



Nursing Policy Secretariat **Priority Recommendations**

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Prepared by:

David W. Byres, RN, DNP, MSN, CHE
Chief Nurse Executive
Assistant Deputy Minister
Clinical Integration, Regulation and Education Division
Ministry of Health
Province of British Columbia

To the more than 2,000 nurses, nurse practitioners, educators, and researchers across the Province who offered their thoughtful and wise feedback reflected within this report,

Thank you.

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INTRODUCTION

This report provides a set of recommendations from the Chief Nurse Executive in the Nursing Policy Secretariat at the BC Ministry of Health (MoH). Each section of the report denotes a theme that emerged from a provincial consultation of nurses, government, practice, regulation, education and nursing stakeholders. Each theme is the result of feedback provided directly by nurses across the province along with a subsequent validation of those themes by stakeholders provincially, and a review of a draft set of recommendations by a group of academic nursing leaders and researchers from across Canada. A review of the existing legislative and regulatory framework governing nursing, as well as standards, limits, conditions, and other elements that guide nursing practice, also informed the recommendations as did a current state analysis of nursing practice in British Columbia.

These recommendations will be used to inform a provincial nursing strategy and policy paper that will speak to the future of nursing regulation, practice, and education. The Chief Nurse Executive and Nursing Policy Secretariat will continue to engage stakeholders in discussion resulting from the release of this report, and on finalizing a strategic policy paper.

REVIEW AND CONSULTATION

To create the recommendations contained within this report, a provincial consultation was undertaken by the Nursing Policy Secretariat. There are five main components of the consultation: (1) a review of legislative, regulatory and other tools that direct the practice of nursing in BC with a current state analysis, (2) an extensive consultation with nursing leaders and nurses in multiple practice settings across BC to create draft recommendations, (3) a validation process to allow nurses and stakeholders to submit feedback on the draft recommendations, (4) a review of the recommendations by a group of Canadian nursing leaders and researchers, and (5) a set of recommendations completed by Mary Ellen Purkis, RN, PhD examining specialty and entry to practice nursing education.

The purpose of the consultation was to discuss a future vision for nursing regulation, practice and education, and to ask nurses and stakeholders how to optimize nursing practice in BC to better support patients, achieve health system goals, and to confirm recommendations based on the consultation.

For the first component of the consultation, the policy secretariat examined existing legislation, regulation, standards, limits and conditions or other elements regulating nursing practice. During the examination multiple stakeholders expressed a desire for the policy secretariat to recommend work to create and enhance the regulatory practice framework for the future. Conditions related to both specialty and entry to practice nursing education was explored. In addition, the Chief

Nurse Executive worked with Dr. Mary Ellen Purkis who completed an external review on specialty and entry to practice education with recommendations to be considered by the Nursing Policy Secretariat as part of the provincial consultation and future recommendations and nursing policy.

In reviewing the regulations, the Nursing Policy Secretariat completed an environmental scan with health authorities to understand the current state of regulated nursing practice in BC (including registered nurses, licensed practical nurses, registered psychiatric nurses and nurse practitioners).

For the second part of the consultations, the Nursing Policy Secretariat undertook consultation with nurses in practice and nursing stakeholders across British Columbia. The Chief Nurse Executive met with nurses in direct practice from each health authority and Providence Health Care, with the nurses bargaining association, patient and family representatives, self-employed nurses, advanced practice nurses (nurse practitioners and clinical nurse specialists), specialty nursing practice groups, health authority representatives, affiliate representatives, private nursing facilities, chief nursing officers, regulatory bodies, senior health human resource representatives, associations, nurse educators, Vice President's Academic, the Ministry of Health, the Ministry of Advanced Education, Skills and Training, the provincial seniors advocate, the Michael Smith Foundation for Health Research and national and provincial stakeholders.

The consultation provided an opportunity for rich dialogue, advice, and feedback. Over 1700 nurses working in direct care roles across the province commented on optimizing the role of nursing, engaging nurses to create and support provincial priorities, and harnessing the knowledge, skill and leadership of nursing to better support patients. Registered nurses, licensed practical nurses, registered psychiatric nurses and nurse practitioners were asked what changes to nursing regulation, nursing practice, nursing education or leadership would they recommend that would be of value to them in better supporting patients, nurses in practice and B.C.'s health system priorities. The recommendations that arose from this process are presented (see Appendix 1 for List of Recommendations) within several categories within the report. The information provided will be used to inform a provincial nursing policy paper and strategy that will form the basis of work undertaken by the Nursing Policy Secretariat.

The provincial consultation encompassed discussion on nursing across the lifespan in quaternary and tertiary sites, urban and community sites, primary care sites, public health, mental health and substance use, residential care and assisted living, private residential facilities, as well as rural and remote sites. While the consultation is recognized to not be exhaustive of every practice setting for nurses in British Columbia, it was conducted to ensure nurses in practice had direct input into the review being conducted by the Nursing Policy Secretariat. In addition to the in-person sessions across the province, nurses and stakeholders were also invited to send feedback to validate the

initial draft recommendations. Over 160 pages of feedback were received and considered in finalizing these recommendations.

RECOMMENDATIONS

The recommendations from the Chief Nurse Executive to the Ministry of Health are presented below.

ROLE OF NURSES IN PRIMARY CARE

As BC's population increases and ages, our health system should boldly embrace and enhance the role and contribution of nursing to meet population health needs. Many British Columbians do not have access to primary care, a consistent primary care provider and / or experience challenges in obtaining timely access to see their primary care provider. For the purpose of this report, primary care is the day to day health care delivered by a health care provider who is the first contact and principal point of continuing care for the patients within the health care system, and coordinates other specialist care that may be required. Primary health care includes both primary care services and population level public health functions.

