

B.C. HEALTH ACTION PLAN - NURSING STRATEGY

HEU Guide for Locals and Nursing Team Members

Hospital Employees' Union
December 15, 2000

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Introduction

The Ministry of Health announced its Health Action Plan on December 5, 2000. Part of the plan is a Nursing Strategy which includes funding for training and staffing initiatives that address nurse recruitment and retention problems. This is a tremendous opportunity for HEU members/Locals to put forward to employers ideas for training, utilization, and new positions that would alleviate the nursing shortage. This guide provides information on the Nursing Strategy - eligible projects and expenses, the application process, and what you at the Local level can do to promote HEU solutions.

Overview of the Strategy

What's in the Nursing Strategy?

The Nursing Strategy provides approximately \$32 million in new money for the remainder of this fiscal year and for the next, dedicated to initiatives that address nurse retention and recruitment. This does not include the cost of 400 new nursing seats that will be created next year. The strategy includes new nursing seats, student bursaries, increased nursing and non-nursing duty positions, and funding for a range of education and professional development projects. The following table presents a summary of the main components in this strategy and the dollars tagged to each. Details on each component are presented in this guide.

Nursing Strategy Component	Funding	Period for Projects/ Study	Application Deadline	Administration	Details
				MAETT is the Ministry of Advanced Education, Training and Technology	"Nurse" includes RN, RPN, and LPN. Care aides and other nursing team members are also part of the solutions.
				MOH is the Ministry of Health	
Nurse Education Bursary	\$500,000	May-August 2001	February 28, 2001	Administered by MAETT. Applications will be distributed by MAETT January 12, 2001	Annually, there will be 540 bursaries of \$3,500 each available to students in nursing programs, nurse refresher programs, and qualifying programs for nursing (eg. courses to meet LPN Access pre-requisites). Programs must be at least 4 months in length (part-time or full-time) at a BC public post-secondary school.
	\$2,000,000	Fiscal 2001/2002	July 15 and Nov 15, 2001		

School to Practice Initiatives	\$3,500,000	Fiscal 2000/2001 and 2001/2002	January 10 and April 30, 2001	MAETT and MOH	Funding for strategies that facilitate the "transition to professional practice" for RN, RPN and LPN students. Internships and co-op study programs. Goals and models to be further defined by government feasibility study.
Mentor/ Preceptor Nurse Support Program	\$1,500,000	Fiscal 2000/2001	January 10, 2001	MOH Nursing Directorate	Funding fo relief (backfill and new positions) as well as training/professional development for mentors and preceptors (RN, RPN, or LPN).
	\$2,280,000	Fiscal 2001/2002	April 30, 2001	MOH Nursing Directorate	
Nursing Workplace Innovation Grants	\$5,200,000	Fiscal 2000/2001	January 10, 2001	MOH Nursing Directorate	Funding for "Innovation recruitment and retention initiatives." Creation of new permanent nursing team positions. Creation of positions for non-nursing duties. Continuing education, including paid release time. Full utilization of nursing team members.
	\$6,500,000	Fiscal 2001/2002	April 30, 2001	MOH Nursing Directorate	

Rural and Remote Initiative Grants	\$2,500,000	Fiscal 2000/2001	January 10, 2001	MOH Nursing Directorate	<p>Funding to improve retention, recruitment and access to education for nursing team members from rural and Aboriginal communities.</p> <p>Financial support for nursing students from rural communities.</p> <p>Financial support for nursing students from rural communities and for nursing and health sciences students from Aboriginal communities.</p> <p>Support for post-basic courses and clinical resources (e.g. internet, telehealth) for rural nursing team providers.</p>
	\$2,800,000	Fiscal 2001/2002	April 30, 2001	MOH Nursing Directorate	
Nursing Seats		Fiscal 2001/2002		MAETT	400 new nursing seats, including RN, RPN, and LPN (regular and LPN access).
Nurse Refresher Seats	\$ 275,000	Fiscal 2001/2002		MAETT	50 registered nurse refresher seats at Kwantlen, Malaspina, Open Learning Agency.
LPN Acute Care Positions and Training	\$5,000,000	Fiscal 2000/2001 and 2001/2002	<p>No deadline.</p> <p>Health authorities have the funding as of December 15, 2001.</p> <p>It is retroactive to Sept 1, 2001.</p>	Joint HEU-Regional Health Authority/CHC committees will allocate positions based on MOH guidelines.	<p>Approximately 90 new LPN positions will be created in acute care units. Funds are also available for LPN upgrading and education/planning around new LPN roles.</p> <p>See Section 8 for more information.</p>

How are HEU members part of the Nursing Strategy?

The Nursing Strategy is broadly defined. It will fund projects that:

- support nurse recruitment, retention and education
- improve professional practice environments for nurses and other care providers
- promote healthier work environments for nurses and other care providers

By “nurses”, the government means Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses. Among “other care providers”, the government includes care aides, home support workers, activation assistants, rehab assistants, lifeskills workers, mental health workers, and other workers who are part of the nursing team.

While some of the Ministry of Health and MAETT communication material related to this initiative put uneven emphasis on RN solutions, Health Minister Corky Evans and his senior staff have repeatedly assured HEU that this nursing initiative encompasses all members of the nursing team, including LPNs and care aides.

There are many ways that HEU members can play a larger role in alleviating the nursing shortage, whether it be as LPNs, care aides, workers doing “non-nursing duties” or in other nursing team roles. Various sections of this guide present ideas for projects involving HEU members that could be supported through the Nursing Strategy.

The government is looking for innovative projects that can be implemented on a short time-frame. One of the criteria for projects is that they “result in pragmatic, effective and efficient change”. Projects that “address immediate concerns” will be prioritized. (See Section 2, pp. 23-24) HEU members have many of the “efficient change” solutions. Positive short-term and lasting outcomes can be achieved through projects like expanded LPN utilization and upgrading, LPN laddering education for care aides, creation of positions for non-nursing duties, and credentialing and upgrading for foreign trained nurses working in other jobs in our union. We have these solutions and more, and they can be implemented quickly now that the funding is

Who can apply for this funding?

