caledonia	Jacquie Scobie – PN lead	regrets
C. of the Rockies	Sandi Hill – HCA/PN Chair	✓
Douglas	Shelley Goertz- HCA Chair	✓
Kwantlen	Arleigh Bell – HCA Chair	regrets
Nicola Valley IT	Heather Klatt – HCA/PN Chair	✓
North Island College	Laurie Bird – HCA Chair	✓
North Island College	Leslie Stuart – PN Chair	✓
Northern Lights CC	Lana Sprinkle – HCA/PN Chair	✓
Northwest CC	Jody Stone – HCA Chair	✓
Okanagan CC	Angela Godler – HCA Chair	✓
Okanagan CC	Suzanne Bailey – PN Chair	✓
Selkirk	Sarah Lechthaler – HCA Chair	✓
TRU	Rhonda McCreight- HCA/PN/BScN Coordinator	✓
TRU	Michelle Seibel - HCA/PN Chair Kamloops	✓
Univ. of the Fraser Valley	Giannci – PN Chair?	✓
Vancouver CC	Judy Christie – HCA Chair	✓
Vancouver CC	Julie Gilbert – PN Chair	✓
Vancouver Is. Univ.	Wendy Wagner - HCA, PN Chair	✓
Native Education College	Pooran Quasimi – HCA lead?	✓
Private Rep	Ester Aquilara – HCA/PN Sprott Shaw; Private rep	✓

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ARTICULATION PARTNERS		
Vancouver Coastal	Lisa Bauer	✓
Island Health	Sandy Judge	✓
Interior Health	Tricia McBain	✓
Fraser Health	Baljit Lail	✓
FNHA	Leona Smith	✓
Northern Health	Sheila Gordon-Payne	Regrets
BC Care Aid and Support Worker Registry	Bruce Bell Sarina Corsi Lara Williams	✓
CLPNBC	Janice Harvey Janice Penner Sara Telfer - regrets	✓ Both ✓
PN Canada / LPNABC	Anita Dickson	✓
Continuing Studies	Rebecca Bennett	regrets
BCCAT	John Fitzgibbon	✓
Deans and Directors	Pam Cawley (Douglas College, Dean Rep for HCA) Debbie Sargent (VCC Dean Rep for PN)	Via phone ✓
Unions	Lou Black (HEU) Patricia Wejr (BCNU)	✓ Both ✓
Ministry of Health	Karla Biagioni	✓
WorkSafe BC	Heather Middleton Mike Sagar	✓ Both ✓

APPENDIX B – REPORTS FROM EDUCATIONAL INSTITUTIONS

Kwantlen Polytechnic University Program Report, Practical Nursing - April 2017

Intake

- September, 2016 intake 16
- January, 2017 intake 12
- September, 2017 intake (32)

Attrition:

- September cohort: 1 quit program not for her, 2 failed clinical/Theory,
- January 2017 cohort; one quit day 1, one quit after mid semester program to time consuming, 2 failed clinical; unsafe practice
- September 2016 cohort in semester 2: 15 students will complete on April 11, 2017

Waitlist - no waitlist

Other info

- Direct entry into HCAP
- Many of these students are young and not motivated to put in fulltime hours which is the expectation for HCAP at KPU.
- Disengaged and limited life experience, high school mentality; can come and go without notification or accountability
- English requirement and testing holds many applicants back as the time to complete an English course or the testing application takes too long.
- Criminal Record Check taking up to 3 months

Northwest Community College

Intake - offers an HCA intake every January. Our intake this year is 26 students. We are offering a video conferencing delivery this year to our other campuses in the region which is proving to be successful.

Attrition -Four students are requiring additional assistance as they are not meeting our minimum passing grade. One of these students is also on a behavioural contract.

Wait List - We do not have a wait list for our program, but we do have students that wish to complete practicum and have to wait until a practicum site is available for them.

Student Issues – Mostly behavioural concerns and student conduct issues.

Other –

We also have difficulties with recruiting instructors for Clinical.

We are also hoping to offer access to PN or the Generic PN program within the next year. We have hired a program developer to lead this process.

