

Nursing Policy Secretariat  
British Columbia Ministry of Health

MAY 2019

# PRIORITY RECOMMENDATIONS UPDATE



Ministry of  
Health

## A MESSAGE FROM OUR EXECUTIVE DIRECTORS

Welcome to the first update report from the Nursing Policy Secretariat (NPS) at the Ministry of Health. We want to extend to all a Happy Nursing Week! This is an important time to celebrate our collective achievements. Both the International Council of Nurses and the Canadian Nurses Association's theme for this year's Nurses Week is *Nurses: A Voice to Lead – Health for All*. The theme acknowledges that "every nurse has a story and every story has the potential to improve the health system and enable individuals and communities to achieve their highest attainable standard of health. From these insights comes the power for change."

Listening to and learning from the insights of many nurses across the province has helped advance many priority recommendations over the past year. Over 60 per cent of the recommendations in the [NPS Priority Recommendations report](#) have been initiated and 18 per cent have been completed. This includes the integration of nurses and nurse practitioners into Primary Care Networks; specialty nursing education seat planning (including a new education model for perioperative nurses - RNs & LPNs); and commencement of a review of how BSN graduates are educated and supported to transition to practice. The wisdom of the voices of nurses was also heard during our provincial planning forums for the priority recommendations and nursing education. We are also listening to our Indigenous partners to ensure cultural safety and humility is foundational to all the work we do.

British Columbia is home to some of the best and brightest healthcare leaders, educators, researchers and service providers in Canada and beyond. In this issue we've profiled some truly inspirational nurse leaders whose voices are making a difference in B.C. We are grateful to be able to collaborate with them and all of you to make our mutual vision for health care renewal a reality.

Warm regards,

**Joanne Maclaren, RN, BSN, MN, CHE**  
Executive Director, Nursing Policy Secretariat

**Natasha Prodan-Bhalla, DNP, MN, NP(A), BScN**  
Executive Director, Nurse Practitioners and Primary Health Care



**Joanne Maclaren**  
Executive Director  
Nursing Policy Secretariat



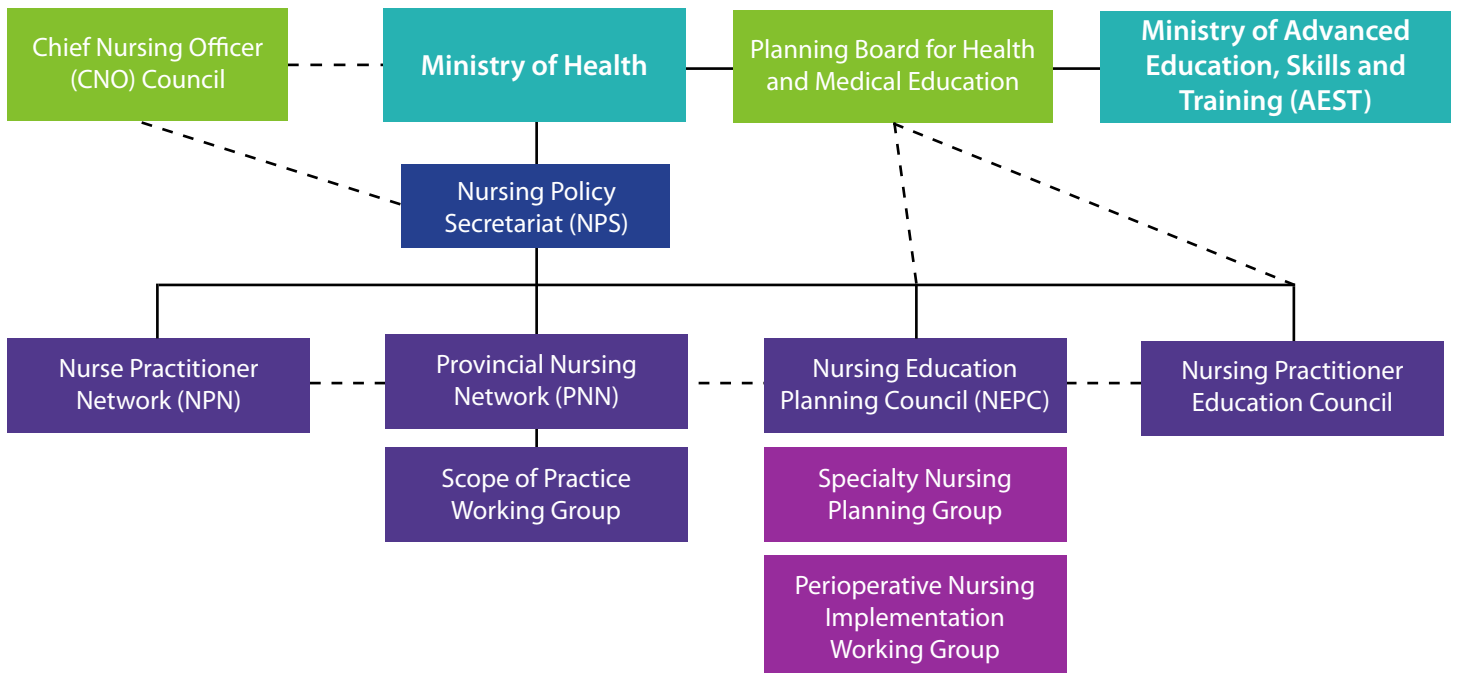
**Natasha Prodan-Bhalla**  
Executive Director  
Nurse Practitioners and  
Primary Health Care