There are three processes by which the Nursing Strategy funds will be allocated.

1. Nurse Education Bursary: Individuals can apply for the \$3,500 bursary using an application form that will be distributed by the Ministry of Advanced Education, Training and Technology on January 12, 2001. See Section 6 for more information on the Nurse Education Bursary.
2. \$5 Million Acute Care LPN Positions and Training: These funds will be allocated by a joint committee of HEU and the Regional Health Board/Community Health Council (RHB/CHC). See Section 8 for information on the funding allocated to each RHB/CHC and the process and criteria by which the joint committees will allocate positions between facilities.

3. For the three components of the Nursing Strategy listed below, applications have to come from employers.

- Nursing Workplace Innovation Grants (Section 3)
- Rural and Remote Initiative Grants (Section 4)
- Mentor/Preceptor Nurse Support Program (Section 5)

Employers apply to the Nursing Directorate at the Ministry of Health using the application form and guidelines which are included in Section 2 of this Guide. The application has to be signed by the Proposal Manager (likely a frontline nurse manager or practice leader, a facility or regional nurse retention and recruitment manager, or a human resources manager) as well as by a representative of the Health Authority (Regional Health Board, Community Health Council).

This Guide is primarily focused on these *Nursing Directorate applications*.

For the School to Practice Initiatives (Section 7), the application process has not yet been identified but employers who have ideas on how to support nursing students and new graduates should pursue the Ministry of Advanced Education, Training and Technology (MAETT) which appears to be taking the lead on this initiative.

What are the criteria for Nursing Directorate applications?

As outlined in Section 3, there are a number of core criteria that proposals must meet. Projects must:

- support nurse recruitment, retention and education
- improve professional practice environments for nurses and other care providers
- promote healthier work environments for nurses and other care providers
- be supported by nurses and other health care providers (ie. HEU members)
- involve nurses and other health care providers in the design, implementation and evaluation of the project
- be based on sound evidence
- result in pragmatic, effective and efficient change
- have measurable outcome objectives, an evaluation plan, and a plan for sharing information on outcomes

In addition to the core criteria, each of the initiatives has its own application criteria and priorities. See Sections 3, 4 and 5 for those details.

How must employers involve workers and their unions in Nursing Directorate applications?

One of the criteria for funding is that employers involve nurses and other employees in the design, implementation and evaluation of the projects. The application form asks for the names of people

involved in development of the proposal, including their title/role, organization/facility, and phone number. This should include the staff and their unions.

The application form does not specifically ask for the signature of the unions, but the Joint Health Care Reform Labour Adjustment Committees (Article 17.02) have responsibility for training, labour adjustment and health reform issues and must be involved and sign off on the projects.

The Nursing Directorate will be looking for employer's inclusion of nursing team staff and the unions in proposals, both for the purpose of soliciting good ideas from workers and to ensure that the project is supported and can be carried out effectively. HEU provincial office will continue to encourage the Ministry of Health and the Nursing Directorate to be attentive to this issue.

What costs are eligible for funding under the Nursing Directorate applications?

The grants will cover costs directly related to the proposal objectives and can include:

- personnel (eg. nurses, other care providers, non-nursing duty positions, consultant's fees, workshop/course/conference fees, paid release time for education, etc.)
- supplies (eg. manuals, books, educational software and equipment, internet access)
- travel (eg. workshop/course/conference attendance, trainers etc.)

Grants may not be used to purchase furniture or equipment.

What are the deadlines for Nursing Directorate applications?

There are two deadlines at this point, both fast approaching.

- For projects to be funded in this fiscal year (ending March 31, 2001), the deadline for applications is midnight January 10, 2001.
- For projects to be implemented in fiscal year 2001/2002, the deadline for applications is April 30, 2001.

Applications will be considered in advance of these deadlines, so employers should submit proposals as soon as possible. The Ministry is committing to making decisions on grant applications within three weeks of receipt. If they get a solid proposal, they want it to be funded and implemented quickly.

How to Promote HEU Initiatives

What can you do to promote HEU initiatives?

If you have ideas about education and staffing projects that would be eligible under this initiative, encourage your employer to submit an application for funding. Many of you have been pressing for LPN upgrading, better LPN utilization, continuing education for care aides and other nursing team members, higher staffing levels, and other initiatives that would ease the nursing shortage, improve patient care and promote healthier work environments. Perhaps your manager has said in the past that they support your ideas but that there isn't money for backfill, training, or new positions. Now that situation has changed. This is the opportunity for managers to secure funding for better staffing and for training.

Find out who in your facility/agency is responsible for coordinating applications to the Nursing Directorate. As noted earlier, the proposal can come from a frontline or middle manager, as long as it has the approval of senior management and sign-off by the Health Authority. In larger sites, there is usually a nurse manager responsible for retention and recruitment. Sometimes one manager deals with retention and a separate person deals with recruitment.

If your nurse manager does not support your ideas or is not prepared to advance the proposal, try to find another manager in the facility/agency or at the regional health board/community health council level who is receptive and sees the benefits of your ideas.

Present to your employer the advantages of your proposal, whether it be for new positions or education. What would the benefits be - for the employer, for patients/residents, and for workers? Illustrate how it will reduce overtime or other costs and how it will improve patient/resident care. Here are some examples of benefits:

- reduced overtime, attrition, orientation, injuries, operating room waits and other costs
- cost-effective to fully utilize existing staff and to upgrade existing health care workers in addition to training new nurses
- existing staff already have expertise and experience in the health care system and know the patients/residents
- professional development opportunities improve staff morale and reinforce employees' commitment to their work
- fully utilizing staff and providing post-basic training enables the employer to meet emerging patient/resident needs (eg. rehabilitation, activation, dementia etc)

What support and resources are available through HEU?

