

**From:** [Saunders, Manna HLTH:EX](#)  
**To:** [Saunders, Manna HLTH:EX](#)  
**Subject:** FW: Question: Healthy BC Social Media Content - May/June - Stakeholder media kit  
**Date:** April 25, 2022 10:02:30 AM  
**Attachments:** [SOCIAL MEDIA CONTENT TEMPLATE\\_IDM\\_Midwifery Day \(May 5\).docx](#)

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**From:** Saunders, Manna HLTH:EX  
**Sent:** April 13, 2021 8:55 AM  
**To:** Prodan-Bhalla, Natasha L HLTH:EX <[Natasha.Prodan-Bhalla@gov.bc.ca](mailto:Natasha.Prodan-Bhalla@gov.bc.ca)>  
**Subject:** Question: Healthy BC Social Media Content - May/June - Stakeholder media kit

Hi Natasha,

Giving you a heads up about Healthy BC and social media content for Int'l Midwives' Day on May 5<sup>th</sup>.

On Friday, Glenys and Erin put together some social media content for them for the May issue – please see attached. Glenys did note to Jen (Healthy BC) that it would need approval from Mark/Lorie – so you might have already seen this.

Healthy BC is asking if we would be putting together a stakeholder media kit for Int'l Midwives' Day on May 5<sup>th</sup>: wanted your direction on this.

Thank you,  
m

tel. (250) 952-2160 | email: [manna.saunders@gov.bc.ca](mailto:manna.saunders@gov.bc.ca)

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**From:** Glassel, Jennifer HLTH:EX <[Jennifer.Glassel@gov.bc.ca](mailto:Jennifer.Glassel@gov.bc.ca)>  
**Sent:** April 13, 2021 7:57 AM  
**To:** Saunders, Manna HLTH:EX <[Manna.Saunders@gov.bc.ca](mailto:Manna.Saunders@gov.bc.ca)>  
**Cc:** Price, Erin M HLTH:EX <[Erin.Price@gov.bc.ca](mailto:Erin.Price@gov.bc.ca)>; Webster, Glenys HLTH:EX <[Glenys.Webster@gov.bc.ca](mailto:Glenys.Webster@gov.bc.ca)>  
**Subject:** RE: Healthy BC Social Media Content - May/June

Hi Manna,

Quick question, are you developing a stakeholder media kit for this campaign? If so, we will use your prefab messaging for ease of approvals, if you expect this to have ready this week.

Thanks!  
Jen

*Jennifer Glassel* | MA

Senior Marketing Strategist

Healthy Living and Health Promotion

Population and Public Health

4th Floor, 1515 Blanshard Street ~ PO Box 9646 STN Prov Govt ~ Victoria BC V8W 9P1

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**From:** Saunders, Manna HLTH:EX <[Manna.Saunders@gov.bc.ca](mailto:Manna.Saunders@gov.bc.ca)>  
**Sent:** Monday, April 12, 2021 8:27 AM  
**To:** Webster, Glenys HLTH:EX <[Glenys.Webster@gov.bc.ca](mailto:Glenys.Webster@gov.bc.ca)>  
**Cc:** Glassel, Jennifer HLTH:EX <[Jennifer.Glassel@gov.bc.ca](mailto:Jennifer.Glassel@gov.bc.ca)>; Price, Erin M HLTH:EX <[Erin.Price@gov.bc.ca](mailto:Erin.Price@gov.bc.ca)>  
**Subject:** RE: Healthy BC Social Media Content - May/June

Hello Glenys,

Thank you for looping us in – happy to connect with you today to discuss further,  
Manna

tel. (250) 952-2160 | email: [manna.saunders@gov.bc.ca](mailto:manna.saunders@gov.bc.ca)

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**From:** Webster, Glenys HLTH:EX <[Glenys.Webster@gov.bc.ca](mailto:Glenys.Webster@gov.bc.ca)>  
**Sent:** April 9, 2021 5:37 PM  
**To:** Glassel, Jennifer HLTH:EX <[Jennifer.Glassel@gov.bc.ca](mailto:Jennifer.Glassel@gov.bc.ca)>; Price, Erin M HLTH:EX <[Erin.Price@gov.bc.ca](mailto:Erin.Price@gov.bc.ca)>; Saunders, Manna HLTH:EX <[Manna.Saunders@gov.bc.ca](mailto:Manna.Saunders@gov.bc.ca)>  
**Subject:** RE: Healthy BC Social Media Content - May/June

Hi Jen

Here is a proposal to develop some social media messaging to align with British Columbia Midwives Day on May 5<sup>th</sup>. I've copied in Manna from the Nursing Policy Secretariat, so she is aware of this discussion. We weren't able to connect with her today to discuss this before the deadline. Any social media about midwives would likely need approval from Mark Armitage in HSWBS (in addition to Lorie if this is coming up through PPH).

Manna – let's connect on Monday to see if this is of interest from your team's side.

Thanks

Glenys

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**From:** Glassel, Jennifer HLTH:EX <[Jennifer.Glassel@gov.bc.ca](mailto:Jennifer.Glassel@gov.bc.ca)>  
**Sent:** April 6, 2021 12:00 PM  
**To:** Amyot, Sarah HLTH:EX <[Sarah.Amyot@gov.bc.ca](mailto:Sarah.Amyot@gov.bc.ca)>; Arason, Neil HLTH:EX <[Neil.Arason@gov.bc.ca](mailto:Neil.Arason@gov.bc.ca)>; Day, Meghan HLTH:EX <[Meghan.Day@gov.bc.ca](mailto:Meghan.Day@gov.bc.ca)>; Rintoul, Don B HLTH:EX <[Don.Rintoul@gov.bc.ca](mailto:Don.Rintoul@gov.bc.ca)>; Russo, Geneen HLTH:EX <[Geneen.Russo@gov.bc.ca](mailto:Geneen.Russo@gov.bc.ca)>; Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>; Saha, Sagarika HLTH:EX <[Sagarika.Saha@gov.bc.ca](mailto:Sagarika.Saha@gov.bc.ca)>; Sidaway-Wolf, Daphne HLTH:EX <[Daphne.SidawayWolf@gov.bc.ca](mailto:Daphne.SidawayWolf@gov.bc.ca)>; Smith, Stephen HLTH:EX <[Stephen.Smith@gov.bc.ca](mailto:Stephen.Smith@gov.bc.ca)>; Thomas, Gerald HLTH:EX <[Gerald.Thomas@gov.bc.ca](mailto:Gerald.Thomas@gov.bc.ca)>; Webster, Glenys HLTH:EX <[Glenys.Webster@gov.bc.ca](mailto:Glenys.Webster@gov.bc.ca)>  
**Subject:** Healthy BC Social Media Content - May/June

Hi there,

While we continue to work on an established process for your input on Healthy BC content. Please advise of any message streams you would like to see reflected in May or June.

