

Nursing Policy Secretariat  
British Columbia Ministry of Health

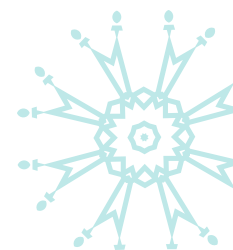
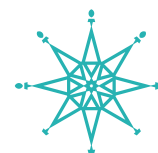
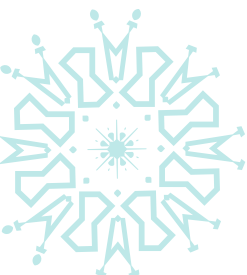
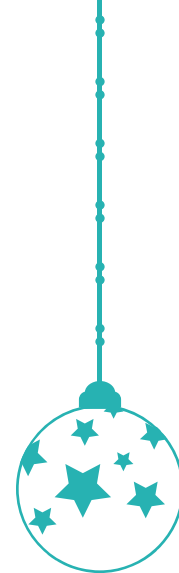
JANUARY 2021

# NPS NURSING NEWS



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## MESSAGE FROM NPS EXECUTIVE

### Dear colleagues,

As we reflect on this past year, we are in awe of the unwavering response and commitment to quality care by nurses across the province in the face of dual public health emergencies – COVID-19 and the opioid overdose crisis. Nurses and other health care providers have provided essential contributions at the point of care and in the work needed to evolve the health care system to better address the health needs of British Columbians. Read on to learn about some of the key priority areas of work at the provincial level including progress to advance the [NPS Priority Recommendations](#), and about exemplary nurses who are making an impact across the province.

It's particularly important at this time to also acknowledge that the energy and capacity of nurses (and all care providers) are finite, requiring a dedicated and intentional focus on psychological health and safety; self care, and choices that help to build resiliency (a necessary characteristic in today's complex health care system during the concurrent public health emergencies and beyond). Read about resilience and ways we can help build it in the coming months and into the future. The pandemic and the public health emergency won't last forever, but the work we do now as individuals, organizations, and as a profession to build our resiliency and capacity will hold us in good stead in the years to come.

Improving our care environments are also of utmost importance for both nurses and the people we serve. As such, all health authorities are also working to adopt the Psychological Health and Safety Standard at regional and local levels; and have committed to the eradication of racism by partnering and supporting the Ministry of Health to implement the recommendations contained in the November 2020 report by Mary Ellen Turpel-Lafond, "[In Plain Sight Addressing Indigenous-specific Racism and Discrimination in B.C. Healthcare](#)" – a call to action for change borne out of the courageous stories and experiences of over of 9,000 Indigenous peoples and health care workers.

*We discover our greatness when we find ourselves in a situation bigger than we are and we manage to grow and become bigger than the situation.*  
- Luigina Sgarro

As we reflect on the year 2020 and look towards 2021, we would like to take an opportunity to thank and celebrate all of you and the work that's been accomplished this past year and look forward to the future. Despite the challenges, the pandemic has given us a unique opportunity to innovate and work together to improve our interdisciplinary collaboration - and as a result we can be more nimble and responsive to the needs of the people we serve. We are continuing to learn, collaborate and evolve...the silver linings of the public health emergencies.

Finally, on behalf of the Nursing Policy Secretariat team, we wish that the year ahead brings much health, healing and renewal.

**With our deepest thanks and appreciation,  
Natasha, Joanne, and Zak**



**Dr. Natasha Prodan-Bhalla**  
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# IN PLAIN SIGHT: ADDRESSING INDIGENOUS-SPECIFIC RACISM AND DISCRIMINATION IN B.C. HEALTH CARE



The findings of an independent review into Indigenous-specific discrimination in the province's health-care system shines a light on the widespread racism that Indigenous people in British Columbia face, and that often results in negative experiences at the point of care, inequitable medical treatment, physical harm and even death. The report as informed by the voices of nearly 9,000 Indigenous patients, family members, third-party witnesses and health-care workers, as well as unprecedented analysis of health data puts forth 24 recommendations to address what is a systemic problem, deeply rooted in colonialism.

A cross-government approach will be undertaken including development of a new anti-racism act; and anti-racism measures under the Stronger BC plan and the Resilience BC anti-racism network to help communities address discrimination and the broader issues of systemic and institutionalized racism. All health authorities have endorsed the report and have committed to work with the Ministry of Health to action the recommendations that will help guide us all towards a safer, more inclusive health care system and British Columbia. Read more about the review, and access the summary and full reports at: <https://news.gov.bc.ca/releases/2020HLTH0330-001976>.