NWCC is going through extensive renovations which will include the development of a new nursing lab.

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Okanagan College*PROGRAM STATUS REPORT –

STUDENTS/ PROGRAMS	PROGRAM IMPLEMENTATION	ADMISSIONS	ATTRITION	COMPLETION
Kelowna – May 2016	May 1st, 2016	19 Admitted	<u>17 Graduated</u> 1 Failures 1 Withdrawal in first week of clinical	October 16 th , 2016
Salmon Arm – May 2016	May 1 st , 2016	20 Admitted	<u>20 Graduated</u>	October 26 th , 2016
Kelowna – August 2016/17	August 22 th , 2016	Admitted 25 24 FT 1 PT	<u>15 graduated</u> 3 withdrawal 6 Failures 1 standing Deferred	February 22, 2017
Penticton 2016/17	October 26 th , 2016	Admitted 20	1 immediate withdrawal 4 failures 1 student withdrew in clinical <hr/> 14 students out in clinical now	April 22, 2017
Vernon 2016/17	October 26 th , 2016	Admitted 27	<u>27 in clinical currently</u>	April 22, 2017
Kelowna -January 2017	January 3, 2017	Admitted 28 27 FT 1 PT	23 students completed pre-req for clinical	June 22 th , 2017
Princeton September Start One time Funded	Sept 12, 2016 – March 16, 2017	9 admitted	8 Graduated	March 16 th , 2017
Approved for one-time funded intake in Revelstoke.	Tentative start date August 22, 2017	12 students		
Statistics (total admissions down 10 from 2016)		148/169 total Admissions	<u>Attrition</u> 2016- 114/149 (13%) 2017- 127/148 (11.6% to date)	

Waitlist Has decreased to approx. 5 per intake. Salmon Arm which generally has >10. Many students have registered however seat not offered as they have not completed Program pre-req.

Update on Admission Requirements -Process is being streamlined. Many students offered seats prior to full pre-reqs. Completed, i.e CRC, First Aid and Food Safe

Curriculum Innovations Okanagan College Health programs working towards more opportunities for interprofessional education. Consultant hired to examine when there are potential opportunities for this work between programs

Community Trends/Changes/Content Approval for one time funded intake in Revelstoke. Potential for 12 seats. Projected start date is the end of August. There is also an increase in setting up “student for a day” requests. These are from coming from OC Recruitment, SD23, and employment services such as Work BC.

Employment Trends/Opportunities Continue to have strong job market for graduating students. They continue to receive invites for interviews prior to graduation. February grads all had interviews within

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days of writing final exams. Continued interest from all clinical partners to have students at their sites for clinical practicum.

College of New Caledonia - HCA

STUDENTS/ PROGRAMS	COMPLETION	ATTRITION
2015/2016 – 34 Students 4 part time returning 3 part time beginning 1 part time joined in January 27 full time - New	May 2016 – anticipate 24 graduates	1 withdrawal in October 1 withdrawal in January Do not anticipate return of the above 2 2 dropped to part time due to academic reasons 1 dropped to part time due to failed skills testing 1 medical withdrawal in preceptorship
2016/2017 – 36 students 1 returning part time (from Quesnel campus) 6 returning part time 3 new part time 26 full time - new	May 2017 – anticipate 26 graduates	2 withdrawal (1 FT and 1 returning PT) in October for personal reasons 1 withdrawal in December (FT) for Medical reasons 2 drop to PT status within first week for medical (one to complete over 3 years) 1 drop to PT due to failed care plan assignment 1 returning PT failed skills testing and not anticipated to return
2016/2017 – 12 students Ft St James Regional Campus 11 FT / 1PT	June 2017 - Anticipate 5 to graduate	7 withdrawals for various reasons; academic and personal

Special Activities/External Activities

Dean of Health Sciences Glenda Vardy Dell. We have an interim Associate Dean, Donna McDonald.

Participating in Careers in Health Sciences and Adventures in Healthcare (Rotary 3 day event May 2017) this academic year.