The attached template can be used for now to support this process. Please complete by Friday April 9, EOD, if you wish to see messages for May. Please complete by Friday April 23 for June messages.

If you would like to chat more about Healthy BC, please email me and we can set up a time to chat.

Thank you,  
Jen

*Jennifer Glassel* | MA

Senior Marketing Strategist

Healthy Living and Health Promotion

Population and Public Health

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## SOCIAL MEDIA CONTENT TEMPLATE

This template will help to ensure your content area is reflected on the Healthy BC social media channels.

*Each post we make should include a fact, tip, tool, or resource & a link to more*

*If you want to launch a campaign utilizing these channels, please connect w/ Jen Glassel before completing this form*

### SECTION 1: Content Stream

- Healthy Eating
- Physical Activity
- Tobacco and Vapour Products
- Early Childhood Development
- Woman's and Maternal Health
- Mental Health
- Alcohol
- Cannabis
- Injury Prevention
- Other

- Woman's and Maternal Health

### SECTION 2: Key Message

- What is the main thing you need people to know? Is it a fact? A tool? A tip? A resource?
- i.e.: 25% of BC youth vape or have tried it. OR Falls are the 6th leading cause of death in seniors.

May 5<sup>th</sup> marks International Day of the Midwife:

"Follow the data, invest in midwives" – is the theme of the 2021 International Day of the Midwife,

Midwives are central to improving quality health outcomes for mothers, newborns, and families in BC, and around the world.

## **SECTION 3: What Do You Want People to...**

- *What do you want people to KNOW, THINK or DO?*

- Midwives are experts in healthy pregnancy and birth. In BC, registered midwives offer primary maternity care to healthy pregnant clients and their newborn babies from early pregnancy, through labour and birth, until about six weeks following delivery.
- Registered Midwives deliver care to over 25% of all birthing families in BC. Midwives are practicing in urban, rural and remote communities across the province.
- Midwives care for all families during the childbearing year. This includes families created through pregnancy and birth, adoption, surrogacy, multi-partner relationships, choice, blending and circumstance.
- Midwives support births in hospital as well as out of hospital births
- Midwifery services are free for all BC residents with a valid Carecard or BC Services Card through the BC Medical Services Plan (MSP)
- Midwives provide primary care while honouring the diversity of their clients and communities and providing respectful and affirming care. In practice, BC midwives are well suited to care for queer, transgender, and gender diverse clients, taking the time needed to get to know each family and their individual needs throughout their pregnancy and birth care.
- Midwifery is founded on the principles of informed choice decision making, trust building through continuity of care, and choice of birth-place

## **SECTION 4: Where Can They Find More?**

- *Provide a link to the webpage they can find more info (usually HealthLink BC, but others welcome!)*

- To learn more about BC midwifery care, or to find a Registered Midwife in your community, please visit the Midwifery Association of BC: [www.bcmidwives.com](http://www.bcmidwives.com)
- The newly released [Impact of Midwives study](#), led by UNFPA, ICM and the World Health Organization (WHO)
- [UNFPA infographics](#) on the Impact of Midwives

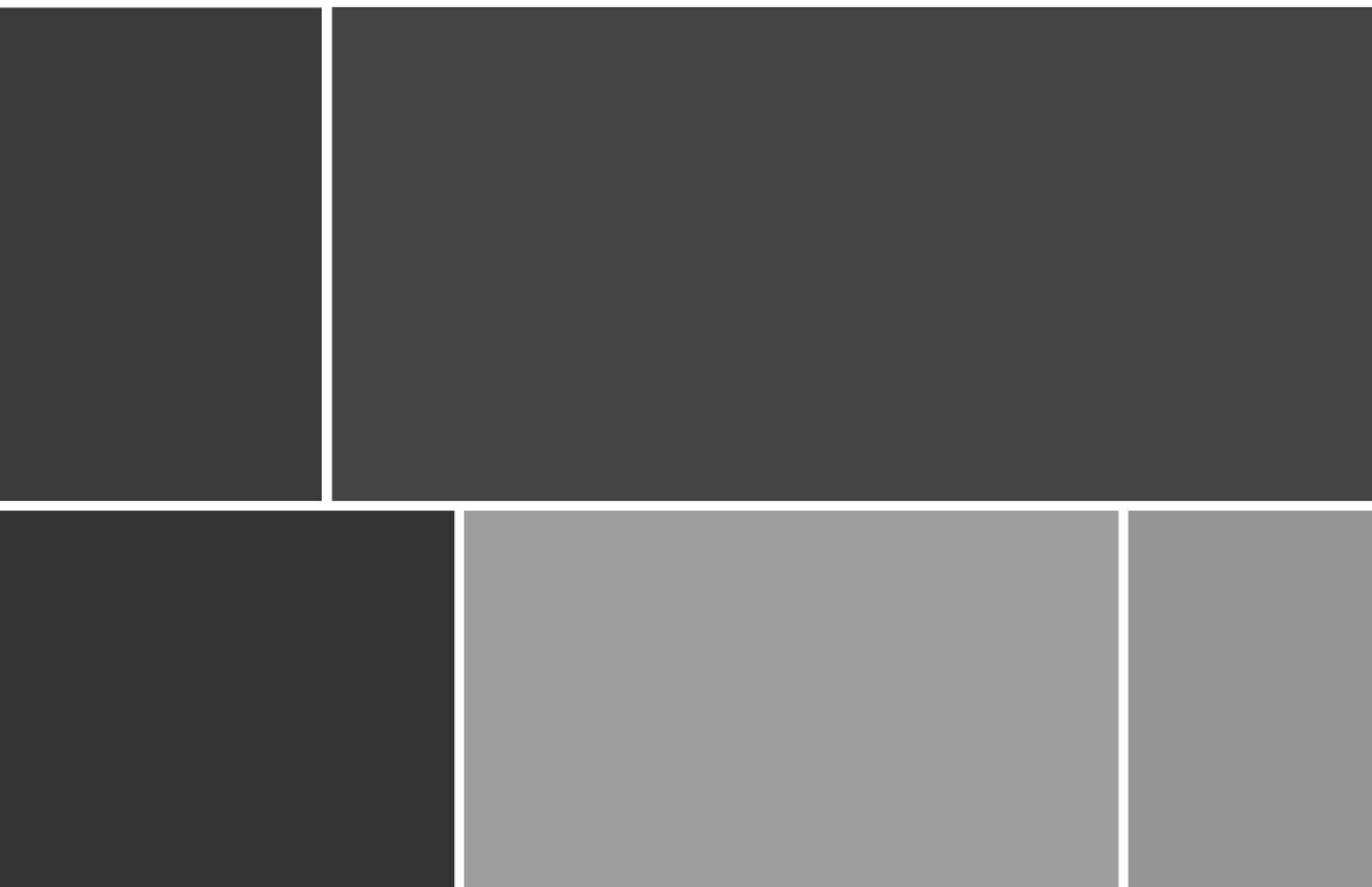
## **SECTION 5: Where Else Should We Know?**

- *Is there any other information we should know before writing a social media message?*
  - *Partnerships*
  - *Awareness Day*
  - *Ongoing Campaign*
  - *Risks/Concerns*

International Midwives Day is May 5<sup>th</sup>. The MABC will be mounting a social media campaign in the coming weeks to promote that day.