Work with your shop steward, Local Executive, Labour Adjustment Committee (LAC) representatives and your servicing staff representative to advocate your proposals towards management. Your Executive, LAC rep and staff rep can raise this issue at joint union-management meetings and in other interactions with management.

Irene Jansen is the staff person at HEU provincial office who coordinates on this and other Nursing Team issues. She can be reached in the Vancouver office:

Irene Jansen

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Hospital Employees' Union
2006 West 10th Ave
Vancouver, British Columbia
V6J 4P5

Tel: 604-714-1587

800-663-5813

Fax: 604-739-1528

Email ijansen@heu.org

Please send Irene a copy of any proposals or applications that relate to HEU members, whether or not those proposals get funded by the government or even get advanced by management in the first place. It is important for HEU to know about proposals that are being put forward at the Local level, both for the purpose of this initiative and for other campaigns on training. Training is one of the issues that HEU will advance through bargaining, which has begun this month, and we need to have evidence of training needs.

If your employer claims that HEU projects are not eligible under this initiative even after you show them the government documents in this Guide, or you are otherwise running into roadblocks, contact Irene Jansen and send her background information. HEU can raise these issues with the Ministry of Health to make sure that employers have the correct information and to ensure that good proposals are considered. We can best do that if Irene has information on the projects and evidence of the benefits in your particular facility/agency.

Also available for support is the HEU Provincial Executive Nursing Team Sub-Committee, which coordinates on nursing team issues for the Provincial Executive. The new Provincial Executive members on the Nursing Team Committee are listed below along with their voice mailbox number (reached by dialing 604-734-3431 or 1-800-663-5813).

- Mary Nicholls (ext. 716)
- Dan Hingley (ext. 702)
- Joanne Foote (ext. 709)

How can you obtain more copies of this Guide?

This Guide is also available on the HEU website at www.heu.org.

If you want additional copies sent to you, to another member or to a manager, contact Kerry Anderson at HEU provincial office in Vancouver (604-714-1584 or 1-800-663-5813 ext. 584, by email

kanderson@heu.org). Leave Kerry your mailing address, phone and fax number or email address and indicate how many copies you want of the Guide.

Where can you get up-to-date information on the Nursing Strategy?

The Ministry of Health has a website specifically for the Health Action Plan initiative. The address is www.bchealthaction.org. If you have questions about the Nursing Strategy and application process, contact the Ministry's Nursing Directorate at 250-952-0958 or through Inquiry BC at 604-660-2421.

Where can you get more information on education and training options?

Participants at the 2001 HEU Nursing Team Conference received a binder of information on various training options and resources, including the following:

- Healthcare Scholarship Fund Application
- HEU Guide to "How to get a training program up and running at your Local"
- HLA Information and Application Forms
- Prior Learning Assessment
- Practical Nurse Access Program
- Adult Basic Education Resources
- LPN/Care Aide/RN Bridging Education Programs : Contacts

If you were not at the conference and would like this package of information, contact Kerry Anderson at HEU provincial office in Vancouver (604-714-1584 or 1-800-663-5813 ext. 584, by email kanderson@heu.org). Leave Kerry your mailing address, phone and fax number or email address and indicate that you want the Nursing Team Education Package.

The following sections of this guide provides more information on the nursing strategy funds and potential projects that could be funded.

**Section 1: Letter from Leah Hollins, Deputy Minister, to Health Employers
Nursing Strategy: Background**



THE GOVERNMENT OF BRITISH COLUMBIA IS AN "EMPLOYMENT EQUITY EMPLOYER"

Ministry of Health and Ministry Responsible for Seniors

Office of the Deputy Minister
5-3, 1515 Blanshard Street
Victoria, BC V8W 3C8

December 11, 2000

Dear Health Colleagues,

I am writing you to follow-up on the December 5 announcement of the BC Health Action Plan in Richmond. Premier Dosanj, Minister Evans and I were pleased to meet with many of you on that occasion.

The BC Health Action plan presents many of the strategies you have recommended to the government for addressing concerns about our health care system. The Ministry is committed to actions, which address the immediate, intermediate and long term needs and challenges facing us.

I writing to you, in particular, regarding the nursing strategy components in the action plan. The nursing strategy was developed from things you have told us in direct meetings and in recent documents such as ***Assess and Intervene***, RNABC's ***From Crisis to Solution: A 10 Point Plan to Solve B.C.'s Nurse Shortage*** and the ***Licensed Practical Nurses and Care Aides in BC, Research on Roles and Utilization Report***. This strategy is designed to address the needs of Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses, as well as colleagues in other health professions.

I am including, with this letter, a backgrounder on each component of the Ministry's nursing strategy and application information for three grant programs available to health authorities to which you can apply:

Nursing Workplace Innovation Grant
Rural Nurses and Health Care Provider Initiatives
Nurse Mentoring and Preceptorship Program

While you may wish to submit multiple applications, it would assist the Ministry staff assessing these submissions, if you would rank the proposals in terms of greatest importance to you. We are seeking a reasonable and equitable distribution of the available funds to both rural and urban communities.

More information on BC Health Action is available on this website: www.bchealthaction.org If you have any questions about the nursing strategy and application process, please contact the Ministry's Nursing Directorate at 250-952-0958.

I am looking forward to hearing about the innovative ideas which you will be presenting to us for consideration in the coming weeks. This is a vital step in our mutual efforts to strengthen the BC health care system and improve the education, recruitment and retention of nurses and other health care providers. We know we have more to do. Your involvement and leadership will make it possible to achieve our common goals of providing the best health care for British Columbians.

