



ARNBC Speciality Nursing Group Network Dinner

Meeting Notes

Date: October 25th 2016 **Location:** Georgian Court Hotel **Time:** 5:30-830pm

Speciality Group Representative	Speciality Group	90 Second Introductions and Updates
Gwen Ellert	Western Canada Rheumatology Nurses Society	<ul style="list-style-type: none">• Western Canada Rheumatology Nurses Society• Chapter of American organization• Exploring Scope of practice and standards to develop within the Canadian Context• Developed certification program in the states and included Canada• This Chapter has been officially recognized and working towards developing tools for western Canada
Hannah Varto	Reproductive and Sexual Health/Contraceptive Management	<ul style="list-style-type: none">• Work with reproductive health nurses and contraceptive management nurses• Supports nursing practice• New eligibility criteria in August• Currently looking at decision support tool from CRNBC• Community of practice located on ARNBC website
Ken McDonald	Nurse Managers/administrators/entrepreneurs	<ul style="list-style-type: none">• Nurses in formal administration roles have a vital role in serving public and have influence in making significant change, but a disconnect exists between what nurses are prepared for and what is required within the role• Vision is to bridge that gap, translate the professional standards as it relates to areas of nursing that are not direct care• Exploring how standards of practice relate to administration



Gregory Slawson	Canadian Association of Nurses in HIV/AIDS care (CANAC)	<ul style="list-style-type: none">• Pacific representative• Currently reviewing best practice guidelines• Current work is more on a national level, not provincial
Mariam Akhtary/Jane Ngai	PeriAnesthesia Nursing Association of B.C. (PANBC)	<ul style="list-style-type: none">• Part of the national Association recognized by CNA as speciality group• Represents nurses who work in several areas: clinics/hospitals, pre and post-surgical procedures (pre-assessment, PACU, surgical daycare, endoscopy etc.)• Upcoming conference November 5th 2016• Working towards creating more awareness about PANBC
Tess Juliano	Occupational Nurses' Speciality Association of B.C. (ONSABC)	<ul style="list-style-type: none">• B.C. representative of the Canadian Occupational Health Nurses Association• Currently working towards recruiting more members, marketing of speciality association so employers know the value of occupational health nurses• Occupational health nursing is highly dependent on current state of the economy
Lilian Mactaggart	Gerontological Nurses Association of B.C. (GNABC)	<ul style="list-style-type: none">• Supporting practice of nurses in care of the elderly• Multiple chapters across the province. Holds monthly meetings and educational sessions• Next AGM in Prince George
Rosemary Hill/Arden Townshend	Enterostomal Nurses	<ul style="list-style-type: none">• Involves practicing enterostomal therapists, wound, ostomy and continence• Around 60 members in B.C.• Revised standards of practice for enterostomal therapy• Engaged in advocacy around ostomy care, made significant inroads in Ontario related to financing supplies, now shifting to Atlantic provinces



Sanji Lochan / Marjorie Colclough	Canadian Council of Cardiovascular Nurses - B.C. (CCCN)	<ul style="list-style-type: none">• Past provincial director of Canadian Council of Cardiovascular Nurses, B.C.• Certified cardiovascular nurses, triage coordinators for Cath lab• Represent nurses working in cardiovascular nursing (devices, pacemakers, etc.).
Angeli Robillo	Look Up: Look Up: B.C. Nurses Taking Action on the Social Determinants of Health Community of Practice	<ul style="list-style-type: none">• Member of Look Up: Social Determinants of Health community of practice• Internationally Educated Nurse• Community of practice is focused on community organizing
Marlee Groening	Canadian Federation of Mental Health Nurses (CFMHN)	<ul style="list-style-type: none">• B.C. Representative, Canadian Federation of Mental Health Nurses• CFMHN with CASN have developed mental health core competencies for BSN education., which will now become part of the BSN nurse education accreditation• From these competencies, CFMHN has been working with RNAO to develop an education resource manual for nurse educators...due out soon• CFMHN is also pushing CNA certificate program and working on education webinar development
Trudy Robertson	Canadian Association of Neuroscience Nurses (CANN)	<ul style="list-style-type: none">• B.C. councillor• B.C. is one of the largest chapters• First nursing speciality for certification under CNAs' program• Currently focuses on preserving certification and recruiting/retaining membership
Lori Hughes	Clinical Nurse Specialist Association of B.C. http://cnsabc.ca/	<ul style="list-style-type: none">• Working closely with CNA, now a speciality nursing group in the network• Working towards goal for recognition of the CNS role (protected title)• Membership increasing
Kathy Murphy	B.C. History of Nursing Society	<ul style="list-style-type: none">• Co-hosted a very successful Canadian History of Nursing Conference in June• Nominated a nurse for the memorial book, new website, newsletter about to be published