Future Enrollment

Anticipate 6 returning part time students – 3 who started part time and 3 who dropped to part time for academic and/or medical reasons.

Our program is phasing out our part-time seat option. We will hold 5 seats for those students affiliated with Accessibility Services that we may need to accommodate. If

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those seats are not filled they will convert to full time seats. This will have us at 37 full-time seats.

There is tentative approval for a proposed intake for Jan/Feb 2018 for CNC PG.

Unknown how many seats this will be at this time. Confirmation to be May 2017.

Vanderhoof campus has been approved for a 16 seat cohort to begin September 2017.

Update on Admission Requirements

Currently Grade 10 English with 'C' or higher and Math 10. No changes for this upcoming year.

Curriculum Innovations

New curriculum has been implemented. Violence Prevention Modules will be offered in 2017-2018 through the Learning Hub. NHA will expect our programs to complete additional modules within the Learning Hub prior to clinical Fall 2017. We are awaiting direction as to program specific requirements.

We have included the Gentle Persuasive Approaches this year in Healing 2: Cognitive Challenges.

Currently we are looking at the option to add in an optional 2-3 shifts in our Preceptorship to some of our specialty sites; ie. Cancer Agency of the North, Acute Care options, Rehab. This would be for those students interested in observing these areas once they have met the core learning outcomes and minimal practicum times. Possible implementation Spring 2018.

Community Trends/Changes/Content

HCA's working in Rehab, Renal Services, Operating Room, Pediatrics, ALC units, Emergency Unit. Medical Unit continues to develop guidelines for 1:1 HCA's – they are being utilized a lot and they would like to have standard guidelines for all/improve communication surrounding expectations of working a 1:1 shift. HCA's are being utilized as Mental Health Workers throughout the hospital environment as well.

Primary Care has been entering final stages in NHA NI-Prince George. We no longer have Case Manager's performing long term care assessments. These assessments are being performed by Team Leads on the primary care team. Patients are linked to the team by the team affiliated with their family physician. The teams incorporate Mental Health Clinicians. As a result home support is seeing an increase in referrals for Home support with mental health related conditions i.e. suicide watch/safety checks, etc.

NHA strategies to decrease the length of stay for the elderly in acute care: Gateway Complex Care Center has opened the third floor with 5 new respite beds, 6 convalescent beds and 15 complex care beds and NHA has a team of LPNs to provide rapid access to home support services.

Employment Trends/Opportunities

Support letters from several community stakeholders for the need to run a second intake. Continue to have multiple phone calls regarding open positions with employers

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(NHA, Bayshore Home Health, CBI). Home support posting positions externally and no applicants. Facilities are continually operating on OT due to staffing shortages.

All care facilities and Home Support (private companies and public employers) are looking for HCA's.

Last 3 years hire rate has averaged 96% for our graduates.

North Island College

STUDENTS/ PROGRAMS	COMPLETION	ATTRITION	PROGRAM IMPLEMENTATION
August 2015 Comox Valley 20 students	March 2016	19 graduated • Attrition d/t academic issues	Monday – Friday days
January 2016 Comox Valley 10 students	July 2016	9 graduated • Attrition d/t academic issues	Monday – Friday days
September 2015 Port Alberni 20 students	May 2016	18 graduated • Attrition d/t personal issues (1) and academics(1)	Tuesday to Friday - days
Feb. 2016 Comox Valley 10 students	August 2016	9 graduated • Medical withdrawal	Monday to Wed. evenings theory/lab Clinical 4 days/week
August 2016 Comox Valley 20 students	March 2017	18 graduated	

Current Intakes:

- Comox Valley: 1 intakes of 20 students in January – currently in theory, start practice in May
- Port Alberni: 1 intake of 20 students every 12 months (September) – currently in last 6 weeks
- Port Alberni : 1 intake of 10 students (funded students of Nuuchahnulth (NTC) Aboriginal heritage) – pre-health/pre-req. block started in Dec. 2016, FT. 4 days per week HCA course theory/lab started Feb. will finish in early August.