MAY 2021

# NPS NURSING NEWS



## MIDWIFERY UPDATE

**On September 21, 2020**, the Ministry of Health (ministry) aligned nursing and midwifery within one policy area in the Nursing Policy Secretariat (NPS). This organizational change was implemented to build collaborative policy connections between nursing and midwifery and to support strategic direction for midwifery within the ministry and with external health system partners.

As part of this collaborative work, NPS, in partnership with the Midwives Association of British Columbia (MABC), established the Midwifery Advisory Committee (MAC). The MAC brings representatives from the ministry, MABC, and key midwifery and health system partners in the province together to collaborate and consult on matters pertaining to midwifery practice in B.C., health system priority issues and integration of midwives in the broader health system.

The MAC will bring system-wide leadership and coordination in addressing midwifery health system policy issues with the following strategic objectives:

- Identify and promote opportunities for midwifery engagement in broader health system planning.
- Expand the role of midwifery in primary care, health authorities and the larger health system.
- Identify and advance opportunities to support midwifery integration into primary care.
- Address issues of maternity care in primary care through collaboration with health system partners.
- Improve and provide role clarity of midwifery governance within the ministry.



- Serve as a consultative body to health system partners regarding midwifery, maternity care, primary care, and other health system policy issues.

NPS is also working with MABC to address priority issues raised by midwives. Recently, this collaborative work has helped facilitate midwives to support the province's pandemic response including streamlining access to personal protective equipment for midwives, enabling midwives to conduct COVID-19 testing and provide flu vaccinations, and securing compensation for midwives' pandemic service delivery activities.





### **Tobi Reid**

Registered Midwife  
South Community Birth Program  
Vancouver, B.C.

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

- As a new registrant, I never anticipated I would graduate into a global pandemic. At an individual level, I've learned that I know and am capable of more than I think am. At a community level, I've learned that I'm part of a very creative and supportive network - I'm amazed at how health care professionals have come together in a

myriad of resourceful ways to keep ourselves and the communities we serve safe. Midwifery involvement in the COVID-19 vaccination roll-out, mentorship support for new practitioners, and exploring innovative avenues for virtual care are a handful of examples.

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

- To answer this question, I'll reference a quote from an interview I just listened to with Drs Emily and Amelia Nagoski: "the cure for burnout isn't and can't be self care. It has to be all of us caring for each other." Resilience is never an individual act, and we are only as strong as the communities we are part of. For me, boosting resilience is about safe working conditions, appropriate compensation, system-level mental health supports, and acknowledging our interdependence.

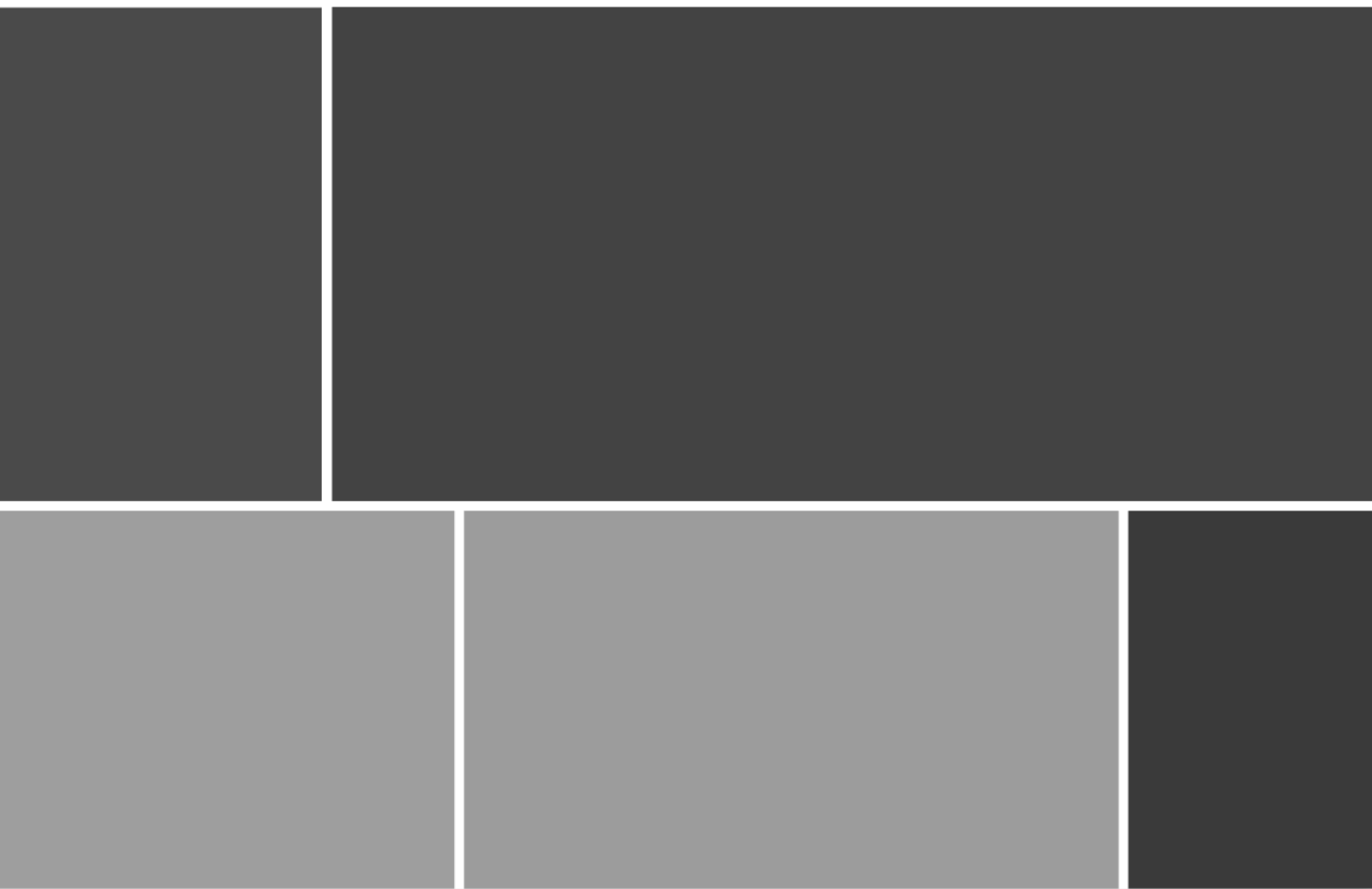
#### **3. How do you think COVID-19 will impact midwifery/healthcare into the future?**