Sincerely

Leah Hollins
Deputy Minister

Nursing Directorate
Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2

Nursing Strategy: Background

B.C.'s new Nursing Strategy involves specific actions to reduce B.C.'s nursing shortage, relieve pressure on existing nurses (RNs, RPNs and LPNs) and improve their working conditions. As part of B.C.'s Health Action Plan, \$48.5 million will be invested over the next two years toward both short and long-term actions to increase the number of nurses working in the province, improve education and retention of existing nurses, and expand career options for nurses. \$20 million of this new funding will be made available immediately for the following actions, with the remainder being provided in the spring of 2001.

Funding for training specialty nurses:

Immediate funding is being provided to hospitals and regions to educate more specialty nurses, which are presently in short supply in B.C.'s hospitals, and hire nurses to backfill the regular duties of nurses taking specialty courses.

Creating more LPNs in Hospitals:

\$5 million is being provided immediately to create 92 new LPN positions within acute care settings. As well, additional immediate funding is being provided to assist LPNs now working in the health system to upgrade their skills, and to train additional care aides to become LPNs. Creating additional care aide and LPN support will help reduce work stress on other nurses and improve patient care.

Reducing red tape for hiring of foreign nurses:

New changes have now been made to the Provincial Nominee Program to immediately reduce the red tape and time it takes to recruit and hire foreign nurses to work in B.C. Working with health authorities and B.C.'s nursing associations, the government will also be seeking additional new ways to speed up the licensing of foreign nurses. New measures will also include improved and expanded marketing efforts, which will assist B.C.'s nurse recruiters efforts to encourage foreign nurses to come to B.C.

Rural Nursing Fund:

A new fund is being created to enable regions and hospitals to fund nursing students training, on the proviso those students return to their communities to nurse upon graduation.

Support for new nurses:

Funding will be available to increase the number of nurse mentors & preceptors in hospitals. (Preceptors and Mentors are senior nurses who assist student nurses, providing on-the-job experience prior to graduation and new nurses in their adjustment to professional practice). These funds will help hospitals provide additional staff, to offset the workload of senior

nurses so they can focus their efforts on assisting and overseeing students & new nurses. There will also be support for increased training of preceptor nurses, so they can more effectively support and train nursing students.

Improved nursing bursaries and grants:

The Registered Nurses Association of BC requires nurses who have not met a minimum number of nursing hours in the previous 5 years to complete a nursing refresher program prior to re-entering the workforce. This program will assist nurses with the expenses associated with training. The program will also assist foreign nurses who need upgrading as well as nurses who have been away from the profession and wish to return to nursing.

More education spaces for nurses:

An increase of 400 new seats for nursing education for the coming year, building on the existing nursing education spaces in B.C.'s colleges and universities. The new 400 seats will be for RN, RPN and LPN programs.

Expanding career options for nurses:

Providing more opportunities for advancement for nurses working in the health system, including increasing support for nurse clinicians and new legislation and regulation for advanced practice nursing in 2002.

Internship and Co-operative Education Strategies for Nursing Students:

The development of internship and co-op strategies for nurses, is currently being considered by the Ministry of Advance Education, Training and Technology and the Ministry of Health in consultation with key stakeholders.

BACKGROUND:

The B.C. Health Action Plan's new Nursing Strategy builds upon other recent steps to address B.C.'s nursing shortage. These recent measures include:

Recruitment:

In April 1999, the B.C. government committed \$50 million in new funding to recruit new nurses, and convert casual nurses to permanent positions.

To date, the government's initial investment of \$20 million has resulted in the hiring of the equivalent of 347 new nurses in hospitals across B.C., or 87% of the anticipated target of 400 new nurses.

Information on the number of new nurses hired with the remaining investment of \$30 million is expected by February 2001.

Education:

Part of the solution to resolving the nursing shortage is increasing education opportunities across the province for those wishing to become nurses, as well as for nurses already in the profession, or wishing to return to nursing.

In 2000, the number of post-secondary spaces for nurses was increased by 400.

Earlier this year, \$5 million was provided for education programs to create permanent licensed practical nurses (LPN) and care aide positions in continuing care facilities. The funds were used to upgrade 218 care aides to LPN positions, and create 74 new care aide positions.

Section 2: Application Form and Instructions
Nursing Strategy Programs: Goals and Approval Criteria

Nursing Directorate

**Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC
V8W 3C2**

Phone: 250-952-0958

FAX: 250-952-2799

APPLICATION FORM

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

- 1. Applications for fiscal year 2000/01 proposals must be submitted by midnight, Wednesday, January 10.**
Applications for fiscal year 2001/02 proposals must be submitted between April 1, 2001 and midnight, Monday, April 30, 2001/02.
- 2. Review requirements:** Applications that do not adhere to the format and content requirements will be returned to the applicants without review.
- 3. Application style and format:** The style and format required are outlined in the application information. Applications must use 12 point font and 1" margins and not exceed 8 pages, excluding appendices. The title of the application project/program must be on each page. Four copies of the application and appendices are to be submitted to the Ministry of Health.
- 4. Eligibility of applicants and administering organizations:** Health Authorities, including regional health boards, health councils and community health services societies and their health care facilities and programs are eligible to apply for funding from one or more of the Nurse Strategy Programs.
- 5. Signatures and contact information:** An institutional signature is required from the project/program manager's home institution. The signature certifies that the institution is willing to administer the grant according to MOH policies and guidelines. The project/program manager's signature and contact information is required for purposes of contact and accountability.
- 6. Submissions and inquiries should be made to:**

Nursing Directorate

**Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2**

Phone: 250-952-0958

FAX: 250-952-2799

Nursing Directorate

Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC
V8W 3C2

Phone: 250-952-0958

FAX: 250-952-2799

APPLICATION FORM

File _____

Nurse Strategy Program being applied for (submit one application for each proposal):

- Nursing Workplace Innovation Grant Program
- Rural Nurses and Health Care Provider Initiatives
- Nurse Mentor and Preceptor Support Program

Fiscal year (check one)

- 2000/2001
- 2001/2002

Title of Application Proposal:

Proposal Manager:

Name: _____ Signature _____

Date: _____

Mailing Address:

Street:

City:

Province:

Postal Code:

Courier Address:

Phone:

FAX:

E-mail address:

Other Proposal Team Members:

	NAME	TITLE/ROLE	ORGANIZATION OR FACILITY	PHONE NUMBER (NOTE AREA CODE)
1				
2				
3				
4				
5				
6				
7				

Health Authority:

Health Authority name:

Name of representative: _____ Signature: _____

Position: _____ Date: _____

Mailing Address:

Street

City

Postal Code

Courier Address

Phone () Ext.