## ABOUT US - NPS Mandate and Governance

The Nursing Policy Secretariat supports the achievement of nursing health system policy goals and objectives that guide and strengthen service delivery across B.C. The NPS is responsible for a diverse range of functions, including health policy planning, development, and implementation of strategies for system improvement, as well as providing nursing expertise and advice to support an integrated system of care and equitable access to quality services for all British Columbians.

## About Us - NPS Mandate and Governance

### Nursing Policy Secretariat Governance (updated April 2019)



The NPS is leading the implementation of [priority strategic recommendations](#) to shape the future of nursing regulation, practice, and education in B.C., in partnership with key internal and external nursing partners including health authority representatives such as Chief Nursing Officers, nursing unions, associations, regulatory bodies, academia, ministry partners, nurses, and others. The evolving governance structure that will enable and support this work moving forward includes the following:

- **Provincial Nursing Network (PNN)** - Provide advice and make recommendations to the Nursing Policy Secretariat of the Ministry of Health on nursing practice, education, regulation, policy, and research including the implementation of the priority recommendations from the Nursing Policy Secretariat. The Provincial Nursing Network is accountable to the Chief Nurse Executive, Ministry of Health.
- **Nursing Education Planning Council (NEPC)** - Provide a provincially-focused forum for collaboration and consultation on priority issues and considerations related to nursing education including strategic advice and direction to address recommendations in the Nursing Policy Secretariat report. The Nursing Education Planning Council is accountable to make recommendations to the Planning Board for Health and Medical Education (PBHME) comprised of Ministry of Advanced Education, Skills and Training and Ministry of Health.
- **Nurse Practitioner Network (NPN)** - Provide advice and make recommendations to the Nursing Policy Secretariat on matters pertaining to Nurse Practitioner (NP) integration.
- **Nurse Practitioner Education Council** - Provide a provincially-focused forum for collaboration and consultation on priority issues and considerations related to nurse practitioner education including strategic advice and direction to address recommendations in the Nursing Policy Secretariat report. The Nurse Practitioner Education Council is accountable to make recommendations to the Planning Board for Health and Medical Education (PBHME) comprised of representatives from the Ministry of Advanced Education, Skills and Training and Ministry of Health.

Additional working groups have been established to address specific priorities, e.g. Specialty Nursing working groups and the Perioperative Nursing Working Group.