The lack of optimal use of nursing in primary care and primary health care has impacted effective planning for and delivery of care and the optimization of the health workforce and service delivery. Although nurses provided the policy secretariat numerous examples of peer reviewed evidence on the utilization and effectiveness of nurses within primary care settings, progress has been slow to optimize the role of nurse practitioners, registered nurses, licensed practical nurses and registered psychiatric nurses in primary care practice settings. Public health nurses are well positioned to improve the health of the population but are often underutilized when the current scope of registered nurse practice is considered.

Effective healthcare delivery requires effective interprofessional collaboration and coordination with the patient being at the center of care delivery. The addition of nurses to existing primary care practices can increase the number of patients receiving primary care and can enhance the optimization and effectiveness of all practitioners using team-based care approaches to primary care. Enhancing the scope of practice for nurses can also assist in more effective utilization of nursing and the support of patients in primary care settings across the province. Registered nurses, licensed practical nurses and registered psychiatric nurses all expressed a desire to better support patients in primary and community care settings and to help support achieving health system goals.

Recommendations

1. The Nursing Policy Secretariat would work to optimize the scope of practice of registered nurses, registered nurses with certified practice, registered psychiatric nurses and licensed practical nurses for primary, community and acute settings (see scope of practice recommendations).
2. The Nursing Policy Secretariat would examine the role of the registered psychiatric nurse in primary and community settings to optimally benefit patients and patient outcomes.
3. The Nursing Policy Secretariat would support and work to strengthen the nurse in practice model in British Columbia to continue to add the role of NP's, RN's, LPN's, and RPN's into existing primary care settings.
4. The Nursing Policy Secretariat would work to optimize the role of advanced practice nursing, including Clinical Nurse Specialists, within primary care, primary health care, community and systems development.
5. The Nursing Policy Secretariat would work to ensure effective collaboration and support of public health nursing to enable successful primary care nursing optimization.
6. The Nursing Policy Secretariat would recommend the establishment of shared governance for primary care that ensures equitable and meaningful engagement across diverse groups including patients, physicians, nurse practitioners, registered, psychiatric and licensed practical nurses, and allied disciplines. Any future governance should consider care aides as a key health provider.

NURSE PRACTITIONERS

Nurse practitioners (NPs) can provide primary care across the lifespan, improve access and attachment, and reduce overall system costs by doing work that was once the sole purview of physicians.¹ The nurse practitioner role has been introduced in 60 countries to date and more than half a century of evidence demonstrates that nurse practitioners achieve better or equal outcomes to other primary care providers at lower costs thus achieving significant value.

It is the BC Nurse Practitioner Association's (BCNPA) view that Nurse Practitioners are well positioned to ensure achievement of the current goals of the Ministry of Health. The goals include increasing access to primary care, including care for the most vulnerable, in a comprehensive, collaborative and cost-effective manner.² In British Columbia, our educational system trains family

¹ Accessed at: <http://www.theglobeandmail.com/life/health-and-fitness/nurse-practitioners-in-canada-more-than-double-in-five-years/article1359892/> on March 9, 2017.

² Accessed at: https://bcnpa.org/wp-content/uploads/BCNPA_PHC_Model_FINAL-November-2-2016.pdf on March 9, 2017.

nurse practitioners to be able to provide comprehensive, primary care to individuals and families across the lifespan but our regulatory, care and other systems prevent the NP from effectively contributing to the health of British Columbians.

Recommendations

To optimally and fully integrate nurses into primary and community care settings, nurses and nursing and health leaders across the province should focus on the following recommendations:

7. The Nursing Policy Secretariat would work to optimize the nurse practitioner scope of practice; for example, include prescribing within all routes (oral, injectable, intravenous), full controlled drug prescribing (including suboxone, methadone and stimulants, antiretrovirals, and hepatitis C treatment) as well as outpatient procedures and chronic illness management that could better support patients and improve access while maintaining safe, appropriate care.
8. The Nursing Policy Secretariat would identify and recommend removal of provincial and federal legislation, regulation or policy barriers to optimize the role of nurse practitioners.
9. The Nursing Policy Secretariat would request CRNBC enable the ability of nurse practitioners to complete MOST forms and / or other forms and documentation necessary to provide or coordinate care for patients they serve through an established standard or appropriate mechanism.
10. The Nursing Policy Secretariat would recommend the Ministry of Health establish a clear funding model for nurse practitioners (and other nursing roles) that is flexible for multiple primary care settings and employers to fully and optimally utilize the role of nurses to increase attachment and access to primary care while improving outcomes over time. The model should consider all direct and indirect or associated costs to optimize nursing's role in the provision of primary care services, include consideration of on-call and locum provisions.
11. The Nursing Policy Secretariat would work with quality, academic and research leaders to establish quality and outcome-based clinical measures and accountability mechanisms that support the integration of nurse practitioners and nurses within team models of care that include nursing-led primary care services.
12. The Nursing Policy Secretariat would recommend each Health Authority establish nurse practitioner interprofessional primary and community care centres or clinics that offer primary care across the lifespan including for those with complex chronic disease, mental health and substance related health issues or seniors. These centers or clinics will also

increase access to quality clinical placements for both undergraduate and graduate nursing students in the future.

13. The Nursing Policy Secretariat would recommend the Ministry of Advanced Education, Skills and Training expand the number of nurse practitioners trained annually within British Columbia.

SCOPE OF PRACTICE

Nursing regulators within the province of British Columbia have continued to be progressive with a right touch approach to regulation. Many nurses who participated in this consultation, including nursing leaders, were not aware of the current regulated scope of practice for an RN, NP, RPN or LPN.