Fax ()

E-mail address:

ESSENTIAL ELEMENTS OF PROPOSAL:

Brief description of project (including objectives, implementation and anticipated outcomes)
(No longer than 200 words)

Detailed description (no longer than 8 pages. Appendices may be attached with supporting evidence and evaluation tools)

1. Project title.
2. Problem being addressed and its significance.
3. Purpose and objectives of the project.
4. Program priority (or priorities) being addressed.
5. Background information about the problem and rationale for the project.
6. Description of the project (including: what will be done and supporting evidence for approach).
7. Projected outcomes (including those identified in the program description) and details of how they will be measured and evaluated.
8. Description of nurse involvement (including the preparation of the application and anticipated role and responsibilities in the project implementation and evaluation).
9. Description of partnerships (including roles and responsibilities).
10. Role and responsibilities of project/program manager.
11. Time table for implementation of proposal in fiscal year for funds sought, evaluation and report submission.

PROPOSED BUDGET

Category of Expense:	Amount Requested to March 31, 2001	Amount Requested for April 1, 2001 to March 31, 2002	TOTAL
1. Education Initiatives:			
2. Personnel and Services:			
3. Supplies:			
4. Travel:			
TOTAL			

All items must be substantiated:

1. Education initiatives including in service training, continuing education programs and off site education including the name of the educational institution and program(s) to be accessed.
2. Personnel and services - specify names, if possible, or positions to be funded, hourly rate, benefits, types of services etc.
3. Supplies - identify types and amounts of supplies - e.g. manuals, books, education software etc.
4. Travel - provide details of distance traveled and rates paid (if by car), or other estimated travel costs, for whom and the reasons.

5. **GRANT FUNDS REQUESTED MAY NOT BE USED TO PURCHASE OFFICE FURNITURE OR EQUIPMENT.**

Nursing Directorate
Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2

Phone: 250-952-0958

FAX: 250-952-2799

Nursing Strategy Programs

GOALS AND FUNDING APPROVAL CRITERIA

The Ministry of Health will immediately address the public's concerns about the nurse shortage and concerns of Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses, as well as other health care professionals, especially with respect to their work environment and their ability to provide quality care. Funding for a number of programs will be available immediately as short-term initiatives within the context of the Ministry's long term planning to address current and future planning.

Funding Criteria for the Programs

A. Core Criteria

- All project and program applications funded under the B.C. Nurse Strategy Programs must meet the following core criteria:
- Be specific to one or more of the following BC Health Action nurse and health care provider priority areas:
 - Support nurse recruitment, education and retention;
 - Improve professional practice environments for nurses and other health care providers;
 - Promote healthier work environments for nurses and other health care providers; and
 - Facilitate accessibility of education for nurses and other health care providers.
- Be supported by nurses, health authorities (regional health boards, community health councils and community health services societies) and/or health care organization, and where relevant, other health care providers covered by specific elements of the overall strategy.
- Involve nurses and health care providers in the design, implementation and evaluation of the project or program relevant to the application
- Be based on appropriate evidence and/or best practice principles to support achieving the desired outcome(s)
- Demonstrate capacity to complete the project (e.g. partnerships, collaboration)
- Result in pragmatic, effective and efficient change
- Have measurable outcome objectives, an evaluation plan and a dissemination plan for sharing outcomes and significant changes.

.../2

B. Ranking Criteria:

The following criteria will be used to assist with ranking project and proposal applications that meet the core criteria:

- Address nurse shortage or needs of related health care providers, giving particular attention to current and future challenges of recruitment, education and retention;
- Address immediate concerns while supporting long term goals in BC's health care and education systems;
- Relative importance to nurses, health care providers and the health care system in B.C.;
- Extent to which the health and well-being of nurses and other health care professionals in their workplace will be improved; and
- Address nursing and health care provider issues that span the continuum of care and include relevant settings in which these professions practice.

Section 3: Nursing Workplace Innovation Grants (\$11.7 million)

HEU Summary and Comments

Highlights:

Purpose is to improve recruitment and retention of nurses.
Includes funding for staffing and training.

Examples of HEU initiatives that could be funded:

1. Nursing team staffing: expanded and new LPN, care aide, home support worker, activation assistant, rehab assistant, pharmacy assistant and other positions that would relieve nursing workload pressures and meet patient care needs.
2. Non-nursing duties: expanded and new HEU positions in clerical, food service, patient transport, housekeeping, stocking shelves, and any other work that would free up nurses. The BC Nurses Union has done surveys and campaigns to identify non-nursing duties across the province, so in many cases there is already evidence and support for new positions to be created.
3. LPN Access: conversion of care aide positions to LPN positions, with funding for care aides to take the two-semester LPN Access program.
4. Continuing education: education for HEU members that would address nursing retention and recruitment problems. Projects should include paid release time as well as tuition, books and related costs.
 - ! LPN upgrading (eg. pharmacology, assessments, dressings etc)
 - ! LPN refresher program
 - ! LPN post-basic courses (eg. operating room, orthopaedics, foot care, dementia etc)
 - ! LPN prior learning assessment and credentialing
 - ! Care aide prior learning assessment and credentialing
 - ! RCA Upgrade
 - ! Care aide post-basic courses (eg. rehab and activation assistant, psychogeriatrics etc)
 - ! LPN Access for care aides
 - ! Academic pre-requisites for admission to LPN or other nursing programs
5. Foreign trained nurses underemployed in other health care worker positions. Many HEU members have education and work experience as nurses in another country and would like to re-enter the profession either as an RN or LPN. These members could become nurses in an efficient time frame if they were financially supported for:
 - ! Credential assessment (ICES for the College of LPNs; RNABC has its own process)
 - ! Language tests (spoken and written) and preparation
 - ! Refresher training
 - ! Licensing exam and preparation