The Nursing Policy Secretariat is also committed to work with our partners across sectors to action the recommendations and address systemic racism.

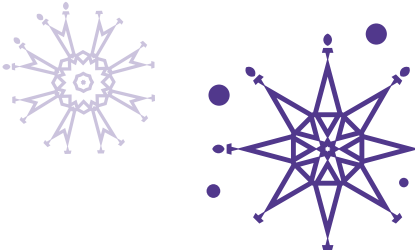
# LAUNCH OF NURSE PRACTITIONER PRIMARY CARE CLINICS



The Nursing Policy Secretariat has supported the launch of three nurse practitioner primary care clinics (NP-PCCs) in collaboration with the Nurses and Nurse Practitioners of BC, Island Health, Fraser Health and local Divisions of Family Practice. The establishment of NP-PCCs aligns with the Ministry of Health’s 2018 funding commitment of approximately \$115 million over three years to create 200 nurse practitioner positions in primary care settings throughout B.C. The NP-PCCs are part of B.C.’s primary care strategy and this innovative model of care is developed and led by nurse practitioners.

The clinics will provide opportunities for attachment to nurse practitioners as the longitudinal primary care provider, thereby improving access to preventative and primary health-care services as well as coordination of specialist care for patients with complex medical and social needs and those with mental health and addictions challenges. Team-based care will be provided by interdisciplinary teams of nurse practitioners, registered nurses, social workers and mental health clinicians to better respond to patient care needs. The three clinics will each attach approximately 6,800 people to a primary care provider in the next three years.

- Nexus Primary Care Clinic opened in Nanaimo on June 30, 2020.
- Axis Primary Care Clinic began attaching patients in Surrey on August 10, 2020 and opened on September 8, 2020.
- Health Care on Yates began attaching patients and providing virtual care in Victoria on August 10, 2020 and opened on September 28, 2020.



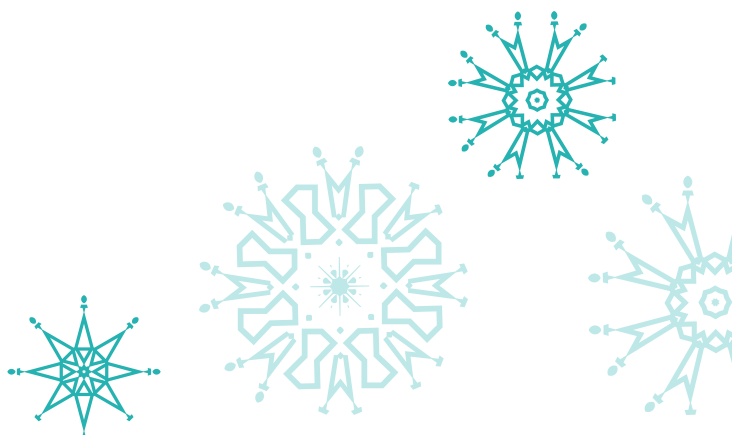
## SURGICAL RENEWAL IN B.C.



The Ministry of Health's Surgical Renewal Plan – [A Commitment to Surgical Renewal in B.C.](#) outlines the steps and related actions to renew the surgical system and build system capacity to address patient surgical needs, and both catch up with the lost cases as a result of the impact of COVID-19 and to keep up with the ongoing demand over the long term. Read about the progress on the surgical renewal commitment [here](#).

A number of actions of note to enable transformation of anesthesia/surgical services (completed or in progress) include:

- Implementation and evaluation of a consistent model for perioperative education (AORN) across all B.C. health authorities.
- Increasing perioperative practice readiness by developing a future model for nursing education - pathways for learning (perioperative theory and practice education) within upper level baccalaureate education.
- Examination of team-based models of care (anesthesia/ perioperative models) to optimize the care team.
- Consideration of new nursing roles e.g., Nurse Anesthetist and RN First Assist to address service gaps.
- Health Authority training plans to enable opportunities to train an additional 400 perioperative nurses by December 2021.



# NURSING EDUCATION UPDATE

## Nursing Education Planning Council (NEPC)

The formative NEPC was sunsetted at the September 3, 2020 meeting, followed by the launch of the renewed NEPC on November 5, 2020. With this change, the Ministry of Advanced Education and Skills Training (AEST) assumed the co-chair role along with the Ministry of Health. Both ministries thank Dr. Susan Duncan for her contribution during the formative years of this committee. Susan was a co-chair representing the Nursing Education Council of BC.