A number of years ago, when establishing the governance around the expanding scope of practice, structures such as certified practice, named agencies and decision support tools were introduced. Many elements of this system of governance are beneficial but issues around sustainability and ensuring the education, decision support tools or other elements are consistently updated based on best practice and current peer reviewed evidence has been challenging. Some elements of certified practice may now need to be reconsidered as part of entry to practice and as practice evolves, new certified practices are introduced. Multiple stakeholders requested the Nursing Policy Secretariat examine this structure and make recommendations for the future governance of nursing practice.

There is inconsistent application of the full scope of practice for each member of the nursing family in BC sometimes for clearly understandable reasons; for example, an employer does not offer a specific area of nursing such as dialysis so practice in that area is limited or nonexistent for those nurses. In other situations, there can be inconsistent application across health authorities such as the use of LPN's within perioperative settings or even inconsistent application across units due to variations in leadership or standards for a particular site. The nurses bargaining association collective agreement outlines a process that can be followed to resolve these inconsistencies. If a resolution cannot be reached after the process has been followed, the issue can be referred to the nursing policy secretariat.

Across the province nurses in multiple settings acknowledged a significant opportunity for improved utilization of and optimization of role for the licensed practical nurse which would be enhanced through the scope changes described above. Lack of understanding of the autonomous nature of LPN practice and the contribution LPN's could play in providing care were often rooted in lack of evidence or practice models that are outdated and inaccurate. Registered nurses also

noted that some changes to their scope would bring value and effectiveness to the care they provide including the ability to assess, diagnosis and treat in defined areas of practice.

Recommendations

14. The Nursing Policy Secretariat will establish a working group to recommend changes to the Chief Nurse Executive on governance of registered nursing practice (certified practice, named agency, etc.). The review will include consideration of ongoing, regular competency reviews for certified practices and / or restricted activities.
15. The Nursing Policy Secretariat will examine certified practice as a concept for consideration with RPN's and LPN's.
16. The Nursing Policy Secretariat would conduct a fulsome needs assessment to articulate roles required across nursing (RN, RNC, RPN, LPN, NP) to enable an optimized practice within primary, community, acute and residential settings with careful use of clinical examples and clinical decision making tools to support desired practice.
17. The Nursing Policy Secretariat will employ a team-based care approach to the optimization of nursing practice.
18. The Nursing Policy Secretariat will work with stakeholders to optimize the scope of nursing practice for primary, community, acute and residential settings and will focus on:
 - Registered nurse / registered psychiatric nurse: prescribe, compound, dispense and administer Schedule I medication for treating specified conditions; prescribe, compound, dispense and administer Schedule II medications, order routine lab tests and diagnostic images, and initiate discharge.
 - Licensed practical nurse: immunization, intravenous therapy including intravenous medication, basic and advanced wound care, improved utilization of LPN's within key practice settings including the operating room, community and home care (including palliative or end of life care).
 - Registered nurse: suturing
19. The Nursing Policy Secretariat shall establish a provincial practice office that is linked to health authority practice structures to facilitate and support evidence and principle based scope or other changes to practice provincially and ensure a standardized, coordinated approach to these changes in collaboration with the respective provincial and national regulatory bodies. The provincial practice office would also establish formal linkages to nursing researchers and policy experts.

SURGICAL MODEL

The culture within operating rooms was highlighted by nurses across the province as challenging. Nurses frequently cited experiencing disrespectful communication from staff, physicians and fellow nurses leading to difficulty in asserting quality and safety expectations to ensure they meet their standards around providing safe, effective patient care. Licensed practical nurses noted they are underutilized, a conclusion which was supported by multiple registered nurses and nursing leaders across the province. A number of factors such as fear of job loss and misunderstanding of scope of practice prevented some areas from fully utilizing all nursing roles within the operating room.

Optimizing the role of the LPN and the RN within surgical settings in BC was unanimously agreed to as a priority within a framework that considers patient needs, the levels of service required (which vary across rural, community, urban and tertiary / quaternary sites) and is matched to the appropriate level of learning and education. A single, portable, standard but flexible approach to education in perioperative settings is required provincially that is matched to training and education in and specific to the surgical site the nurse will be working in.

Surgical leadership at some sites had limited to erroneous knowledge around the scope of practice of registered nurses and licensed practical nurses and were basing staffing and other decisions on scopes of practice or levels of autonomy that do not currently exist; for example, some leaders were operating under an erroneous assumption that the practice of a licensed practical nurse must be supervised by a registered nurse.

Many community and some larger urban sites supported utilizing nurses in an RN First Assist role to assist with surgical cases. They discussed ongoing challenges with finding appropriate assistance for the surgeons in some cases but also opposition from some physician groups in using nursing in these roles. The Nursing Policy Secretariat would recommend completing a review of the RN First Assist role and based on that review introduce the practice for British Columbia. Multiple nurses, managers and directors in smaller urban and community operating rooms voiced their strong support of this certified nursing practice being re-introduced in British Columbia.

A timely provincial approach to a perioperative care model and education model is required to be created, implemented and sustained.

Recommendations

20. The Nursing Policy Secretariat will establish a provincial approach to a perioperative nursing care model and education model optimizing the role of the LPN and the RN within surgical settings in BC and in collaboration with the Ministry of Health, the Ministry of

Advanced Education, Skills and Training, the Health Authorities, the Nurses Bargaining Association and the appropriate educational institutions and leadership.

21. The Nursing Policy Secretariat will support health authorities to implement the provincial model.
22. The Nursing Policy Secretariat recommends completing a review of the RN first assist role, including its previous introduction within the province and subsequent loss of the education program, to establish a plan to introduce the RN First Assist role as a certified practice within British Columbia.