6. Support for conditional/partial LPNs and unlicensed practical nurses to obtain full licensure:

The College of LPNs is moving towards one single category of license for practicing LPNs. LPNs with conditional and partial registration will lose their license if they do not obtain full registration status over the next three years (by December 31, 2004.)

At the same time, the Health Professions Council is considering making it obligatory for practical nurses to obtain a license with the College of LPNs.

The Nursing Strategy funding can be used to support practical nurses to obtain full registration, including the costs of Prior Learning Assessment, upgrading and exam preparation. This type of proposal fits very well into the Nursing Strategy objective of nurse retention because without this action, hundreds of qualified practical nurses could lose their license to practice.

Application Process:

To access these grants, health authorities are required to complete and submit a grant application to the Nursing Directorate. Deadlines for applications are:

- January 10, 2001 for projects implemented before March 31, 2001.
- April 30, 2001 for projects implemented between April 1, 2001 and March 31, 2002.

The application form is in Section 2 of this guide. Additional information from the Ministry of Health on application criteria and procedures specific to the Nursing Workplace Innovation Grants are presented in the following pages.

Nursing Directorate
Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2
Phone: 250-952-0958 FAX: 250-952-2799

Nursing Workplace Innovation Grants Program Application Instructions

I. Proposal Criteria

A. Purpose

The purpose of the Nursing Workplace Innovation Grants Program is to improve recruitment and retention of nurses by funding proposals so health care environments foster nursing excellence and nurses' satisfaction with their nursing job and professional career. \$11.7 million has been allocated to implement this program beginning in the current fiscal year and continuing in 2001/02.

B. Eligibility

Health Authorities, including regional health boards, community health councils and community health services societies and their health care facilities are eligible to apply for funding from this program.

C. Criteria of program funding

1. The grant application must address one or more of the following priority areas:

- 1.1. Create new permanent positions, both full-time and part-time, for nurses. The objective is to allow nurses more regular, consolidated employment, as well as flexible work schedules.
- 1.2. Provide continuing education and inservice education. The objectives are to increase nurses' opportunities for specialty training and acquiring competencies required to meet changing health care and technology requirements and to provide release time and coverage for nurses accessing education opportunities.
- 1.3. Provide opportunities for professional development. The objectives are to facilitate nurse leadership development, involvement in nursing governance and policy making, and improved clinical practice supports (e.g. clinical nurse specialists, clinical nurse educators, preceptors etc.) and to provide release time and coverage for the nurses.

2. Evaluation objectives:

- 2.1. Number of new positions created and more flexible work schedules. The objective should be to increase positions and have more flexible scheduling approaches.
- 2.2. Non-registered nurses' duties done by others. The objective should be to increase use of non-registered nurses to do non-registered nurses' duties.
- 2.3. Career path and professional development opportunities. The objectives should be to increase opportunities for nurses to assume new positions (e.g. clinical nurse specialist, clinical nurse educator, critical care specialists, resource nurse, etc.) and to increase availability of mentor support.
- 2.4. Retention of nurses in the workplace. The objective should be to have fewer nurses leaving the organization in comparison to previous years.

3. Nurse Involvement

- 3.1. Involvement of nurses. The objective should be to have nurses from relevant settings and positions part of the team making decisions and being responsible for the program or strategies, including identifying the desired outcomes. Nurses should participate in identifying their needs, developing and implementing the proposal and evaluating the outcomes.

4. Partnership

4.1. Involvement of partners, both in nursing and other disciplines. The objective should be to address the priorities of the key stakeholders in the project, obtain support and commitment and increase the project's resources.

5. Accountability and Reporting

5.1. The Ministry of Health will require progress or outcomes reports. The objectives are to ensure proposed strategies are leading to desired outcomes and to be able to share this information with others for future planning in the areas of recruitment, education and retention.

II. Application Details

D. Submission requirements

The project application should include:

1. **Clarity of project objectives and goal:** The objectives should be clear, achievable and lead to the outcomes identified as desirable for addressing recruitment, education and retention of nurses.
2. **Relevance to the Nurse Strategy Program criteria:** The project application must demonstrate the "fit" with the purpose and one or more priorities of the Nursing Workplace Innovation Grant Program.
3. **Proposal description and implementation:** An outline of the intended project or program, including implementation, should be clear and comprehensive.
4. **Identification of anticipated outcomes:** It must be clear in the application what outcomes are desired, the degree to which change will occur and how this will be measured.
5. **Time frame:** The project's time frame should be outlined from implementation to evaluation and be feasible to achieve and consistent with the program.
6. **Appropriateness of the project's strategies:** The strategies should demonstrate a grounding in evidence (what is known to work already), modification (if required) to be specific to the setting, and be acceptable to the nurses involved.
7. **Nurse involvement and partnership:** The submission should demonstrate, through documentation, nurse involvement and partner inclusion.
8. **Resource availability:** The necessary resources (material and human) should be readily available, using one's own resources, as well as others required. These should be identified in the application.
9. **Budget, with supporting documentation for projected expenditures.**

E. Amount and Duration

There will be two distributions of funds for this program. \$5.2 M has been allocated for distribution and implementation of approved proposals in the current fiscal year ending March 31, 2001 and \$6.5M has been allocated for distribution and implementation of approved proposals during fiscal year 2001/2002. The goal of the approval process is to provide a reasonable and equitable distribution of funding for rural and urban proposals.