Waitlists and other info:

- Significant waitlists both sites
- Have rec'd one time funding for an additional 10 students in 2017 – date/delivery model to be determined
- The Community Mental Health Worker curriculum – updated with a diversity/indigenous lens – has been passed by our education committee. We will be opening 10 seats (AVED

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funded NIC/NTC partnership) to the HCA NTC Aboriginal graduates – if all seats not taken they will be opened to qualified workers in the NTC community

Selkirk College

STUDENTS/ PROGRAMS	End date	ATTRITION	PROGRAM IMPLEMENTATION	UP- GRADING
<u>Selkirk Trail Campus</u> Started with 20 students 17	March 2016	3: 1 personal health 1 withdrew for other work & 1 withdrew due to age and stress of the workload within first 2 weeks.	26 week program: mixed online and in person	
<u>Selkirk College – KASLO</u> <u>temporary lab on IHA</u> <u>site</u> Started with 10 students 9 (AVED FUNDING)	June 2016	1: failed 2 courses and withdrew prior to practicum	26 week program: mixed online and in person	
Selkirk Trail Campus started with 36 students 35 (AVED FUNDING for 16 seats)	March 2017	1: personal health	26 week program: mixed online and in person	

Special Activities/External Activities:

- Waitlist – none
- Update on Admission Requirements - some new processes for ESL students applications
- Curriculum Innovations: Added Gentle Persuasive Approach training
- Community Trends/Changes/Content
- Employment Trends/Opportunities – Employers are desperate for more staff hence the Kaslo cohort and the extra seats in our main offering for 2016/17 and 17/18

VCC Report for HCA program

Regular HCA program:

3 intakes of 36 students

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September 6, 2016- March 24, 2017 graduated 28 students due to attrition (mental health issues, personal issues, a few unsuccessful due to marks)

Jan 3, 2017- July 14, 2017- Currently in level 1 clinical, attrition has been 2 students due to mental health issues and physical unsuitability. Possibly 1 insert coming in for level 2

May 1, 2017- Nov 10, 2017- has not begun yet

6 people on waitlist after filling May class.

HCA/ESL program:

1 intake of 24 students

September 6, 2016 to June 16, 2017 attrition has been 3 students with 1 insert. Currently 22 students in Level 2.

Currently 14 people on waitlist for Sept 2017

Acute Care Citation

4 intakes of 16 students but will be dropping down to 2 cohorts a year starting in September, 2017.

September 6, 2016 – Jan 27, 2017- intake of 16 students, graduated 15

Oct 31, 2016 - March 17, 2017- intake of 16 students, graduated 14

March 7, 2017 – July 14, 2017- intake of 15, not graduated yet

May 1, 2017 –September 8, 2017 – not filled yet

Waitlist of 10, unsure of filling all seats in May 2017 class.

Vancouver Island University - HCA Report

Programs:

Nanaimo: two generic intakes of 34 every September and February. Wait list of at least twenty. Attrition rate of 10% due to academic and personal issues.

Cowichan: one generic intake of 24 every September. Wait list of ten. Attrition rate of 10% due to academic and personal issues.

Powell River: one generic intake of 16 every September. Wait list of four. Attrition rate of 20% due to academic and personal issues.

Students:

Nanaimo has just completed the fall program with 33 graduates out of 34.

Cowichan has just completed the fall program with 20 graduates out of 24.

Powell River has just completed the fall program with 13 graduates out of 16.

Nanaimo Spring intake of 34 is eight weeks into the theoretical portion of the program.

They will complete this May 25th, and start their practice May 29th.

Practice Issues:

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- Anxiety in students. Assessments and exams increase the level. On site counselling is utilized extensively.
- Securing practice Instructors. VIU requests a BSN with a PID. This is very difficult to find and hire at BCGEU wages.

Other:

Examining the potential for a second cohort in Cowichan. This would be First Nations sponsored with the intention that the graduates return to First Nation communities for employment. The discussions include a prep semester and initial work experience mentoring.

Powell River is proposing an increase in class size to support the needs of the community. Faculty, Lab space and equipment are the challenges around this possible change.