NURSING REPRESENTATION

Nurses articulated their strong support for three separate and distinct bodies to exist in representing nursing in British Columbia: the nursing regulator, the nursing association and the nurses bargaining association. Currently three regulatory colleges represent nursing within British Columbia: The College of Registered Nurses of BC (RN's and NP's); the College of Registered Psychiatric Nurses of BC (RPN's); and the College of Licensed Practical Nurses of BC (LPN's) with planning underway to amalgamate the three nursing regulators into a single regulatory College for nursing in BC.

Nurses expressed dismay at discussions around primary care and the governance structures that have been enabled without any representation from nursing or other disciplines. Nursing is a self-regulating discipline and discussion and decisions regarding its role and contribution have occurred within governance structures with limited to no nursing input and expertise. Equally concerning for nurse practitioners was discussions around nursing and primary care within committees such as General Practice Services Committee (GPSC) or other clinically-focused committees that have no NP or nursing practice representation. The lack of nursing representation combined with a significant lack understanding of the scope, education, skill and potential contribution of nurses to primary care in BC severely limits achieving the health system goals desired provincially. Nurses clearly indicated a desire to support such efforts provincially along with their interest to participate in the discussions and decision making.

The expertise of nursing in research, education, practice, regulation, and policy currently has no formalized structure where their expertise can be considered and effectively utilized to better support patients, the health system and Ministry of Health objectives.

Recommendations

23. The Nursing Policy Secretariat will establish an ongoing structure to bring forward the practice, education, regulatory, policy and research expertise of nursing to the Ministry of Health as well as other work where nursing should be connected. The Chief Nurse Executive will consult with nurses in practice, patient and family representatives, the Chief Nursing Officers, the Nurses Bargaining Association (NBA), the Ministry of Health, the BC Nursing Coalition, the regulatory bodies, Nursing Education Council of BC (NECBC), the Vice Presidents of Human Resources and other stakeholders in creating this structure. The final structure will be recommended by the Chief Nurse Executive to the Associate Deputy Minister of Health Services for approval.
24. The Nursing Policy Secretariat will work with the Ministry of Health to establish or enhance a primary care structure that optimizes the role and contribution of all primary health providers, including nursing, to achieve improved attachment and access to primary care in British Columbia.
25. The Nursing Policy Secretariat will support and enable the amalgamation of the three nursing regulatory colleges into a single regulatory body for nursing in BC.
26. The Nursing Policy Secretariat will support the amalgamation of provincial nursing associations into a single nursing association for BC.

QUALITY PRACTICE ENVIRONMENTS

Nurses consulted across the province commented on the importance of improving the quality of the practice environments in which they work including a workplace free from violence, team-based interdisciplinary care and governance structures, and being recognized for the value nurses can and do bring to the care of patients and health care delivery.

In almost all discussions, the nurses were asked to discuss the relationship between the work they do as registered nurses and the quality of care in their organization. A large percentage did not believe there was any relationship between the two given their perception their organization and did not understand the contribution they make as nurses nor the impact their work has on the quality of care and well-being of the patient.

Many nurses wished their work and contribution towards quality of care was better understood and recognized by their employers. In particular, they would like to strengthen the relationship between nursing and quality and patient outcomes, and have increased recognition for their work in these domains. Some were interested in those who negotiate collective agreements establishing

a stronger connection between how they are compensated and the value they bring to the quality of care.

Recommendations

27. The Nursing Policy Secretariat would recommend the parties who engage in collective agreement negotiation consider value based compensation models that recognize the contribution of nurses to quality and clinical outcomes. Concepts such as clinical laddering may be examined.
28. The Nursing Policy Secretariat will review quarterly with health authorities and the nurses bargaining association progress towards implementation of the psychological health and safety in the workplace standards including the development of accountability measures.
29. The Nursing Policy Secretariat will consult with stakeholders to establish interprofessional advisory committees (which does not prevent the use of discipline specific practice committees to address discipline specific practice issues).
30. Promote role modelling of respectful behavior towards all health care professionals.
31. The Nursing Policy Secretariat will collaborate with stakeholders to increase the understanding of the role of nursing and the relationship between quality nursing care and patient outcomes.

EDUCATION

The topic of education was raised during every discussion across the province. Nurses expressed a desire to improve their knowledge and skill to better support patients but also noted the limited opportunity to pursue continuing education because of lack of funding or inability to receive approved time off given health human resource shortages in their area of practice. Nurses were not always aware of the opportunities for funding that did exist. Some nurses expressed an interest in a “credit” system to be established within the health authorities where they would earn credits for committee participation or other similar work that was outside the usual part of their practice or role. They could then redeem credits for funding for education both for additional courses, conferences and formal academic education; for example, completing a baccalaureate, masters or doctoral degree.

Multiple nurses in direct care, nursing leaders, and other stakeholders believe there is a gap between entry to practice education and the actual requirements to practice in the complex practice environments today. There was an interest in examining some specialty education curriculum, such as high acuity, and incorporating it within entry to practice. Nurses who were within their first two years of practice generally felt the majority of their education was well

delivered and appropriate. All nurses consistently indicated a need to strengthen anatomy, physiology, pharmacology, mental illness and substance use as well as strengthen the support for entering practice. Nursing leaders, nursing educators and nurses who have worked as preceptors all commented on the need for clinical nursing educators to maintain competence and credibility within the practice settings not just within the academic settings. Indigenous nurses and nursing leaders commented on disparities in representation within nursing education both for students and faculty.