The renewed NEPC has broadened its mandate to include all of the nursing professions and health care assistants and expanded its membership to include the Nurses and Nurse Practitioners of BC (nursing association).

## Transformative Nursing (BSN) Practice Education and Transition Model Project

The Nursing Policy Secretariat in partnership with AEST and the NEPC sectors (practice, education, regulatory, union and government) is delivering the BSN practice education and transition model project.

The work includes developing learning pathways across various areas of practice (beginning with acute complex, rural/remote and perioperative), as well as a renewed provincial graduate transition program, and faculty development/ innovative educator models. The project will aim to modernize and strengthen the efficiency, effectiveness and sustainability of registered nurse undergraduate education and new graduate transition to the practice setting.

The project has launched two working groups and engaged partners across the sectors in developing two of the model's core components. This is building on the work completed over the summer for determining B.C.'s baseline for new graduate transition programs and existing learning pathways.

A NEPC selection committee successfully completed their search for a project lead. Ms. Jagbir Kaur has assumed the role on October 26, 2020. Jagbir has previous experiences in education, professional practice and policy. She joins the project team, including NPS education program lead Valery Dubenko, Manager, Nursing Policy Secretariat, in carrying out this important work.



**Jagbir Kaur RN, MN**  
Project Lead, Nursing Practice  
Education and Transition Model  
Nursing Education Planning Council



**Valery Dubenko, BSN, MBA, RN**  
Manager,  
Nursing Policy Secretariat



## PROVINCIAL HEALTH CAREER ACCESS PROGRAM



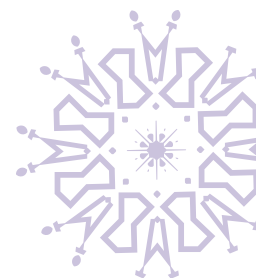
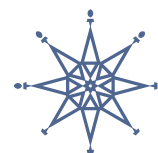
The Province is investing \$1.6 billion to strengthen and respond to health-care requirements of COVID-19 in a fall and winter preparedness plan. This includes \$44.1 million to launch the Health Career Access Program and recruit an estimated 7,000 health-care workers in long-term care homes and assisted-living facilities throughout the province.

The [Health Career Access Program](#) introduces a new entry-level non-clinical support role –the Health Care Support Worker (HCSW). The program will provide a path for approximately 3,000 applicants who may not previously have had health-care experience to receive on-the-job training. Upon successful completion of the paid HCA training program, HCSWs will be eligible to register with the BC Care Aide & Community Health Worker Registry and seek employment as a qualified HCA.

The skills learned in this program will help provide a well-paying rewarding career in health care (including for those who may have lost their jobs in the hospitality industry due to COVID-19) and make a positive impact on seniors' care in the province.

## CANADIAN ACADEMY OF NURSING: FELLOWSHIP INDUCTION

The Canadian Academy of Nursing was established as a leadership hub for nursing in November 2019 - a major milestone for nursing in Canada. On November 20th, 2020, 46 nurses were inducted as Fellows of the Academy and 12 Charter Fellows. These nurses are amongst the most accomplished in Canada and we would like to congratulate the nurses from B.C. and other jurisdictions that were recognized. To read more, go to [Canadian Academy of Nursing: Fellowship Induction: CNA Awards Ceremony 2020](#)





## NURSE SPOTLIGHT

Once again, we asked three exemplary nurse leaders a few rapid questions to learn more about them and their thoughts and advice related to the COVID-19 pandemic. Read about these truly inspirational nurses across the province and their responses to the following:

1. What have you learned about yourself as a nurse or the health care community as a result of the evolving COVID-19 pandemic?
2. How do you foster your own resilience and well-being during these challenging times, and what strategies would you recommend to other nurses to boost their resilience?
3. How do you think COVID-19 will impact nursing/ healthcare into the future?



### Debbie McDougall,

Director of Collaborative Practice,  
First Nations Health Authority (FNHA)

#### 1. What have you learned about yourself as a nurse or the health care community as a result of the evolving COVID-19 pandemic?

Our response to this pandemic and opioid overdose crisis has reinforced my passion and pride for nurses and nursing. I am so proud of our profession, as we have stepped in, stepped up and responded with professionalism, leadership, grace, compassion, courage and care under such difficult, unknown and dire circumstances.

#### 2. How do you foster your own resilience and well-being during these challenging times, and what strategies would you recommend to other nurses to boost their resilience?