Applications for proposals to be implemented in the current fiscal year must be submitted no later than midnight, Wednesday, January 10, 2001.

Applications for proposals to be implemented in fiscal year 2001/2002 may be submitted between April 1 and midnight, Monday, April 30, 2001.

Proposals must be submitted using the BC Health Action application instructions and form provided for this purpose.

The Ministry of Health will make a decision on grant applications within 3 weeks of receipt. Applicants will be notified by letter of the decision on their application. The Ministry reserves the right to make a partial award of funding in order to provide a reasonable and equitable distribution of the available funds in response to both rural and urban proposals. The decision of the Ministry of Health is final.

These grants will cover only those costs directly related to the objectives identified in the proposal application. Such costs may include:

- Personnel and their services (e.g. project workers, porters, relief time and backfill for nurses, consultants' fees, workshop/conference fees, etc.)
- Supplies (e.g. manuals, books, educational software and equipment, Internet and literature search access, etc.)
- Travel (e.g. conference/workshop attendance, trainers, etc.)

G. Proposal Format

1. Use the attached proposal application format. Further information may be obtained from the Ministry of Health website (www.bchealthaction.org) or :

Nursing Directorate

Ministry of Health and Ministry Responsible for Seniors

5-1, 1515 Blanshard St.

Victoria, BC V8W 3C2

Phone: 250-952-0958

FAX: 250-952-2799

2. A signed copy of the application must be submitted to the Ministry of Health at the above address or by facsimile to the above FAX number.
3. The application form is attached and also found on the Ministry of Health website. To simplify and promote an equitable review process, applicants are asked to use a 12 point font and 1" margins in the presentation of the application.
4. The application should not exceed 8 pages, excluding appendices if appropriate (e.g. references, evaluation tools, etc.). The title of the application project/program must be on each page.
5. The name of the manager responsible for the proposal must be included, with full mailing address, phone, fax and e-mail.

H. Administrative Information

Applicants must submit a hard copy of the application to their health authority or administering office. An institutional signature is required from the proposal manager's home institution. The signature certifies that the institution is willing to administer the grant according to MOH policies and guidelines.

The applications will be reviewed against the **core criteria** and **ranking criteria attached** (also available from the Nursing Directorate at the Ministry of Health). Announcement of awards will be ongoing with the first awards announced no later than January 15, 2001. Thereafter, award announcements will normally be made within three weeks of receiving the proposal application up to August 31, 2001.

Section 4: Rural and Remote Initiative Grants (\$5.3 million)

HEU Summary and Comments

Highlights:

Initiatives to improve recruitment, retention, and access to education for nurses and other health care providers in/from rural and Aboriginal communities.

Examples of HEU initiatives that could be funded:

1. Financial support to nursing students in rural and Aboriginal communities: LPN, LPN Access, LPN Refresher or other.
2. Continuing education (range of options identified in Section 3, tailored to rural and remote conditions).
3. Other recruitment and retention strategies for the nursing team that address the unique challenges facing rural and Aboriginal communities.

Application Process:

To access these grants, health authorities are required to complete and submit a grant application to the Nursing Directorate. Deadlines for applications are:

- January 10, 2001 for projects implemented before March 31, 2001.
- April 30, 2001 for projects implemented between April 1, 2001 and March 31, 2002.

The application form is in Section 2 of this guide. Additional information from the Ministry of Health on application criteria and procedures specific to the Rural and Remote Initiative Grants are presented in the following pages.

Nursing Directorate
Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2
Phone: 250-952-0958

FAX: 250-952-2799

Rural Nurses and Health Care Providers Initiative

Application Instructions

I. Proposal Criteria

A. Purpose

The purpose of the Rural Nurses and Health Care Providers Initiative Grant Program is to improve retention, recruitment and access to education for current and potential nurses from rural and Aboriginal communities in BC and to address the training and continuing education needs of other health care providers in rural communities. The initiative is designed to

1. Provide Financial support for nursing students from rural communities.
Increase access for rural nurses and other health care providers to post diploma/certificate education to increase skills and career opportunities.
Supports access to clinical expertise and professional development for rural health care providers, including onsite opportunities, Internet usage and telehealth resources.
Support for current and future Aboriginal nursing and health sciences students including financial aid for attaining academic requirements and social/cultural support while attending education programs outside their home communities.

B. Funding Criteria

1. **The proposal application must address one or more of the following areas of priority:**
 - 1.1. Support for nursing students from rural communities to begin and to continue their nursing education. The objectives are to increase the number of students from rural communities enrolling in nursing education programs and to increase their retention in nurse education programs.
 - 1.2. Increase access to post basic nursing education for nurses in rural communities. The objectives are to increase the numbers of nurses accessing post basic education for required advanced nursing competencies and to retain the nurses in practice in rural communities.
 - 1.3. Support access to clinical expertise and professional development for nurses and other health care providers in rural communities. The objective is to increase both opportunities for consultation, as well as develop alternative methods of access to new learning and continuing education (e.g. onsite, telenursing, Internet).
 - 1.4. Support for current and potential Aboriginal nursing and health sciences students. The objectives are to build capacity within Aboriginal communities for having more students and community members enter nursing and other health care professions and to increase retention and success of Aboriginal students in these programs.
2. **Evaluation of appropriate outcomes, such as:**
 - 2.1. Attainment of nursing program entrance requirements by students or community members. The objective should be to increase the number of students in rural communities attaining secondary educational requirements for admission to nursing education programs.
 - 2.2. Post basic health professional (other than physicians) education accessibility and use. The objectives should be to increase the percentage of nurses and other health

professionals in rural practice accessing post basic education, remaining in practice in rural communities and improving the availability and accessibility of appropriate post-basic programs.