## NURSING BODIES IN B.C.

As you are likely aware, in the fall of 2018, B.C. aligned to one nursing regulator – the British Columbia College of Nursing Professionals (BCCNP), as well as one nursing association – the Nurses and Nurse Practitioners of British Columbia (NNPBC). These professional bodies as well as the BC Nurses' Union (BCNU) have an important role to play in supporting nursing practice. Read about their unique roles below, and visit their websites for more information:

| Regulator<br>(BCCNP)  | Association<br>(NNPBC)  | Union<br>(BCNU)  |
|---|---|--|
| <p>Focused on <b>protection of the public</b> through regulation of nursing professionals, setting standards of practice, assessing nursing education programs, and addressing complaints about registrants.</p> <p>Website: <a href="http://www.bccnp.ca">www.bccnp.ca</a></p> | <p>Focused on <b>advocating for all nursing professions</b>, creating opportunities for nurses to engage in policy development, and advocacy work around issues that impact nursing.</p> <p>Website: <a href="http://www.nnpbc.com">www.nnpbc.com</a></p> | <p>Focused on <b>protecting</b> and <b>advancing</b> the health, social and economic well-being of nurses, <b>negotiating</b> the collective agreement and <b>providing</b> professional and advocacy services.</p> <p>Website: <a href="http://www.bcnu.org">www.bcnu.org</a></p> |

## HCA WORKFORCE UPDATE

Health Care Assistants (HCAs) play an important role in healthcare teams and provide personal care assistance and services in a variety of health care settings: acute care hospitals, assisted living, group homes, residential care and community care. In recent years, the Ministry of Health has undertaken extensive consultation with health authorities (public sector), the BC Care Providers Association (private sector), unions, and associations to best understand the issues, opportunities, and challenges facing HCAs working across all settings in the province.

In response, the ministry, under the leadership of the Nursing Policy Secretariat, has begun to develop a Provincial Workforce Development Strategy for Health Care Assistants to support effective education, recruitment and retention of HCAs into B.C.'s health system. As part of this workforce strategy, Health Match BC (HMBC) has been asked to develop and implement a marketing and recruitment campaign. HMBC aims to increase HCA education enrolment (via marketing and recruitment) and create opportunities via career pathway and bursary fund support for those with existing HCA competencies in becoming registered HCAs. The NPS and HMBC will continue to work together and engage partners throughout the planning and implementation of these strategies.

## PROVINCIAL NURSING PLANNING FORUM



Forum attendees  
from L-R:

Emaly Klomp  
*Northern Health*

Carl Meadows  
*Interior Health*

April MacNaughton  
*First Nations Health  
Authority*

Barb Bedell  
*Vancouver Coastal  
Health*

Amanda Egert  
*MSN Student, Trinity  
Western University*

On January 10th and 11th the ministry hosted a provincial planning forum to bring together over 40 nursing leaders and clinicians from practice, academia, regulation, association, union, and other representatives. The intent of the forum was to prioritize, sequence and determine implementation next steps for the recommendations that have not yet been actioned, and provide advice for work already underway. This was also an opportunity to celebrate the significant achievements, with over 60% of the recommendations initiated (and 18% having been completed) to date.

*I so appreciate the opportunity to bear witness to the tremendous passion, energy and commitment that was palpable in the room. I am simply in awe of the days' efforts. What truly left its mark on my heart is your care, compassion and commitment to contribute to, and advocate for, the best quality care possible for the population you serve... And on behalf of the patients' voices I represent at this table, I thank YOU!*

Viva Swanson,  
Patient Representative, Fort St. John



Forum attendees from L-R: Hannah MacDonald (*Nursing Education Council of B.C.*), Neeta Nagra (*PHSA*), Fiona Kamali (*PHSA*), Mandi Higenbottam (*RPN, PHSA*), and Andrea Taylor (*Island Health*)

## NURSING EDUCATION PLANNING COUNCIL FORUM



On March 7, 2019, the Nursing Education Planning Council (NEPC) held a provincial forum to bring together a diverse group of nearly 50 nursing leaders representing nursing educators and faculty, employers, nursing regulators, associations, unions, clinicians, students, patients, and government representatives. The purpose of the forum was to solicit the input and perspectives from diverse nursing partners on draft policy direction related to BSN education and transition to practice as prepared by the NEPC.