- COVID-19 has highlighted injustices within the healthcare system and the world at large. There is a renewed shift towards addressing the root causes of health disparities for communities who have been made vulnerable through policy choices and systems of oppression. I'm hopeful we can apply the lessons learned in this pandemic towards the provision of more inclusive, accessible, and affirming health care in the years ahead.
- I'm also seeing a heightened interest in out-of-hospital and community health care during this pandemic. Midwifery clinics are experiencing an increased demand for home births as healthy families elect to birth in the safety and comfort of their own homes. I feel privileged to be part of a profession that supports choice of birthplace during such a transformative moment in people's lives.

Nursing Policy Secretariat  
British Columbia Ministry of Health

MAY 2022

# NPS NURSING NEWS



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## MESSAGE FROM NPS EXECUTIVE

**Dear colleagues,**

Spring is a special time of year for midwives and the nursing family. This year we have much to celebrate, to reflect upon, and, of course, build upon, too. The call to action against racial discrimination has become an even greater imperative for the health-care community and society as a whole. We continue to mourn the thousands of Indigenous children whose unmarked graves were located at former residential schools in B.C. and across Canada. Discrimination and racism continues to endure and affects the health care system in modern times. The pandemic highlighted the staggering increase in racist actions against Indigenous Peoples and racialized communities. As such, government and our key partners continue to prioritize truth and reconciliation with Indigenous Peoples along with actions to work toward a more equitable and inclusive province for all British Columbians.

The Declaration on the Rights of Indigenous Peoples became law in B.C. on November 28th, 2019. Through this Act, the Province formally adopted the internationally recognized standards of the United Nations Declaration on the Rights of Indigenous Peoples. The [Declaration Act Action Plan](#) released on March 30th, 2022 outlines how government will bring the UN Declaration into harmony with our work over the next five years. This important work includes actioning the 24 recommendations made in the [In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. health care](#) to strive to establish a health care system in B.C. that is equitable, culturally safe, trauma informed, and free of Indigenous-specific racism. Also of note, the International Day for the Elimination of Racial Discrimination was observed on March 21st, 2022.

*"Systemic racism will be the most difficult issue we need to tackle, but my hope, and the hope of my friends and colleagues in elevating the discussion and taking concrete action, is that we create a safer, more equitable and resilient system that enables quality practice environments and the best possible care all British Columbians."*  
Vini Bains, critical care clinical nurse specialist, Providence Health Care

These and other relevant actions and observances help keep the importance of addressing racial discrimination at the forefront and remind us of our personal and professional responsibility to actively challenge it. Vini Bains, critical care clinical nurse specialist in Providence Health Care, stresses that "systemic racism will be the most difficult issue we need to tackle, but my



**Zak Matieschyn**  
NP(F), MN, BScN  
Clinical Director, Nurse  
Practitioners  
Nursing Policy Secretariat

hope, and the hope of my friends and colleagues in elevating the discussion and taking concrete action, is that we create a safer, more equitable and resilient system that enables quality practice environments and the best possible care all British Columbians.” Read on to learn more about what Vini has to say about racism and insights from our other exemplary providers in our Spotlight section.

We must also remember that there are two health emergencies pandemics in B.C., COVID-19 and the toxic drug supply. Illicit drug toxicity death rates remain high in the province with notable increases in some smaller and medium-sized communities. The toxic drug supply continues to escalate and improving access to safe supply alternatives continues to be a priority to prevent serious harms and death. Read on to learn about the groundbreaking work to implement nurse prescribing of Opioid Agonist Treatment (OAT) and improve equitable access to treatment and substance use care across the province to help address the public health emergency.

I would also like to take this opportunity to acknowledge and celebrate

*May 9 to 15, 2022 has been proclaimed Nursing Week in B.C., corresponding with Florence Nightingale's birthday on May 12.*

nurses and midwives across the province. May 9 to 15, 2022 has been proclaimed [Nursing Week](#) in B.C., corresponding with Florence Nightingale's birthday on May 12. The theme for this year #WeAnswerTheCall was developed by [Canadian Nurses' Association](#) to “showcase the many roles that nurses play in a patient's health-care journey. The pandemic brought to light the courage and commitment that nurses work under every day and showed the important role that nurses play in the community.” Additionally, the inaugural BC Indigenous Nurses Day was observed on April 10, 2022, in honour of Charlotte Edith Anderson Monture, Canada's first Indigenous nurse (although her training was completed in the U.S. due to racist and colonial policies in nursing education). Learn more [here](#) about this amazing nurse and Mohawk woman from Six Nations who volunteered with American forces in First World War and has been celebrated as a pioneer in Indigenous health care in Canada.

May is also an opportunity to shine a spotlight on midwifery. May 5th, 2022 was proclaimed as the [International Day of the Midwife](#) to celebrate the significant contribution that midwives make in providing safe and quality care for pregnant people and families.

This message would not be complete without highlighting the work in progress to build the capacity of our Health Care Support Worker (HCSW) and Health Care Assistant (HCA) health workforce through the Health Career Access Program (HCAP). HCAP continues to be an innovative program that supports the integration of staff without prior health care education, leading to the hiring of over 3,000 HCSWs in public and private long-term care and assisted living sectors.

HCAP has led to the successful transition of HCSWs to becoming qualified HCAs, to address the increased need for additional staff across the province. The Ministry of Health is looking forward to further support of the HCAP, and continuous collaboration with provincial partners. Read more about HCAP in the update that follows in this newsletter.

Lastly, extending my sincere thanks to HCSWs, HCAs, midwives, nurses of all designations, and health-care providers across the province for the many important roles you play in uplifting your patients, communities, and each other in our collective journey to greater health and healing.