The preceptorship model was in use in many, but not all, settings across British Columbia. All of the nurses who participated in the provincial consultation noted a need to extend the level of support provided to nurses beyond that of graduation and into early employment for the first six months to one year. A desire to examine the ongoing relationship between the educational institutions and the employer practice supports from preceptorship through the first six to twelve months of employment was strongly encouraged by nurses. They suggested considering the establishment of a new graduate internship or practice support model and consider learnings from disciplines such as pharmacy or medicine. Nurses wanted practice supports to move them from a novice role to having a degree of confidence and proficiency in an expedited and efficient manner. Most commented on minimal to no support once employed and that the employer support roles such as nurse educators have little to no time to mentor or coach new staff. Previous models such as the employed student nurses or the new graduate nursing positions were described as highly successful. Many cited large spans of responsibility for the managers and the lack of visible, unit based nursing leadership necessary to mentor and coach them and ensure delivery of patient-centered, quality care.

Other models were mentioned by some nurses such as the collaborative learning model at the University of Victoria and models that introduce baccalaureate nursing students in their final year to specialized areas of practice; for example, the operating room. Nurses described such partnerships between the employers and the educational institution as high value and the employers cited high retention rates for those who have completed them. Such educational models must be explored and utilized for the future.

Nurses were supportive of an approach to education that would provide them the opportunity to learn with other members of the nursing team (registered nurses, registered psychiatric nurses, licensed practical nurses, residential or patient care aides). Their hope was that education could be combined where appropriate in order to better understand the scope of their colleagues and how to more effectively work together as an interdisciplinary team within their practice settings.

A need to bring representatives from the practice, operational, education and government sectors to establish an educational model for the future that considers requirements in acute, community, and primary care sectors in the future is critical to ensure nurses are prepared for the future of

nursing practice as well and to mitigate the growing demand for specialty education beyond that of entry to practice. Defining entry to practice degree requirements for the future must be an outcome of this work.

Finally, registered psychiatric nurses questioned the entry to practice requirements for their discipline and supported a baccalaureate degree for that entry to practice standard.

Recommendations

32. The Nursing Policy Secretariat recommends enabling a process to allow nursing educators to maintain experience in direct nursing practice.
33. The Nursing Policy Secretariat recommends a baccalaureate degree in psychiatric nursing as the entry to practice requirement for registered psychiatric nurses in BC.
34. Collaborate with the First Nations Education Steering Committee and Ministry of Advanced Education, Skills and Training to identify priority actions for reducing disparities in nursing education
35. Future discussion of entry to practice education should consider input from practice, education, operations, regulation, and government and determine:
 - a. Host a session to begin discussion and planning for transforming provincial approaches to nursing education based on this report and the Purkis report.
 - b. What the system requires nurses to do in the next 3 – 5 years
 - c. What are the learning objectives required to achieve those objectives?
 - d. What are the competencies needed for those objectives and do they align to the national competencies?
 - e. What elements of certified practice today should be considered entry to practice in the future?
 - f. How do we effectively educate nurses of the future to achieve these competencies?
 - g. Employ an interprofessional education model wherever possible to increase the effectiveness of team-based care following graduation.
36. The Nursing Policy Secretariat will bring representatives from the practice, operational, education and government sectors to establish an educational model for the future that considers requirements in both acute, community, and primary care sectors. Topics to include would be:
 - continuing education funding, opportunities and support;
 - incorporating specialty education into the final year and entry to practice;
 - providing opportunities to learn with nursing colleagues in other types of practice;

- establishing transition to professional practice that is initiated before completion of education and continues after employment;
- defining entry to practice degree requirements for the future;
- explore the use of clinical learning units within practice education; and
- strategies to support the required clinical and academic faculty for the future

HEALTH HUMAN RESOURCES

Those who participated in the provincial consultation discussed challenges in recruiting and retaining nurses across the province. While many communities had the ability to recruit new graduates, they are recruited under specific conditions such as loan forgiveness programs and leave the community once obligations have been met. The ability to recruit nursing staff with any degree of experience was cited as a challenge. Retaining nurses in smaller communities, rural and remote areas were presented as difficult.

Nursing staff suggested partnerships with the health authorities, local municipalities and businesses to offer incentives to retain nurses within that community such as complimentary housing, reduced monthly rent, grocery discounts, vehicle or other discounts.

Creative staffing solutions were also mentioned for nurses interested in smaller, remote and rural areas. Rotations that provide for several weeks of work in a community, followed by time off, with time in larger centers to maintain certain skills may be one innovative avenue not previously explored. Further financial or educational incentives may also assist in retention of staff.

There was a significant lack of understanding on how staffing models for units of service were established and evaluated by staff at the point of care as well as some nursing leaders. Many nurses and nursing leaders requested that a formal process be created that could be used to better determine the staffing model(s) to best meet the needs of the patient population being cared for.

Recommendations

37. The Nursing Policy Secretariat will establish a working group to create a provincial process by which staffing models can be created or reviewed.
38. The Nursing Policy Secretariat will request Health Employers Association of BC (HEABC) make recommendations to the secretariat on a Health Human Resource (HHR) plan including recruitment and retention strategies to consider within a provincial nursing strategy for rural and remote communities.

COLLECTIVE AGREEMENT

Input from both the employer and the NBA are required for the Nursing Policy Secretariat to review and then recommend language for equivalency to be used for nurse 4 positions that require a BScN.

Recommendations

39. The Nursing Policy Secretariat will use input from the NBA and the employer to recommend the equivalency language to be used for nurse 4 positions.