This work is intended to advance the NPS Priority Recommendations for nursing education. The findings from the forum are being reviewed by the council for consideration into the final set of policy recommendations that will be presented to the Planning Board for Health and Medical Education in June. Thanks to all participants for their passion and insights to help transform nursing education in B.C. Stay tuned for more information.

## NURSE SPOTLIGHT

We asked three exemplary nurse leaders from each of the three above NPS councils/networks a few rapid questions to learn more about them and their thoughts on the impact of nursing care on patient outcomes.

Read about some truly inspirational nurses across the province and their responses to the following:

1. What three words would your friends or colleagues use to describe you?
2. What has been one of the highlights of your nursing career?
3. What are you most excited about that's being undertaken by the Provincial Nursing Network, Nurse Practitioner Network or Nursing Education Planning Council to have a positive impact on patient outcomes?
4. How do you think nurses across B.C. can help to affect positive change in this area?
5. What advice would you give to your younger self starting out in nursing?



**Heather Straight, Director, Professional Practice, BC Nurses Union**  
Member, Nursing Education Planning Council

**Answer 1:** Relational, curious and energetic

**Answer 2:** Coaching nurses to better navigate their career paths.

**Answer 3:** Provincially aligning nursing care with population needs and developing consistent education programs to support the various transitions within a nurse's career (e.g., student, new grad, specialty, educator).

**Answer 4:** Participate in education and research opportunities.

**Answer 5:** There are endless opportunities within the nursing profession. Keep striving to find your best fit.



### Carl Meadows, Health Services Administrator

South Okanagan - Acute Hospitals and Communities Integrated Services  
Penticton Regional Hospital  
Member, Provincial Nursing Network

**Answer 1:** Charismatic, articulate and caring (according to colleagues because I asked them)

**Answer 2:** I was bullied as a young boy and ran away from home at a very young age. As a gay youth I was very broken and I thought I was stupid. I didn't graduate from high school as a result. I had to go back to school and was encouraged to go into nursing as I cared for my grandmother until she died. Graduating from Nursing School as an "A" student was my proudest moment.

**Answer 3:** I believe that Nursing as a profession under the various domains including clinical, education, research and administration has the diversity and richness to help guide the work around quality practice environments. We know that nurses and other professionals who love and enjoy what they do for patients, translates into positive patient outcomes. I am excited that those nursing voices are assisting in guiding the way.

**Answer 4:** I believe nurses all over the province have the wisdom and knowledge about how to transform our current system into something that is patient and family-centred, culturally safe, innovative and evidence-informed. Whether we are talking about nurse practitioners working in rural outposts or nurses working in Intensive Care Units (ICUs), we have the knowledge and resolve to inform change.

**Answer 5:** When I started in nursing I was an idealist and believed that when people had the right information, their decision making would be shaped by good evidence. Wow, what was I thinking? I was very naive about the political system of health care. The advice I would give to a younger me would be to be aware of your personal values and purpose; and always be true to yourself even if that means stepping away from something. Always put your family first. I would also say a personal impact on one person's life (the one person in front of you), is more important than legacy. Sometimes you can have both.



### Helen Bourque, Northern Health Nurse Practitioner Lead

Member, Nurse Practitioner Network

**Answer 1:** Optimistic, passionate, persistent

**Answer 2:** Working in a 2-Nurse station in Nunavut - without computer technology! It gave me an opportunity to understand how to provide primary health care for a population and an opportunity to work as an advanced practice nurse; utilizing my nursing skills in health promotion, disease prevention, and acute episodic care for patients of all ages. Team-based care was the model of care in the health centre, with the community health representative, receptionist, social worker in the community, and all of us working to our optimal scope in our various roles to provide the best care possible for the patient.

**Answer 3:** I am pleased that the Ministry of Health has a focus on improving attachment and access; and utilizing the full scope of Nurse Practitioners to assist with this. It's wonderful to connect with other NPs across the province through the Network; share the similarities of the work (and the differences); and continue to encourage one another as we advocate for optimal use of this role throughout the province.