With sincere appreciation,  
Zak Matieschyn (Acting Executive Director) and the NPS Team

### National Nursing Week May 9-15, 2022

We answer  
the call cna-aiic.ca



#### SHARE YOUR STORY



#CNA2022 #WeAnswerTheCall  
#IKnowANurse #NationalNursingWeek

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## CELEBRATING INTERNATIONAL DAY OF THE MIDWIFE – MAY 5TH, 2022



**International Day of the Midwife was first celebrated on May 5, 1992** and is now observed in more than 50 countries around the world, including Canada.

This year, on May 5, the International Day of the Midwife is being celebrated under the theme of “100 Years of Progress.”

In British Columbia, May 5th has been declared “[BC Midwives Day](#).”

International Day of the Midwives is an opportunity to recognize and celebrate the work of midwives in providing safe and quality maternity care for pregnant people and families.

### Celebrating Midwives

- Registered midwives are highly trained, educated and regulated professionals who are committed to the health and well-being of pregnant people, infants and families.
- Registered midwives are experts in healthy pregnancy, birth and post-natal care. They provide assessment, monitoring and care for pregnant people and enable options for labour, in hospital and at home, and delivery of healthy newborns.
- As members of the primary care team, midwives not only are well positioned to address the challenge of bringing birth closer to home, for families living in rural and remote communities, but also have an increasingly important role in strengthening the health-care system and are integral to the establishment of team-based primary health care networks in urban and rural communities.
- Midwives improve pregnancy and child health outcomes, and the World Health Organization, the United Nations Population Fund, the United Nations Children’s Fund and the World Bank agree that midwives are essential to achieving the 2030 Sustainable Development Goals to reduce maternal and newborn mortality.

# REGISTERED NURSE (RN)/ REGISTERED PSYCHIATRIC NURSE (RPN) PRESCRIBING OF OPIOID AGONIST TREATMENT (OAT)



**March 2022 marks a year** since the first registered nurse in B.C., Crystal Head of Vernon, wrote a prescription for opioid agonist treatment a path to the road to recovery for people living with opioid use disorder. This first in Canada was part of the RN / RPN OAT Prescribing Program, a key initiative undertaken by the Ministry of Mental Health and Addictions in partnership with the Ministry of Health, BC College of Nurses and Midwives (BCCNM), BC Centre for Substance Use, and health authorities in response to the illicit toxic drug crisis. All health authorities are working with the provincial partners to continue to advance this ground-breaking and life saving initiative, and improve access to treatment in underserved rural and remote communities.

To date, 233 RNs and RPNs from all health authorities are currently enrolled and 71 have fully completed their OAT prescribing training. Since prescribing of Suboxone began in early 2021, provincial training has since expanded to include titration, bridging and continuation of slow release oral morphine (SROM) and Methadone.

In December 2021, 51 patients filled prescriptions for buprenorphine/naloxone at community pharmacies within B.C. written by 11 RN or RPN prescribers.

*"I am really proud that RNs and RPNs can be a part of the workforce that provides access to treatment for people with an opioid use disorder in a time where the toxic drug supply is devastating our province and communities. Nurse prescribers throughout B.C. are making connections with people, reaching out and following up in efforts to keep people connected to substance use services and treatment."*

*Amanda Lavigne, Clinical Nurse Specialist,  
Substance Use, Interior Health*

## Check out the following resources to learn more:

- BCNNM - Overdose Crisis – Learning Resources  
Overdose crisis ([bccnm.ca](https://bccnm.ca))
- BC CDC Harm Reduction Clinical Resources Harm  
Reduction Clinical Resources ([bccdc.ca](https://bccdc.ca))
- Service Delivery Framework: RN and RPN  
Prescribing as a Provincial Overdose Response  
Initiative February 2021 service-delivery-  
framework-rn-rpn-prescribing.pdf ([gov.bc.ca](https://gov.bc.ca))



## ENHANCING EDUCATION AND PRACTICE THROUGH NNPBC

**As the professional association representing** licensed practical nurses (LPNs), nurse practitioners (NPs), registered nurses (RNs) and registered psychiatric nurses (RPNs) in British Columbia, Nurses and Nurse Practitioners of BC (NNPBC) is committed to supporting ongoing educational and leadership opportunities for all nurses in the province. Whether supporting students and those new to practice, developing new programming for all nurses, providing continuing education and leadership opportunities or offering workshops for student groups, NNPBC is focused on ensuring the nurses of today and tomorrow have the necessary opportunities to be leaders, learners and educators throughout their career.

Nurses are educated experts and, as leaders, are well positioned to engage in the kind of collaborative leadership practices that are recognized as essential for health care transformation. NNPBC is pleased to support nurses in transforming health care by supporting their leadership, education and practice.

Visit NNPBC's [website](#) to learn more.



### Through NNPBC membership, nurses can access:

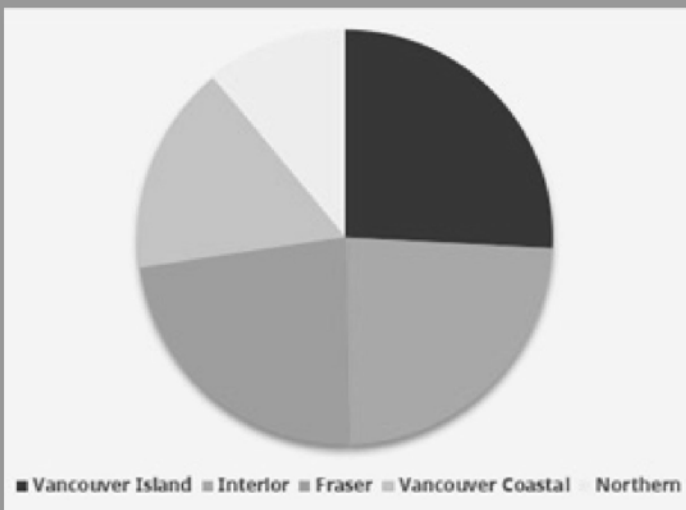
- Nursing leadership programs that can be a supplement to health authority courses including:
  - Leadership 101
  - Leadership & Conflict
  - Leadership & Communication
- Educational webinars including:
  - Clinical Corners
  - Truth Before Reconciliation Series
  - Climate Change Series
  - Upcoming Women's Health Series
- Student and new graduate programs RN Certified Practice Decision Support Tools
- Professional Development
- NP Practice Support Program
- Showcasing nursing research
- [And more!](#)

## HEALTH CAREER ACCESS PROGRAM (HCAP) UPDATE



On September 9, 2020, Government announced the supports for approximately **3,000 individuals to receive training as Health Care Support Worker (HCSW) in the health sector** through the **Health Career Access Program (HCAP)**. This innovative program supports the integration of staff without prior health-care education into the workplace as HCSWs while receiving paid employer sponsored funding and support to complete the health care assistant (HCA) education and training program.