Cheryl Isaak	BCIT	<ul style="list-style-type: none">• Associate Dean, Speciality Nursing• Addressing speciality nursing vacancy, 700 students FTE this year and increasing the year after
Vini Bains	Canadian Association of Critical Care Nurses, B.C. Chapter (CACCN)	<ul style="list-style-type: none">• Work involves research, education and policy• Focusing on education and professional growth• New Board• Working towards being more inclusive and expanding beyond lower mainland with use of technology
Nelly Gomez	Look Up: Look Up: B.C. Nurses Taking Action on the Social Determinants of Health Community of Practice	<ul style="list-style-type: none">• Formed three years ago• Involved in looking at how we can address the social determinants of health, foundation on implanting preventative health care models• Exploring roles in advocacy• Focused on community organizing



David Byres, Chief Nursing Advisor Nursing Policy Secretariat/Integrated Practice, B.C. Ministry of Health

Highlights from Presentation

The Task of the Chief Nursing Advisor is to:

- Look at how to optimize the role, scope and function of nurses and,
- Establish structures to allow for ongoing feedback and expertise between government and nursing to generate policy

Note, it is important to become familiar with government priorities: [Setting Priorities for the B.C. Health System](#), and policy papers.

Current Plan:

1. Environmental scan includes:

- Nursing regulations (RN, LPN, RPN, and NP). Nurses could be doing more than what current regulations allow. Part of the job will be to look at what's being implemented, what's not in practice as well as barriers and concerns.
 - CNO Collaboration
 - HPA practice leads
 - Data/information collection
 - Completion date

2. Provincial consultation includes:

- Provincial consultation on Ministry of Health (MOH) strategic priorities and nursing.
- Primary care, community care, acute care, rural and remote, mental health and addictions, older adults, nursing leadership.
- Nursing regulations review.
- CNO offices to work with Chief Nursing Advisor office to set up consultations.



3. Legislative review includes:

- Review legislation, regulations, standards, limits and conditions to recommend opportunities, actions to optimize nursing in B.C.
- Assist in meeting MOH strategic priorities.
- Consult with HA MOH, regulators, associations, unions, nurses of all designations.
- Named agency.
- Scope inconsistencies –PRF process-> nursing policy secretariat (if union or employer is not satisfied, it can be referred to Chief Nursing Advisor).
- Establish annual review process.

4. Practice Review includes:

- Consider RN prescribing, suturing, lab orders, dx, discharge in standardized manner, RNFA, RNFC, integrated primary nursing care, RN anaesthetists.
- Define provincial scope for LPN practice (OR, LPN immunization, LPN IV therapy and medication, advanced wound care, community care).
- Consider RPN in general medical settings.

5. Nursing Education review includes:

- Review educational conditions established by the colleges.
- Create provincial approach.
- Establish model for the future.

6. Provincial Policy Statement review includes:

- Optimizing nursing, nursing education and practice

7. Process includes:

- How to review
- Consultations with nurses and stakeholders



Discussion Highlights:

- Request for an online platform that allows nurses to be informed about updates from the MOH consultation. The ARNBC website can serve as such a place.
- Request to add ECMO training to “consider list.” Demand is high, however nurses aren’t trained/educated to do so. There are opportunities to collaborate with perfusionists.
- Request to add NPs into critical care onto the “consideration list. There is a need to recognize that other provinces are moving away from specialization to NP general practice.
- Language within government has changed. Rather than GP4ME it has been broadened to capture all primary health practitioners. The language is now focused not on a lack of physicians, but rather on the need for primary care providers. Of note, research illustrates that the care provided by NPs in primary health care is equivalent to general practitioners.
- How will the MOH tackle the issues between LPNs and RNs? What does it mean to be an RN now if LPNs’ scope is increasing?
- Acknowledgment of the hidden work that nurses are doing. The complex roles outside of advanced practice nursing are not understood to the same degree as more ‘typical’ nursing. Nursing as a whole needs to think about how to use its collective voice.
- Southcentral Foundation- Nuka System of Care which is a leading example of holistic care. Learn more at, <https://www.southcentralfoundation.com/nuka/>.
- Discussion regarding a “quick win” which would allow for forms to be modified to be more inclusive of other care providers. For example, rather than ‘physician signature’ on a form, utilize ‘provider or clinician signature.’
- Challenges in ensuring novice nurses are ready in speciality areas, and keeping speciality nursing alive.
- Discussion and questions about how to capture data. The goal is to create system to reflect what nursing is and how we contribute by using “patient level” indicators.
- Changes to PharmaNet and work within regulatory bodies needed to ensure fewer barriers to RN prescribing.
- Government is currently testing out different models to support NP practice. Fee for service is a barrier for NP integration.
- David Byres welcomes nurses/groups to contact him if they would like to learn more.

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