**Answer 4:** All nurses in B.C. can work to their optimal scope to ensure that the needs of patients are taken care of in a timely way by the most appropriate care provider. Nurses have the education, and support to lead the way in this work.

**Answer 5:** You have excellent education, and critical thinking skills. Remember that nurses work in many different roles, and opportunities may present at different times in your career; therefore, seize the opportunities and do not be afraid of change.

## Natasha Prodan-Bhalla Talks About Team-Based Primary Care

**Q:** *The Ministry of Health has placed a priority on the implementation of team-based care to be delivered in primary care networks across the province. In a nutshell, what does this mean for patients, families, communities, and care providers in B.C.?*

We are envisioning an integrated system of care that is responsive to the health care needs of people in their local communities. In a team-based primary and community care model, patients are engaged as full partners in their care. In addition to an ongoing relationship with their primary care provider (physician or nurse practitioner), they will have expanded access to an interdisciplinary care team. Care is coordinated so that patients are connected to the right provider at the right time based on their health care needs.

Patients, families, and communities are also important partners in designing this more innovative and accessible system of care. By using their expertise, the health care system can be designed to deliver more effective, efficient, quality, and sustainable health care. This means patients experience quality health care and improved health outcomes; better overall population health; and greater fulfillment for providers who can more fully use their knowledge and skills, while at the same time use the expertise of the team to ensure patients get the care they need.

**Q:** *How is the ministry working to support health authorities to implement this model of care in B.C.?*

The ministry is working with health authorities and key system partners to implement a primary care strategy that will support health authorities to deliver this new model of primary and community care. The primary care strategy provides funding for 200 more family practice physicians 200 nurse practitioners (including seats to train 30 additional nurse practitioners each year), and 50 clinical pharmacists. Additionally, primary care teams will be supported with team coaching; and tools and resources to help establish team-based primary care services.

**Q:** *What do you see as critical success factors?*

There are three things that will be critical to our success. The first is strong leadership and full support from partners for effective change management. Secondly, it will be important to put in place supports to deliver team-based care, including orienting all staff so that they have a clear understanding of roles and responsibilities. Finally, we need to determine what success will look like and how we measure it. If we know where we're going and can measure our progress, we can collectively move the health system forward and successfully implement team-based care in British Columbia.



# FORWARD MOMENTUM

## Implementing the Nursing Policy Secretariat Priority Recommendations

By David Byres, Associate Deputy Minister, Clinical Leadership, B.C. Ministry of Health  
(former Assistant Deputy Minister and Chief Nurse Executive)

I would like to extend my sincere appreciation during National Nursing Week for your dedication and commitment to advancing the nursing profession and the quality of care delivered to all British Columbians. I have had the distinct privilege to travel the province to solicit the wisdom of nurses (including RNs, LPNs, RPNs and NPs), and others to help envision the future for nursing regulation, practice and education and what we needed to do to make it a reality.

The result of the consultation with nearly 2000 nurses is a [priority recommendations report](#) consisting of 13 strategic themes and 50 recommendations to guide us in delivering this vision to optimize nursing practice, better support patients, and achieve health system goals.

With your support, we are well underway to making this vision a reality in B.C. Here are some highlights since the release of the report and a snapshot overview of our overall provincial progress.



### Nursing Representation:

- B.C.'s three nursing colleges supported to form the B.C. College of Nursing Professionals, providing a single set of bylaws for consistent structures, processes and an improved patient experience.

*supports recommendation 25*

- Provincial Nursing Network (PNN) established to provide advice to the NPS and support the implementation of the NPS Priority Recommendations report.

*supports recommendation 23*

### Nurse Practitioners (NP):

- May 2018 Ministry of Health announcement of 115 million dollars to be allocated to the creation of 200 new Primary Care Nurse Practitioners and 200 new Family Physician positions over the next three years with the aim to improve attachment of patients and access to primary care services in B.C.