Most importantly, staying connected to my team, my colleagues, my family and friends, albeit virtually in most cases. Continuing to be patient and kind with ourselves and one another and paying attention to our what our bodies are telling us ~ physically, emotionally and spiritually. A simple and unexpected note of gratitude to a colleague or friend can make such a difference. A good power walk or an evening of Netflix never hurts either!

#### 3. How do you think COVID-19 will impact nursing/ healthcare into the future?

I think COVID-19 has highlighted what we can achieve when we work together as an interprofessional team, including our clients, families and communities. I feel this experience has strengthened our confidence in our ability to respond to any circumstance we are faced with. The expedited introduction of new technology and innovations in care in reaching people virtually has opened new doors to access for many who have not had this option ~ I am so encouraged and relieved by this. Remaining unchanged, will be our “art of nursing” and the privilege we have to be present with clients, families and communities throughout this and future health journeys.



**Kari Jonker, NP**  
 Clinical Director  
 Nexus Primary Care Clinic

**1. What have you learned about yourself as a nurse or the health care community as a result of the evolving COVID-19 pandemic?**

I started in a primary care practice only 3 months before precautions for the pandemic were enacted—my basic work flows have been shaped by the pandemic. I have learned that there is more than one way to deliver care and build rapport with patients.

**2. How do you foster your own resilience and well-being during these challenging times, and what strategies would you recommend to other nurses to boost their resilience?**

I have been trying to keep a real balance between my practice and my leisure time, it is challenging as my leisure activities are affected by the pandemic too. Making sure I have “time out” from doing or thinking about work is important for me to ensure that I can interact with my patients in a refreshed and effective manner.

**3. How do you think COVID-19 will impact nursing/ healthcare into the future?**

I think that patients will want to continue with some level of phone and virtual care, it offers people more convenient and lower barrier care and the pandemic has forced some progresses and efficiencies into our system that will prevail after the threat has passed.



**Andrea Starck**  
 Regional Director Education & Training  
 Northern Health

**1. What have you learned about yourself as a nurse or the health care community as a result of the evolving COVID-19 pandemic?**

Nurses are very good at caring for others but sometimes it is at the expense of our own health and well-being. The COVID-19 pandemic has created many opportunities for self-reflection, especially pertaining to resilience and how much we can bear as health care professionals.

**2. How do you foster your own resilience and well-being during these challenging times, and what strategies would you recommend to other nurses to boost their resilience?**

I have found this is a critical time to refocus and invest in self-care practices. Now more than ever we need to support one another. Finding someone who we trust and can reach out to before we become overwhelmed is a key strategy.

**3. How do you think COVID-19 will impact nursing/ healthcare into the future?**

The use of technology to support collaboration and learning between urban, rural, and remote communities in B.C. has greatly improved over the past six months. Taking a united approach as we navigate what it means to provide health care through this pandemic has reinforced my belief that we are much stronger together than apart.

# NURSING RESILIENCE DURING COVID-19

Nurses continue to be at the point of care for COVID-19 across the health care system. The burden and stressors are immense. Supporting nursing resilience is critical in a complex health care environment, particularly in B.C. where we are focused on the dual public health emergencies of COVID-19 and the opioid overdose crisis.

Resilience is loosely defined as an ability to face adverse circumstances while being able to remain focused and optimistic about the future.

It is an imperative that we all take steps to minimize the impact on health and well-being as a result of the ongoing public health emergencies by building our individual and collective resilience. The first step is checking in with yourself daily to determine how you're feeling (and frequently your colleagues).

Do a daily quick self-assessment (see the below How Charged is Your Battery) to determine how you're feeling and then take steps to help address your emotional, psychological and physical well-being.