DOCUMENTATION

Nurses across the province and in multiple different practice settings highlighted the burden of documentation to their practice and to direct care. Many nurses stated that the single activity that uses the majority of their nursing time is not direct care with patients but documentation. Frequently nurses noted that they are documenting that same information or data element in multiple different sources including both paper and electronic. The redundancy of documentation as well as the significant amount of information to be captured due, in part, to the lack of interoperability across systems has reduced the time the nurse can spend in direct care with patients or clients. Nurses also expressed frustration that they are often the first choice of provider to collect different pieces of information although, from their point of view, other providers could easily document the information or may be the better choice of provider to collect it. In some instances they stated they do not complete documentation to ensure adequate time with their patient or that they complete all required documentation but as a result spend little time directly with patients.

Recommendations

40. The Nursing Policy Secretariat will consider establishing a minimum data set of nursing assessment information based on national nursing data standards (C-HOBIC, LOINC, etc.) that can be collected once and shared across multiple users and settings.
41. The Nursing Policy Secretariat will establish a working group to recommend informatics-based principles for the collection and use of patient data; for example, systems should increase the amount of time for the nurse with the patient and reduce redundancy of data collection.

NURSING EXPERT ACCESS AND ADVICE

Nurses raised the issue of a general lack of expert practice support. Many comments and concerns were heard about the desire and need to occasionally seek advice and expertise on certain aspects of practice. Currently, there is no formal mechanism to obtain this kind of advice or access to expertise for nursing practice when it does not exist in their organization.

There are examples of expert advice available through telephone consultation for physicians and nurse practitioners, and for patients, but not for nurses themselves. These examples should be reviewed and leveraged for infrastructures through which expert nursing advice could be sought. They are:

- The Rapid Access to Consultative Expertise (RACE) program exists for physicians and nurse practitioners. RACE is an innovative model of shared care involving a telephone advice line where practitioners can call one phone number and choose from a selection of specialty services for real-time telephone advice. In the Rapid Access to Consultative Expertise (RACE) model, the telephone call is routed directly to the specialists cell phone or pager for “just in time” advice³.
- The 8-1-1 line was created for patients to access health information and advice. 8-1-1 is a free-of-charge provincial health information and advice phone line available in British Columbia. The 8-1-1 phone line is operated by HealthLink BC, which is part of the Ministry of Health. By calling 8-1-1, you can speak to a health services navigator, who can help you find health information and services; or connect you directly with a registered nurse, a registered dietitian, a qualified exercise professional, or a pharmacist. Any one of these healthcare professionals will help you get the information you need to manage your health concerns, or those of your family⁴.

Recommendations

42. The Nursing Policy Secretariat will recommend the establishment of provincial access to advanced nursing expertise.

LEADERSHIP

Nurses described their view of a slow erosion of nursing leadership within the health authority and provincial structures. The elimination of the provincial nursing directorate combined with a

³ Information accessed at <http://www.raceconnect.ca/what-is-race/> on March 8, 2017.

⁴ Information accessed at <https://www.healthlinkbc.ca/services-and-resources/about-8-1-1> on March 8, 2017

loss of the senior nursing practice position in executive teams have limited the involvement, input, and impact of nursing leadership, practice, education and research. They also described challenges experienced as a result of nursing unit-based leadership not having a nursing and / or clinical background.

Recommendations

43. The Nursing Policy Secretariat would recommended as part of the provincial policy paper, direction for nursing leadership across B.C. that enables the successful achievement and sustainment of the recommendations and policy direction including:
 - the most senior nursing position focused on nursing practice as part of the senior executive team, and;
 - nursing-based interdisciplinary teams of care or service should be led by a unit based nurse leader, and;
44. The Nursing Policy Secretariat will establish a formal mechanism or program to educate, mentor and support new nursing leaders.

RURAL AND REMOTE PRACTICE

Nurses who work within rural and remote sites expressed unique challenges. They cite challenges with emergency health services having most of their resources based in more urban settings but none dedicated to support the needs of rural and remote settings. They expressed a desire for teams to be created to support local areas and to not locate everything within the lower mainland. Too often with no available resources, the local registered nurse must accompany a patient during transport, leaving the health centre or hospital as well as the community with reduced coverage.

The need to work with medicine in an improved collaboration was cited as often the nurses spend a significant amount of time justifying the need for transportation to a different level of care because their assessment and judgement of the patient and status is not accepted or respected by the receiving provider. Further, nurses cited certifications or expertise they have in practice areas (e.g., heart failure) and often need to coach or assist newer GP's without the same level of knowledge and experience while theirs as nurses is ignored.

Changes to the rural and remote certified practice would be welcomed that included broader prescriptive authority, diagnostic authority, and the ability to manage certain conditions such as ear infections.

Staff requested the Ministry ensure a coordinated and more standardized approach to rural and remote practice as too often individual differences and processes negatively impact practice and

coordination of care. Many nurses have been educated with RN First Call but employers do not utilize it effectively because when a physician is available they will default to the use of a physician.

Further examination of telehealth was requested that can involve the remote transmission or monitoring of vital signs and other key indicators.

Recommendations

45. The Nursing Policy Secretariat recommends the increased utilization of registered nurses with certified practice in rural and remote communities.
46. The Nursing Policy Secretariat would recommend increasing access to rural and remote certified practice education for registered nurses.
47. The Nursing Policy Secretariat will create a working group to liaise with nurses, physicians, Health Authorities and the Ministry of Health to examine and recommend required changes to rural and remote certified practice.
48. The Nursing Policy Secretariat will collaborate with stakeholders to promote greater understanding of the education and scope of practice of rural and remote certified practice nurses.
49. The Nursing Policy Secretariat recommends increasing access to technology for nurses in rural and remote settings to promote access to appropriate levels of care.
50. The Nursing Policy Secretariat recommends establishing a loan forgiveness program for nurses who agree to be employed within health authority identified rural and remote communities for three years or more.