HCAP supports the increased need for additional staff in long-term care and assisted living sites and home support, while providing a path to enable them to become fully qualified and registered HCAs. The Ministry of Health has been working with the Ministry of Advanced Education and Skills Training, post-secondary partners as well as public and private employers to support the hiring and training process for HCAP.



### Regional Distribution by Health Authority

Since the launch of the provincial expression of interest process in September 2020, more than 3,000 HCSWs have been hired in both the public and private long-term care and assisted living sectors, across 110 communities and all regional health authorities.



### HCAP site locations

HCAP has been successful through strong partnerships, allowing for the creation of sites in many Northern, Interior, Island, and Lower Mainland regions. Each of the blue dots on the map represent one HCAP site, representing over 300 facilities throughout B.C.

# REVISING THE HEALTH CARE ASSISTANT (HCA) AND PRACTICAL NURSING (PN) AND ACCESS TO PRACTICAL NURSING EDUCATION

**The Ministry of Advanced Education and Skills Training (MAEST)** has commenced a review of the HCA, PN and APN curricula with BCcampus providing project management support. A major curriculum revision happens every five years. Revision cycles help to ensure curricula are current and relevant to the complex and changing needs of clients and health care settings.

In B.C., HCAs are non-regulated health care providers. To ensure that HCAs work in a way that supports safe and capable care for British Columbians, the HCA curriculum is based on a standard provincial competency framework developed and maintained by Ministry of Health - BC Health Care Assistants Core Competency Profile (2014). The competencies serve as an anchor for minimum standards (knowledge, skills, behaviours and attitudes) to ensure that HCAs provide the public with safe, competent and ethical care.

In B.C., LPNs are regulated health care providers and are governed by legislation and regulation. BCCNM standards, limits, and conditions for LPN practice go hand in hand with the regulation and further define the LPN scope of practice. Additionally, there are also entry-level competencies for LPNs that describe the knowledge, skills, judgment and attitude required of beginning LPNs to provide safe, competent and ethical nursing care. The review will include an examination of the curriculum as it pertains to the different areas within the scope of practice, e.g., mental health and substance use.

A project steering committee has been struck and as a first step will be collecting information to determine where there are gaps between practice and education. This is followed by a detailed analysis and recommendations that are provided to working groups to support the curriculum revisions. The work to identify gaps and revise the curricula will take place over the next year. Stay tuned for newsletter updates as this work progresses.



# TRANSFORMATIVE NURSING (BSN) PRACTICE EDUCATION AND TRANSITION MODEL PROJECT: UPDATE

The NPS continues to advance the Transformative Nursing BSN Practice Education and Transition Model Project with the aim to modernize and strengthen the efficiency, effectiveness and sustainability of Bachelor of Science in Nursing (BSN) undergraduate education. This project began in December of 2020 with the launch of two working groups (i.e., The New Graduate Transition working group and Learning Pathway Framework working group) comprised of health authorities, public post secondary institutions, BC Nurses' Union, and the Nurses and Nurse Practitioners of BC.



## **The New Graduate Transition (NGT) working group**

*Creating a standardized NGT essential learning pathway for students and new graduates*

The NGT working group members (health authorities and post secondary institutions) are partnering to develop an essential new graduate (orientation type) learning pathway. This learning pathway will be similar to the work completed by partners to support the HCAP orientation. The learning pathway will provide an online platform for students and new graduates to access a standardized curriculum that supports them in transitioning to new graduate nurse. Students and new graduates can access content easily using their personal emails and Provincial Health Services Authority's Learning Hub portal.

## **Interior Health**

*Maximizing New Graduate Nurses' Engagement and Employment*

Interior Health is piloting a new hiring strategy aimed to increase the retention of new graduates. Upon graduation, new graduates are now offered either a regular position of six-month term (full-time or part-time regular schedules), instead of being hired into casual pools. New graduates have access to mentorship, orientation shifts, supernumerary hours, peer support, online learning sessions and are automatically enrolled in the program upon hire.

This strategy builds on [Dr. Judy Boychuk Duchscher's](#) research that shows a consistent and reliable schedule makes a difference for new graduates to successfully transition to practice. To date, the results of this new strategy show that new graduate hiring has increased by 14%, and Interior Health reports improved stability of the new graduate workforce.

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

Interior Health is evaluating this strategy and we look forward to learning more about the results after the new graduates have reached the end of the six-month term.

*"The preliminary impact analysis of this strategy has been extremely promising. 75% of our new graduates are now working full-time hours (up from about 17% before this work started). We are humbled by this success and celebrate each new hire as a pivotal contribution to enable us to realize health and well-being for all."*

Aneta D'Angelo, Director,  
Clinical Education, Interior Health



## The Learning Pathway Framework Working Group

### *Intensive Care Unit (ICU) Learning Pathway Pilot - A Tri-Partnership Approach*

The BCIT Bachelor of Science in Nursing (BSN) program in partnership with BCIT specialty nursing program and Providence Health Care are piloting a new BSN student intensive care unit (ICU) learning pathway. This innovation and partnership came about to meet industry need for ICU nurses due to COVID-19 impacts. At the end of the second year, students are introduced to various career options and enter their choice for focus of practice in final year. A robust system for student selection is in place.

Students enter an ICU learning pathway in their final year of BCIT's BSN program, where a student completes about 800 hours in the ICU, first as an employed student nurse and then in their final preceptorship. After graduation, they transition into employment and complete the BCIT specialty nursing critical care program as an employee with Providence Health Care. BCIT will be evaluating the learning pathway and we hope to share more with you in the future. Early findings suggest there are positive gains for students, partnerships and the ICU unit. A supportive new graduate transition program, strong management/team supports and orientation are critical components of the employment aspect of this learning pathway.

## Perioperative BSN Student Learning Pathway

The NPS in partnership with the Ministry of Health's Surgical Services launched a perioperative learning pathway in July 2021 for BSN students. The BSN undergraduate perioperative learning pathway was included as one of the priority actions in the provincial surgical strategy to train more perioperative nurses. This collaborative work builds on Island Health's 18-year partnership with the University of Victoria BSN program where students enter into Island Health's perioperative training program in their final preceptorship. Island Health has shared their significant learnings and benefits of the program, including consistently high retention rates.

Other health authorities are now working with post-secondary partners in their regions to adopt similar programs. To date, 20 BSN students are completing or have completed the perioperative learning pathway. The NPS is working with the Ministry of Advanced Education and Skills Training, post-secondary partners and the health authorities on this initiative.