*supports recommendation 10*

- NP Education Working Group established to ensure successful expansion of 30 additional education seats per year that have been added to NP education programs across the province.
  - University of British Columbia – 15 seats
  - University of Victoria – 10 seats
  - University of Northern British Columbia – 5 seats

*supports recommendation 13*

- NPS and the British Columbia College of Nursing Professionals (BCCNP) continue to work on legislative and regulatory issues to optimize nurse practitioner scope of practice.

*supports recommendation 7*

# Implementing the Nursing Policy Secretariat Priority Recommendations

## Education:

- Post-secondary institutions working on the indigenization of nursing curriculum content; student access to Elders and cultural practices; dedicated seats for Indigenous students; and attracting and recruiting Indigenous faculty.

*supports recommendation 34*

- NEPC established to focus on nursing education and alignment of entry-to-practice with health sector needs.

*supports recommendation 35*

- Three NEPC workstreams established to address clinical practice education, new graduate transition, and educator/faculty development and support.

*supports recommendation 36*

## Surgical Model:

- Provincial perioperative group with multiple partners established to determine the provincial approach to a perioperative nursing care model and education model.

The group is using the AORN (Association of periOperative Nurses) curriculum as a foundation to align tiers of service with tiers of learning.

*supports recommendation 20*

## Primary Care:

- Provincial team-based care (TBC) working group established to provide advice to the ministry's Senior Executive Team on the development, implementation and evaluation of team-based care within the new Integrated Health System including Primary Care Networks and Specialized Community Services.

*supports recommendation 24*

- Provincial framework for TBC, along with resources to support implementation are now being developed.

## Scope of Practice:

- NPS established to provide leadership for the implementation of priority strategic recommendations and to provide expertise and support to address complex cross-cutting health system issues on a provincial level.
- Professional Practice nursing leads in each health authority are working on optimizing and standardizing nursing practice.

*supports recommendation 19*

*supports recommendations 18a & 18c*

## Quality Practice Environments and Leadership:

- Senior nursing positions integrated into some of the senior executive teams in the health authorities.
- Nurses and Nurse Practitioners of B.C. (NNPBC) is creating the Nursing Education and Leadership Institute (NELI) to provide nurses with career and leadership education programs supported by mentorship. An Advisory Council has been formed to identify education priorities.

*supports recommendation 43a*

*supports recommendation 44*

# Implementing the Nursing Policy Secretariat Priority Recommendations

## Key:

|             |                            |
|-------------|----------------------------|
| 100%        | <b>Blue</b> = Complete     |
| % completed | <b>Green</b> = In progress |
|             | <b>Red</b> = Not started   |