SUMMARY

This document provides a list of recommendations for nursing in the province of British Columbia to support the development of a strategic policy paper to guide the Nursing Policy Secretariat and the Chief Nurse Executive in improving and enhancing nursing practice in British Columbia.

The strategic policy paper will use these recommendations to produce a policy paper to guide the future of nursing regulation, practice, education, and governance of nursing in BC.

The feedback and contributions of all stakeholders to date is gratefully acknowledged.

For further discussion on the report or the recommendations, please contact:

David W. Byres, RN, DNP, MSN, CHE
Chief Nurse Executive
Assistant Deputy Minister
Clinical Integration, Regulation and Education Division
Ministry of Health
Province of British Columbia
David.Byres@gov.bc.ca

APPENDIX 1. LIST OF DRAFT RECOMMENDATIONS

DRAFT RECOMMENDATIONS

1. The Nursing Policy Secretariat would work to optimize the scope of registered nurses, registered nurses with certified practice, registered psychiatric nurses and licensed practical nurses for primary, community and acute settings (see scope of practice recommendations).
2. The Nursing Policy Secretariat would examine the role of the registered psychiatric nurse in primary and community settings to optimally benefit patients and patient outcomes.
3. The Nursing Policy Secretariat would support and work to strengthen the nurse in practice model in British Columbia to continue to add the role of NP's, RN's, LPN's, and RPN's into existing primary care settings.
4. The Nursing Policy Secretariat would work to optimize the role of advanced practice nursing, including Clinical Nurse Specialists, within primary care, primary health care, community and systems development.
5. The Nursing Policy Secretariat would work to ensure effective collaboration and support of public health nursing to enable successful primary care nursing optimization.
6. The Nursing Policy Secretariat would recommend the establishment of shared governance for primary care that ensures equitable and meaningful engagement across diverse groups including patients, physicians, nurse practitioners, registered, psychiatric and licensed practical nurses, and allied disciplines. Any future governance should consider care aides as a key health provider.
7. The Nursing Policy Secretariat would work to optimize the nurse practitioner scope of practice; for example, include prescribing within all routes (oral, injectable, intravenous), full controlled drug prescribing (including suboxone, methadone and stimulants, antiretrovirals, and hepatitis C treatment) as well as outpatient procedures and chronic illness management that could better support patients and improve access while maintaining safe, appropriate care.
8. The Nursing Policy Secretariat would identify and recommend removal of provincial and federal legislation, regulation or policy barriers to optimize the role of nurse practitioners.
9. The Nursing Policy Secretariat would request CRNBC enable the ability of nurse practitioners to complete MOST forms and / or other forms and documentation necessary to provide or coordinate care for patients they serve through an established standard or appropriate mechanism.
10. The Nursing Policy Secretariat would recommend the Ministry of Health establish a clear funding model for nurse practitioners (and other nursing roles) that is flexible for multiple primary care settings and employers to fully and optimally utilize the role of nurses to increase attachment and access to primary care while improving outcomes over time. The

model should consider all direct and indirect or associated costs to optimize nursing's role in the provision of primary care services, include consideration of on-call and locum provisions.

11. The Nursing Policy Secretariat would work with quality, academic and research leaders to establish quality and outcome-based clinical measures and accountability mechanisms that support the integration of nurse practitioners and nurses within team models of care that include nursing-led primary care services.
12. The Nursing Policy Secretariat would recommend each Health Authority establish nurse practitioner inter-professional primary and community care centres or clinics that offer primary care across the lifespan including for those with complex chronic disease, mental health and substance related health issues or seniors. These centers or clinics will also increase access to quality clinical placements for both undergraduate and graduate nursing students in the future.
13. The Nursing Policy Secretariat would recommend Advanced Education, Skills and Training expand the number of nurse practitioners trained annually within British Columbia.
14. The Nursing Policy Secretariat will establish a working group to recommend changes to the Chief Nurse Executive on governance of registered nursing practice (certified practice, named agency, etc.). The review will include consideration of ongoing, regular competency reviews for certified practices and / or restricted activities.
15. The Nursing Policy Secretariat will examine certified practice as a concept for consideration with RPN's and LPN's.
16. The Nursing Policy Secretariat would conduct a fulsome needs assessment to articulate roles required across nursing (RN, RNC, RPN, LPN, NP) to enable an optimized practice within primary, community, acute and residential setting with careful use of clinical examples and clinical decision making tools to support desired practice.
17. The Nursing Policy Secretariat will employ a team-based care approach to the optimization of nursing practice.
18. The Nursing Policy Secretariat will work with stakeholders to optimize the scope of nursing practice for primary, community, acute and residential settings and will focus on:
 - Registered nurse / registered psychiatric nurse: prescribe, compound, dispense and administer Schedule I medication for treating specified conditions; prescribe, compound, dispense and administer Schedule II medications, order routine lab tests and diagnostic images, and initiate discharge
 - Licensed practical nurse: immunization, intravenous therapy including intravenous medication, basic and advanced wound care, improved utilization of LPN's within key practice settings including the operating room, community and home care (including palliative or end of life care).
 - Registered nurse: suturing