Work is underway to also explore additional learning pathways in other priority nursing domains of practice.

## NURSE AND HEALTH-CARE PROVIDER SPOTLIGHT

*We asked a few exemplary health-care providers representing HCAs, midwifery and nursing a few rapid focused questions to learn about them and to get their sage reflections on what teamwork has meant to them during these challenging times, and how they stay healthy and build their resiliency.*



### **Sonja Shelby**

Resident Care Attendant and Mental Health Worker,  
Gateway Lodge, Prince George, B.C.

#### **1. Tell me about your role and where you work. What gives you satisfaction in the work that you do?**

I am a resident care attendant and mental health worker at Gateway Lodge in Prince George, B.C. I have worked in Northern Health as a care aide for almost 25 years, and with Gateway Lodge for 11 years. The teamwork and collaboration at Gateway Lodge and providing care to patients have been things that give me the most satisfaction in the work that I do and are what keep me going in this role. My team, along with my manager, other care aides, housekeeping, cleaning, dietary, nurses and many others all help me provide the best care possible. Together we have identified issues and solutions for injury reduction, and to keep our patients as safe as possible. This includes putting a focus on physical safety, but also providing a safe and welcoming environment for all ages, cultures, backgrounds and identities. I really enjoy the people that I work with and the people I care for, they are like my second family. .

#### **2. These have been challenging times for people working in health care. What have you learned about teamwork and how to work well together?**

Times have been very tough, especially over the past two years with COVID-19 and the wildfires. Our team has been strained to work with multiple challenges at one time. We have seen patients pass away without their first family, so we were their second family to support them. We all have struggled a lot on the job and in our personal lives, but it is our team that has helped each other get through it. Our work is all about keeping patients safe and teamwork is very important to maintain a safe environment for all. Teamwork has allowed us to grow our critical thinking, new ways of dealing with issues and look to each other for all kinds of help. We value all the services and supports that are around us because they have been the most helpful in dealing with these challenges.

#### **3. Many health-care providers tell us that working during the pandemic has been very difficult, and they're feeling tired and stressed. What do you do to stay physically and mentally healthy while working during such a difficult time?**

Work during the pandemic has been very difficult. It has taken a personal and emotional toll on myself, my colleagues and our patients. Workouts and walks help, but typically happen alone. While connecting over

the phone and Zoom have been helpful, they're not the same as being with the people you love. It also has been challenging because life happens too, but to provide the best care to your patients you have to leave your personal life at the door. Fortunately, I feel lucky because when I go to work, I am surrounded by my second family of co-workers and residents. They have helped me get through a lot, and they're amazing.

#### 4. What do you think an HCA's biggest contribution is to the health-care team?

I think the best way is to imagine HCAs as a golden key of knowledge. HCAs provide direct and the most intimate care to patients. Because of this close and intense contact, we know our patients well because we are constantly assessing them and can often note when there have been the slightest changes in their condition. Without the golden key of knowledge HCAs provide, you cannot open the doors to the great health care that residents deserve. When HCAs speak to others on the care team, we pass off the golden key of knowledge we have to inform LPNs, RNs, physicians, families, or others on the care team that can change the direction of treatment for the patient. However, that HCA key also opens the doors for patients and families to the care and dignity that they deserve. There have been opportunities for me to take on other nursing roles, but I have chosen to continue in this one because I want to provide that direct care and share that golden key with others.



**Shandell King, BScN, MN-NP**, is a family nurse practitioner (NP) who lives and works in Squamish. She currently holds a Ministry of Health primary care network-funded NP position in a collaborative team-based model with family physicians and midwives.

#### 1. What have you learned about the meaning of “team” and how to work together effectively during these extraordinary times?

In my humble opinion, the sense of team and trust that this pandemic has cultivated amongst health-care workers is remarkable. Anxiety and fear amongst health-care staff was so high at the start of the COVID-19 pandemic; none of us knew what we were dealing with, what would happen, if we and the systems we worked in would

be OK. Going to work each day was terrifying — but it was also inspiring, because we all just kept showing up despite that fear and uncertainty. All of the nurses, the housekeeping staff, the paramedics, the security guards, the physicians, the clerks, the kitchen staff, the midwives, the maintenance staff, etc... everyone just kept showing up — day shift, night shift, on-call shifts, short shifts, endless shifts — to carry on doing the good work they had always done, despite it being that much more complicated due to a virus we knew very little about.

It also seems to me that there's a softness across hospital departments now, more appreciation for the value and way each contributes to keeping both staff and patients safer through this pandemic. Or maybe it's a better cognizance of our shared humanity — as COVID-19 spread amongst staff, and more staff and/or their families tested positive, we worried and fretted together, scrambled to take care of one another, grieved the loss of loved ones to COVID together. The burden that this pandemic has placed on our already-



overwhelmed health care system was unprecedented, and yet we are still surviving something massive together — but if we can just keep showing up, doing what we each do best, we'll be OK

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

Nurses tend to be an altruistic, generous lot; unfortunately, we are often self-sacrificing in the process. I tell my children all the time, "You can't control how people treat you, but you can always control how you react." To foster resilience and well-being, I surround myself with all the bright lights I can muster — the colleagues who do good work, who speak kindly of others, who smile easily, who keep positive despite the odds. The people with big-picture inspiring visions, who build others up, who see potential and opportunity in every corner, the ones not stuck in negativity or habitual ways — the dreamers! The more I am around good energy, the more I want to embody and feel and share it myself; I find this quite protective when the world seems so dark.

It also helps to take a strengths-based perspective with our patients (and ourselves!). When we acknowledge one's innate strengths, skills, and capacity, we help patients to see themselves at their best, to stand in their own power. I adore the poetry of Mary Oliver, particularly her poem 'Wild Geese,' and the lines that say, "Tell me about despair, yours, and I will tell you mine. Meanwhile the world goes on... Whoever you are, no matter how lonely, the world offers itself to your imagination, calls to you like the wild geese, harsh and exciting - over and over announcing your place in the family of things." How profound is that? To be so sure of our place and purpose, to trust that all is as it should be, that there is an order to the world... all good ways to boost resilience!

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### **3. How do you think we can apply the lessons learned from COVID-19 to make things better for health care into the future**

"There's no post-COVID." A general practitioner colleague said this to me within days of the pandemic being announced in March 2020, and it felt so ludicrous at the time: no post-COVID-19? Huh? And yet here we are two years later with no tangible end in sight, and a growing belief that COVID-19 is/will be endemic. Canadians enjoy the great privilege of a socialized health-care system that we, in general, can trust will be there when we need it the most. Unfortunately, the COVID-19 pandemic very quickly tested our health care system and showed us that where we need to strengthen it.