|   |   |  |
|---|---|--|
| <b>Role of Nurses in Primary Care</b>   | <b>Nurse Practitioners</b>  | <b>Scope of Practice (SOP)</b>   |
| 25%   | 75%   | 50%  |
| <ol style="list-style-type: none"> <li>1. Optimize scope</li> <li>2. Role of RPN</li> <li>3. Primary care roles</li> <li>4. Optimize advanced practice nursing</li> <li>5. Public health optimization in primary care</li> <li>6. Shared governance</li> </ol>  | <ol style="list-style-type: none"> <li>7. Scope of practice (prescribing)</li> <li>8. Federal legislation/regulation barriers</li> <li>9. Enable forms completion</li> <li>10. Funding Model</li> <li>11. Nurse-led primary care services</li> <li>12. Interprofessional &amp; community care centers in each HA</li> <li>13. Training seats</li> </ol> | <ol style="list-style-type: none"> <li>14. Governance (certified practice, named agency)</li> <li>15. Certified practice for RPNs &amp; LPNs</li> <li>16. Needs assessment to optimize practice settings</li> <li>17. Team-based care</li> <li>18. a) Prescribe/order<br/>b) LPN scope<br/>c) Suturing</li> <li>19. Provincial nursing office</li> </ol> |
| <b>Surgical Model</b>   | <b>Nursing Representation</b>   | <b>Quality Practice Environments</b>   |
| 50%   | 50%   | 25%  |
| <ol style="list-style-type: none"> <li>20. Provincial approach to perioperative nursing care &amp; education model</li> <li>21. Perioperative nursing care model</li> <li>22. Review RN First Assist role</li> </ol>  | <ol style="list-style-type: none"> <li>23. Structure to bring together practice, education, regulatory, policy &amp; research expertise</li> <li>24. Optimize roles/improve attachment &amp; access to primary care</li> <li>25. Amalgamation of three nursing regulatory colleges</li> <li>26. Amalgamation of nursing assoc.</li> </ol>               | <ol style="list-style-type: none"> <li>27. Value based compensation</li> <li>28. Psychological health &amp; safety</li> <li>29. Establish interprofessional advisory committee</li> <li>30. Role modeling respectful behaviour</li> <li>31. Role of quality nursing &amp; patient outcomes</li> </ol>  |
| <b>Education</b>  | <b>Health Human Resources</b>   | <b>Collective Agreements</b>   |
| 50%   |   | 100%   |
| <ol style="list-style-type: none"> <li>32. Maintain direct practice experience for educators</li> <li>33. Baccalaureate as entry-to-practice for RPNs</li> <li>34. Reduce disparities in nursing educ.</li> <li>35. Entry-to-practice considerations e.g. learning objectives, competencies, interprofessional education model</li> <li>36. Education model for the future that considers acute, community, and primary care sectors</li> </ol> | <ol style="list-style-type: none"> <li>37. HEABC recommendations re: HHR plan for rural and remote</li> <li>38. Process for review &amp; creation of staffing models</li> </ol>   | <ol style="list-style-type: none"> <li>39. Equivalency language for Nurse 4 positions</li> </ol>   |
| <b>Nursing Expert Access &amp; Advice</b>   | <b>Leadership</b>   | <b>Documentation</b>   |
|   | 50%   |  |
| <ol style="list-style-type: none"> <li>42. Provincial access to advanced nursing expertise</li> </ol>   | <ol style="list-style-type: none"> <li>43. a) Most senior nursing position on senior executive<br/>b) unit-based nurse leader</li> <li>44. Formal mechanism to educate, mentor, and support new nursing leaders</li> </ol>  | <ol style="list-style-type: none"> <li>40. Minimum data set for nursing assessment information</li> <li>41. Informatics-based principles</li> </ol>  |
| <b>Nursing Expert Access &amp; Advice</b>   | <b>Leadership</b>   | <b>Rural &amp; Remote Practice</b>   |
|   | 50%   | 25% (for action initiated)   |
| <ol style="list-style-type: none"> <li>42. Provincial access to advanced nursing expertise</li> </ol>   | <ol style="list-style-type: none"> <li>43. a) Most senior nursing position on senior executive<br/>b) unit-based nurse leader</li> <li>44. Formal mechanism to educate, mentor, and support new nursing leaders</li> </ol>  | <ol style="list-style-type: none"> <li>45. Access to certified practice</li> <li>46. Certified practice education</li> <li>47. Changes to certified practice</li> <li>48. Education/Scope of Practice</li> <li>49. Access to technology</li> <li>50. Loan forgiveness</li> </ol>   |

# Implementing the Nursing Policy Secretariat Priority Recommendations

An implementation plan based on the findings of the forum will help us to continue the forward momentum and identify what we want to achieve over the next 2-3 years. We will also regularly measure and monitor how well we're doing in meeting our objectives. This will allow us to focus our efforts to maximize our outcomes and achieve system-wide improvements on a provincial level.

I look forward to this exciting time of transformative change for health care in B.C.

Thank you,

David W. Byres, RN, DNP, CHE  
Associate Deputy Minister, Clinical Leadership  
Ministry of Health

## Nursing Policy Secretariat British Columbia Ministry of Health

For questions regarding the activities of the Nursing Policy Secretariat in the Office of the Associate Deputy Minister, Clinical Leadership, Ministry of Health, please contact: [nursingpolicysecretariat@gov.bc.ca](mailto:nursingpolicysecretariat@gov.bc.ca)



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