19. The Nursing Policy Secretariat shall establish a provincial practice office that is linked to health authority practice structures to facilitate and support evidence and principle based scope or other changes to practice provincially and ensure a standardized, coordinated approach to these changes in collaboration with the respective provincial and national regulatory bodies. The provincial practice office would also establish formal linkages to nursing researchers and policy experts.
20. The Nursing Policy Secretariat will establish a provincial approach to a perioperative nursing care model and education model optimizing the role of the LPN and the RN within surgical settings in BC and in collaboration with the Ministry of Health, the Ministry of Advanced Education, the Health Authorities, the Nurses Bargaining Association and the appropriate educational institutions and leadership.
21. The Nursing Policy Secretariat will support health authorities to implement the provincial model.
22. The Nursing Policy Secretariat recommends completing a review of the RN first assist role, including its previous introduction within the province and subsequent loss of the education program, to establish a plan to introduce the RN First Assist role as a certified practice within British Columbia.
23. The Nursing Policy Secretariat will establish an ongoing structure to bring forward the practice, education, regulatory, policy and research expertise of nursing to the Ministry of Health as well as other work where nursing should be connected. The Chief Nurse Executive will consult with nurses in practice, patient and family representatives, the Chief Nursing Officers, the NBA, the Ministry of Health, the BC Nursing Coalition, the regulatory bodies, NECBC, the Vice Presidents of Human Resources and other stakeholders in creating this structure. The final structure will be recommended by the Chief Nurse Executive to the Associate Deputy Minister of Health for approval.
24. The Nursing Policy Secretariat will work with the Ministry of Health to establish or enhance a primary care structure that optimizes the role and contribution of all primary health providers, including nursing, to achieve improved attachment and access to primary care in British Columbia.
25. The Nursing Policy Secretariat will support and enable the amalgamation of the three nursing regulatory colleges into a single regulatory body for nursing in BC
26. The Nursing Policy Secretariat will support the amalgamation of provincial nursing associations into a single nursing association for BC.
27. The Nursing Policy Secretariat would recommend the parties who engage in collective agreement negotiation consider value based compensation models that recognize the contribution of nurses to quality and clinical outcomes. Concepts such as clinical laddering may be examined.

28. The Nursing Policy Secretariat will quarterly review with health authorities and the nurses bargaining association progress towards implementation of the psychological health and safety in the workplace standards including the development of accountability measures.
29. The Nursing Policy Secretariat will consult with stakeholders to establish inter-professional advisory committees (which does not prevent the use of discipline specific practice committees to address discipline specific practice issues)
30. Promote role modelling of respectful behavior towards all health care professionals
31. The Nursing Policy Secretariat will collaborate with stakeholders to increase the understanding of the role of nursing and the relationship between quality nursing care and patient outcomes.
32. The Nursing Policy Secretariat recommends enabling a process to allow nursing educators to maintain experience in direct nursing practice.
33. The Nursing Policy Secretariat recommends a baccalaureate degree in psychiatric nursing as the entry to practice requirement for registered psychiatric nurses in BC.
34. Collaborate with the First Nations Education Steering Committee and Ministry of Advanced Education, Skills and Training to identify priority actions for reducing disparities in nursing education
35. Future discussion of entry to practice education should consider input from practice, education, operations, regulation, and government and determine:
 - Host a session to begin discussion and planning for transforming provincial approaches to nursing education based on this report and the Purkis report.
 - What the system requires nurses to do in the next 3 – 5 years
 - What are the learning objectives required to achieve those objectives?
 - What are the competencies needed for those objectives and do they align to the national competencies?
 - What elements of certified practice today should be considered entry to practice in the future?
 - How do we effectively educate nurses of the future to achieve these competencies?
 - Employ an inter-professional education model wherever possible to increase the effectiveness of team-based care following graduation.
36. The Nursing Policy Secretariat will bring representatives from the practice, operational, education and government sectors to establish an educational model for the future that considers requirements in both acute, community, and primary care sectors. Topics to include would be:
 - continuing education funding, opportunities and support;
 - incorporating specialty education into the final year and entry to practice;
 - providing opportunities to learn with nursing colleagues in other types of practice;

- establishing transition to professional practice that is initiated before completion of education and continues after employment;
 - defining entry to practice degree requirements for the future;
 - explore the use of clinical learning units within practice education;
 - strategies to support the required clinical and academic faculty for the future; and
 - the Nursing Policy Secretariat will establish a working group to create a provincial process by which staffing models can be created or reviewed.
37. The Nursing Policy Secretariat will establish a working group to create a provincial process by which staffing models can be created or reviewed.
 38. The Nursing Policy Secretariat will request Health Employers Association of BC (HEABC) make recommendations to the secretariat on a HHR plan including recruitment and retention strategies to consider within a provincial nursing strategy for rural and remote communities.
 39. The Nursing Policy Secretariat will use input from the NBA and the employer to recommend the equivalency language to be used for nurse 4 positions.
 40. The Nursing Policy Secretariat will consider establishing a minimum data set of nursing assessment information based on national nursing data standards (C-HOBIC, LOINC, etc.) that can be collected once and shared across multiple users and settings.
 41. The Nursing Policy Secretariat will establish a working group to recommend informatics-based principles for the collection and use of patient data; for example, systems should increase the amount of time for the nurse with the patient and reduce redundancy of data collection.
 42. The Nursing Policy Secretariat will recommend the establishment of provincial access to advanced nursing expertise.
 43. The Nursing Policy Secretariat would recommended as part of the provincial policy paper, direction for nursing leadership across B.C. that enables the successful achievement and sustainment of the recommendations and policy direction including:
 - the most senior nursing position focused on nursing practice as part of the senior executive team, and;
 - nursing-based interdisciplinary teams of care or service should be led by a unit based nurse leader, and;
 44. The Nursing Policy Secretariat will establish a formal mechanism or program to educate, mentor and support new nursing leaders.
 45. The Nursing Policy Secretariat recommends the increased utilization of registered nurses with certified practice in rural and remote communities
 46. The Nursing Policy Secretariat would recommend increasing access to rural and remote certified practice education for registered nurses.

47. The Nursing Policy Secretariat will create a working group to liaise with nurses, physicians, Health Authorities and the Ministry of Health to examine and recommend required changes to rural and remote certified practice.
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