I'm a strong advocate for the unconventional; I revel in proposing and trialing new ways of doing old things. Moving forward, the provision of health care must stay flexible, dynamic, quick to adopt and adapt systems that are clearly in patients' and staff's best interest. Common sense must prevail! Remote/off-site work arrangements, tele- and virtual health services, swift secondment of experienced and willing staff, a broader acceptance of employees' personal daily complexities (e.g., caring for young children or elderly parents) — the merit and utility of these sparse practices is now obvious, and invaluable.





### Rebecca Mlikotic

Non-Practicing Registered Midwife, Northern Health (on maternity leave)

#### **1. What have you learned about the meaning of “team” and how to work together effectively during these extraordinary times?**

I was only six months into practice when the pandemic hit, so the meaning of team had deep implications for me as I worked to navigate the ‘new normal’ we found ourselves in for the past two years. For me, it was seeing over and over that various members in our maternity care community, whether it be other midwives, nurses, OBGYNs to name a few, had my back during the tough days - whether it was struggling with heavy work loads, cases complicated by COVID-19, or just the stresses of being a new midwife! Knowing I had a strong team that I could trust, especially on the hard days, has greatly impacted my work satisfaction and resilience during these times.

In terms of working together effectively, a lesson that has come to the forefront for me is the importance of communication and curiosity when things are challenging with colleagues. We all deal with stress, fatigue and burnout differently. The pandemic has reminded me of the importance of taking the time to check-in with colleagues outside of the clinical encounter, so that I can better understand where they are coming from and what actions I can take to improve our experience of providing care together.

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

One of my biggest turning points in building resilience was attending counselling regularly. I got to the point where I was finding myself so focused on managing my clients’ heightened emotions that I had little energy to regulate my own in a healthy way. Attending counselling gave me a safe and intentional space to actually acknowledge my feelings, learn how to better process and regulate them, and ultimately gain perspective on how to grow from there.

My other key strategy is surrounding myself with a ‘village’ of people that I can talk with who understand what it is like working in this field amidst the pandemic. It was such an encouragement to me, knowing you are not the only one who feels a certain way and that we are navigating it together. My advice - find your person/people and be willing to be vulnerable with them; it gives others permission to do the same and ultimately leads to deeper, more supportive relationships.

#### **3. How do you think we can apply the lessons learned from COVID-19 to make things better for health care into the future?**

As I mentioned before, the pandemic has fostered such a deep appreciation for my local obstetrics team. A lesson that has sprung from this is the importance for creativity in terms of what teams and approaches to care can look like, especially when we are trying to combat burnout, staffing issues, etc. I think COVID-19

forced many sectors in health care to become more collaborative because we lacked the necessary workforce otherwise, and my hope is that this willingness to embrace variations in traditional care models will continue as we move forward. Perhaps that is midwives helping with postpartum visits for physician clinics, or creating interprofessional maternity clinics (e.g., general practitioners, midwives, registered nurses, etc.) that all operate under one roof etc. I am looking forward to seeing what ideas flourish as we slowly emerge from the pandemic.



**Vini Bains**

Clinical Nurse Specialist, Critical Care, Providence Health Care

**1. What have you learned about the meaning of “team” and how to work together effectively during these extraordinary times?**

The most important lessons I learned early in this pandemic and used almost every day since is: your team is much bigger than you think; and we can break down silos in a heartbeat. In the early days, we heeded the messages from frontline clinicians from China and Italy warning us to prepare, because our healthcare systems would be tested like never before. We shared every innovation across the

globe from: personal protective equipment (PPE) conservation strategies, team nursing in ICU and jerry-rigging negative pressure isolation rooms from existing spaces; to simple strategies that humanize our environment by wearing your image on your PPE covered uniform so patients can see the person behind the mask, or connect patients with their families through virtual visits.

Even within our hospitals, critical care teams that traditionally operated independently, very quickly became one team, working cohesively together, solving problems day by day, and hour by hour. While we were not perfect, the impressive outcomes we were able to see in B.C. were the results of thousands of staff, making millions of good decisions to deal with a prolonged and unpredictable pandemic. It has been quite something to be a part of it.

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

First, that really basic stuff they always tell you to do (e.g., eat well, sleep, exercise and socialize), on a good day they will keep you healthy. In a pandemic or any other prolonged period of stress, they are paramount: practice them with religious devotion.

Second, and more importantly: ASK FOR HELP. It doesn't matter how many years of experience you have had, the great things you've accomplished, how many life challenges you have navigated, or how resilient you think you are supposed to be, anyone can suffer a mental health crisis. Often, that breakdown doesn't happen at the peak of a crisis, but after the crisis begins to resolve. It doesn't mean you are weak, or incompetent: it means you are a compassionate human, facing a very difficult time.

Finally, KEEP ASKING FOR HELP until you get help that works. Despair can feel unending. Sometimes the

first professional you connect with may not fit with your needs, so keep looking until you find the resources that do help you. You may need to change things in your life, reduce commitments, and redirect energy to heal, but things do get better. Despair does end. With time, help and reflection, you do find yourself again.

### **3. How do you think we can apply the lessons learned from COVID-19 to make things better for health care into the future?**

Every single pandemic has taught us much and transformed health care. It was the polio pandemic that inspired the iron lung, and that innovation led to the whole field of critical care. This pandemic has taught us much about public health, and how effective simple measures like masks, physical distancing, indoor air quality and vaccines can really be. It has also taught us where the cracks in our health-care system are. The four we must tackle head on are: mental health, the toxic drug supply, long-term care and systemic racism in health care.

Of these four, the most difficult, and perhaps important issue we must address is systemic racism in health care. It is pervasive, widespread, complex, and detrimentally affecting the patients we serve, as well as the people who work within our health-care system. Racism also intersects many issues we face in health care in complex ways. We need to examine the unconscious (and/or intentional) racist biases that impact our health-care system design, delivery, and resourcing. For example, the pandemic uncovered deficiencies in the long-term care sector on a national level. This area employs a high proportion of nurses from minority groups who often internationally trained. Additionally, the toxic drug supply has killed more British Columbians than COVID-19 yet this is less in the public discourse and less of a focus in comparison to the pandemic response. Systemic racism will be the most difficult issue we need to tackle, but my hope, and the hope of my friends and colleagues in elevating the discussion and taking concrete action, is that we create a safer, more equitable and resilient system that enables quality practice environments and the best possible care all British Columbians.

# 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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