VIU - Practical Nursing Report

Programs

Nanaimo: Generic Program with an intake of 32 every September. Wait list of at least 179 students. Attrition rate of 12% in first year. Second year has an attrition rate of 20%. The most prevalent factor is academic.

Nanaimo Year I, 29 students are over half way through semester II. May 15th they move into their second CPE. SPECO, confidentiality agreement and violence prevention was completed in Semester I. On-boarding for activation sites (NRGH), will be commenced May 1st.

Nanaimo Year II, 29 students in their acute care Practice, CPE IV. Three groups in NRGH and one group in CDH. Completion date for CPE is May 12th. This is followed with the six week preceptorship.

Cowichan: Generic Program with an intake of 24 every second September. Wait list of at least 50 students. Attrition rate of 8%. Second year has an attrition rate of 20% due to academic factors.

Cowichan year I, 22 students are over half way through semester II. May 15th they move into their second CPE. SPECO, confidentiality agreement and violence prevention was completed in Semester I.

Program Issues:

- Anxiety is a real issue. Exam periods and practice commencements only increase the level.
- Bullying within the classroom, and with each other has been a problem. Student affairs, counselling and the Dean's office have all intervened at different times.

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- Responsibility and Accountability for actions. Shifting blame to others is frequent. CLPNBC standards for practice have been resourced to address this.
- Faculty recruitment and retention an ongoing issue.

Douglas College

INTAKE	STUDENTS ENROLLED AT THE START OF SEMESTER	STUDENTS WHO COMPLETED THE PROGRAM	COMMENTS
Fall 2016 Intake (Full time Program)	32 students -plus an additional returning student, from Winter 2016, in two theory courses	April 15 2017 Anticipated to graduate: 25	To date: -1 students exited for health reasons -4 students exited for personal reasons -2 student unsuccessful
Winter 2017 Intake (HCA)	25 students -plus an additional 2 returning students	July 19 2017 Anticipated to graduate: 26	-1 student exited for personal reasons

Waitlist: no waitlists

Trends:

- increase number of students experiencing mental health challenges, such as anxiety
- mix of age groups, ranging from several students recently graduated from high school to students in their 50's
- some challenges with cell phone use in the classroom
- strong job market with many students being requested to submit resumes while in clinical placements

TRU – Williams Lake

STUDENTS/ PROGRAMS	End	ATTRITION	PROGRAM IMPLEMENTATION
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HCA – WL campus 22 student Feb 2016	Aug-16	2 – due to grades	Social media policy
HCA – Clearwater 8 students	Aug-16	1 – due to grades	
PN regular funded intake Sept 2016 - 24 (10 int/14 dom)	Aug-18		
PN international intake Jan 2016 (16 int/10 dom) compressed over 18 mo	Aug-17	In progress – down to 19 (most r/t grades)	Interculturalizing the PN curriculum

TRU – Kamloops HCA

September, 2016

32 Admitted

Attrition – 3 failures (1 in theory, 1 in lab and 1 in practicum), 4 medical withdrawals, 1 moved to January intake.

25 students graduated (included 1 returning student from previous cohort)

New Innovations: Implemented updated HCA curriculum ; included scenario based skill testing in lab setting. HEAL 1200 a combination of face to face and online learning.

January 2017

32 Admitted

Attrition to date: 1 failure in HEAL 1150

Students beginning practicum May 29th – will have an additional 6 students. 2 Open learning and 4 returning students (3 from medical withdrawals and 1 returning after failure)

New Innovations: Students from this cohort have the opportunity to be involved in a research project funded by Worksafe BC regarding Gentle Persuasive Approaches training. HCA instructors have participated in GPA coaches training. All Students will complete a GPA e-learning module and participate in a 2 hour face to face practical skills session. Students participating in the study will complete 2 questionnaires and participate in a focus group. Purpose of the study is to evaluate the effects GPA training has on students' ability to safely care for patients who may have the potential for responsive behaviours.

Several students in this cohort will also have the opportunity to participate in a intradisciplinary pilot project . BSN and HCA students will participate in a simulation designed to improve collaboration skills between RNs and HCAs.