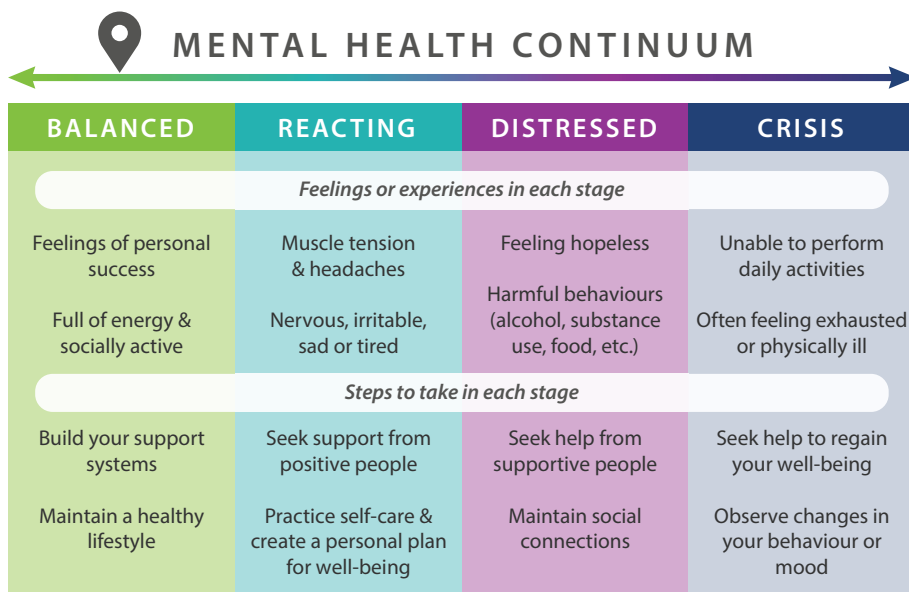
For strategies to take care of your health and well-being and build resilience check out the resources below:

## How charged is your battery?

Your mental health can be thought of as a battery that needs regular charging.

### Are you feeling charged or depleted?

Use the Mental health Continuum\* to help you identify what stage you're in and steps to take to charge your battery.



Graphic reproduced with permission from: BC Public Service Agency, Workplace Health and Safety Division

- NPS Nursing News: [Caring for the Caregiver](#)
- CAMH: The Centre for Addiction and Mental Health
  - Canadian Resources for health care workers during COVID-19 (see: <https://www.camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals>)
  - The Working Mind COVID-19 Self-care & Resilience Guide (see: [https://theworkingmind.ca/sites/default/files/twm\\_self-care-resilience-guide.pdf](https://theworkingmind.ca/sites/default/files/twm_self-care-resilience-guide.pdf))
  - Psychology works for COVID-19. Psychologists giving back to front line service providers. (see: <https://cpa.ca/corona-virus/psychservices/#BritishColumbia> for a listing of psychologists providing free psychological services to front line health care providers.)
- Nurses and Nurse Practitioners of BC (NNPBC) - COVID-19 Info & Resources (see: <https://portal.nnpbc.com/policy-and-advocacy/covid-resources/>)
- BC Nurses Union - COVID-19 Resources (see: <https://www.bcnu.org/a-safe-workplace/health-and-safety/coronavirus>)

# IMPLEMENTING THE NPS PRIORITY RECOMMENDATIONS

The lofty recommendations for nursing education, regulation, and scope of practice that were set out in 2018 are well underway to becoming a reality in B.C. as a result of the hard work and determination of many health system partners. Here's a snapshot overview of our provincial progress and some of the key highlights:

## Nurse Practitioners:

Launch of Nurse Practitioner Primary Care Clinics

*supports recommendation 12*

- Nexus Primary Care Clinic, Nanaimo (June 30, 2020).
- Axis Primary Care Clinic, Surrey (Sept 8, 2020).
- Health Care on Yates, Victoria (Virtual Care, Aug 10, 2020; opened Sept 28, 2020).

## Primary Care:

- In 2019/ 20, The Nursing Policy Secretariat in consultation with regulatory and health authority partners outlined the scope, role, and function of Licensed Practical Nurses, Registered Nurses, and Certified Practice Registered Nurses in primary care.

*supports recommendation 1*

- Team-Based Care policy developed.

*supports recommendation 24*

## • Nursing Representation:

- In 2019/ 20, B.C.'s four nursing associations, which represent the four nursing designations in B.C. - RNs, LPNs, NPs and RPNs amalgamated to form one organization, the Nurses and Nurse Practitioners of British Columbia.

*supports recommendation 26*

- In 2018/ 19, a representative from NNPCB was appointed by the Ministry of Health to provide representation on the General Practice Services Committee to ensure NP perspectives are considered at the leading strategic table for primary and community care.

*supports recommendation 24*

## Education:

- In June 2020, a proposal for a Work Integrated Learning grant was approved by AEST to move forward with the development work for the new BSN practice education and transition model. This work is in progress.

*supports recommendation 35*

## Scope of Practice:

- As of March 2020, all Certified Practice nurses have been able to access practice support from NNPBC relating to the Certified Practice DSTs and competencies, regardless of their membership status.

*supports recommendation 15*

- In 2020/ 21, the Health Professions Act (HPA) Leads developed a needs assessment to compare current vs future state for nursing practice in primary, community, acute and residential settings.

*supports recommendation 16*

- A working group of the Provincial Nursing Network examined the alignment between the scope of practice, standards, curriculum and operations for licensed practical nurses (LPNs) to meet health system needs and developed drafted recommendations that were approved by the BCCNM Board in September 2020 and posted in October 2020).

*supports recommendation 18*

## Quality Practice Environments:

- All health authorities have developed a plan to implement Psychological Health and Safety Workplace Standard and meet on a quarterly basis to advance provincial progress in this area.

*supports recommendation 28*

- The Ministry is working with health sector partners to finalize a consistent metric for evaluating psychological health and safety in health care settings.

*supports recommendation 29*

- The Ministry continues to work with health authorities, HEABC and health sector partners to ensure key actions outlined in the Provincial Violence Prevention Policy Framework and Policy Directive are implemented.

*supports recommendation 29*

## Surgical Model:

- In 2019/ 20, a provincial perioperative steering committee was established to determine the provincial approach to perioperative nursing care and education models, aligning tiers of service with tiers of learning. All health authorities have implemented the new curriculum and care model to include LPNs in the perioperative setting.

*supports recommendation 21*

- In 2019/ 20, the Nursing Policy Secretariat undertook a review of the Registered Nurse First Assist role, including an evidence review and consultation with all health authorities in Spring 2020.

*supports recommendation 22*

- In Summer 2020, the Nursing Policy Secretariat initiated project planning to explore the implementation of an Advanced Practice Nurse Anesthetist role in B.C. Engagement/ consultation is in progress.

*supports Surgical Model thematic priority*

# Implementing the NPS Priority Recommendations

## Key:

100%

Blue = Complete

% completed

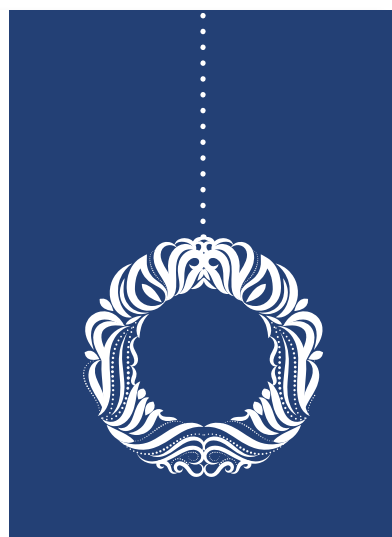
Green = In progress

<p><b>Role of Nurses in Primary Care</b></p> <p>50%</p> <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>	<p><b>Nurse Practitioners</b></p> <p>85%</p> <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>	<p><b>Scope of Practice (SOP)</b></p> <p>60%</p> <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 b) LPN scope c) Suturing</li> <li>19. Provincial nursing office</li> </ol>
<p><b>Surgical Model</b></p> <p>90%</p> <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>	<p><b>Nursing Representation</b></p> <p>90%</p> <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>	<p><b>Quality Practice Environments</b></p> <p>45%</p> <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>
<p><b>Education</b></p> <p>65%</p> <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>	<p><b>Health Human Resources</b></p> <p>50%</p> <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>	<p><b>Collective Agreements</b></p> <p>100%</p> <ol style="list-style-type: none"> <li>39. Equivalency language for Nurse 4 positions</li> </ol>
<p><b>Nursing Expert Access &amp; Advice</b></p> <p>25%</p> <ol style="list-style-type: none"> <li>42. Provincial access to advanced nursing expertise</li> </ol>	<p><b>Leadership</b></p> <p>75%</p> <ol style="list-style-type: none"> <li>43. a) Most senior nursing position on senior executive b) unit-based nurse leader</li> <li>44. Formal mechanism to educate, mentor, and support new nursing leaders</li> </ol>	<p><b>Documentation</b></p> <p>25%</p> <ol style="list-style-type: none"> <li>40. Minimum data set for nursing assessment information</li> <li>41. Informatics-based principles</li> </ol>
		<p><b>Rural &amp; Remote Practice</b></p> <p>40%</p> <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>

# Nursing Policy Secretariat

## British Columbia Ministry of Health

For questions regarding the activities of the Nursing Policy Secretariat at the Ministry of Health, please contact: [nursingpolicysecretariat@gov.bc.ca](mailto:nursingpolicysecretariat@gov.bc.ca)



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Ministry of  
Health