- 2.3. Clinical consultation and professional education. The objectives should be to increase the opportunities for clinical consultation and professional development and increase the percentage of nurses and other health professionals participating.
- 2.4. Aboriginal capacity building. The objectives should be to increase the image and understanding of nursing and other health professions in Aboriginal communities and provide potential students with relevant experiences, increase the number of Aboriginal people entering the nursing and other health professions, and provide financial, academic and cultural support for Aboriginal students while attending nursing and health sciences education programs.

3. Professional Practitioner and Student Involvement

- 3.1. Participation of students, nurses and other health care providers. The objective should be to have students, nurses and other health care providers participate in identifying the needs, designing the solution, implementing the proposal and evaluating the outcomes.

4. Partnership

- 4.1. Involvement of partners in nursing and other health professions, education, and the community. The objectives should be to address the priorities of the key stakeholders in the proposal, obtain support and commitment and increase the proposal's resources.

5. Accountability and Reporting

- 5.1. The Ministry of Health will require progress and outcomes reports. The objectives are to ensure that proposed strategies are leading to desired outcomes and to be able to share this information with others.

II. Application Details

C. Submission requirements

The application should include:

1. **Clarity of proposal objectives and goal.** The objectives should be clear, achievable and lead to the outcomes identified as desirable.
2. **Relevance to the program criteria.** The proposal application must demonstrate the "fit" with the purpose and one or more priorities of the Rural Nursing Health Care Provider Initiative.
3. **Program description and implementation:** An outline of the intended proposal or program, including implementation should be clear and comprehensive.
4. **Identification of outcomes.** It must be clear in the application what outcomes are desired, the degree to which change will occur and how this will be measured.
5. **Time frame.** The proposal's time frame should be outlined from implementation to evaluation and be feasible to achieve by March 31, 2002 and consistent with the program.
6. **Appropriateness of the proposal's strategies.** The strategies should demonstrate a grounding in evidence (what is known to work already), modification (if required) to be specific to the setting, and be acceptable to the nurses and health professionals involved.
7. **Nurse/health care provider involvement and partnership.** The submission should demonstrate, through documentation, nurse/health care provider involvement and partner inclusion.

8. **Resource availability.** The necessary resources (material and human) should be readily available, using one's own resources, as well as others required. These should be identified in the application.

9. **Budget, with supporting documentation for expenses.**

D. Amount and Duration

There will be two distributions of funds for this program. \$2.5M has been allocated for distribution and implementation of approved proposals in the current fiscal year ending March 31, 2001 and \$2.8M has been allocated for distribution and implementation of approved proposals during fiscal year 2001/2002. The goal of the approval process is to provide a reasonable and equitable distribution of funding for rural and urban proposals.

Applications for proposals to be implemented in the current fiscal year must be submitted no later than midnight, Wednesday, January 10, 2001.

Applications for proposals to be implemented in fiscal year 2001/2002 may be submitted between April 1 and midnight, Monday, April 30, 2001.

Proposals must be submitted using the BC Health Action application instructions and form provided for this purpose.

The Ministry of Health will make a decision on grant applications within 3 weeks of receipt. Applicants will be notified by letter of the decision on their application. The Ministry reserves the right to make a partial award of funding in order to provide a reasonable and equitable distribution of the available funds in response to both rural and urban proposals. The decision of the Ministry of Health is final.

These grants will cover only those costs directly related to the objectives identified in the proposal application. Such costs may include:

- Personnel and their services (e.g. project workers, porters, relief time and backfill for nurses, consultants' fees, workshop/conference fees, etc.)
- Supplies (e.g. manuals, books, educational software and equipment, Internet and literature search access, etc.)
- Travel (e.g. conference/workshop attendance, trainers, etc.)

E. Proposal Format

1. Use the attached proposal application format. Further information may be obtained from the Ministry of Health website (www.bchealthaction.org) or :

**Nursing Directorate
Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2**

Phone: 250-952-0958

FAX: 250-952-2799

2. A signed copy of the application must be submitted to the Ministry of Health at the above address or by facsimile to the above FAX number.
3. The application form is attached and also found on the Ministry of Health website. To simplify and promote an equitable review process, applicants are asked to use a 12 point font and 1"

margins in the presentation of the application.

4. The application should not exceed 8 pages, excluding appendices if appropriate (e.g. references, evaluation tools, etc.). The title of the application proposal/program must be on each page.
5. The name of the manager responsible for the proposal must be included, with full mailing address, phone, fax and e-mail.

F. Administrative Information

Applicants must submit a hard copy of the application to their health authority or administering office. An institutional signature is required from the proposal manager's home institution. The signature certifies that the institution is willing to administer the grant according to MOH policies and guidelines.

The applications will be reviewed against the **core criteria** and **ranking criteria attached** (also available from the Nursing Issues Unit at the Ministry of Health).

Section 5: Mentor/Preceptor Nurse Support

HEU Summary and Comments

Highlights:

Purpose is to increase support and resources for nurses to act as mentors and preceptors for students during clinical placements and entry to practice.

Examples of HEU initiatives that could be funded:

1. Relief for LPNs to work as mentors and preceptors. LPNs are qualified to provide mentoring and preceptorship to nursing students and new graduates entering the workforce. Having more LPNs in this role will support retention of LPNs and will support appropriate utilization of LPNs.
2. Training and professional development for LPN mentors and preceptors.

Application Process:

To access these grants, health authorities are required to complete and submit a grant application to the Nursing Directorate. Deadlines for applications are:

- January 10, 2001 for projects implemented before March 31, 2001.
- April 30, 2001 for projects implemented between April 1, 2001 and March 31, 2002.

The application form is in Section 2 of this guide. Additional information from the Ministry of Health on application criteria and procedures specific to the Mentor/Preceptor Nurse Support Grants are presented in the following pages.

**Nursing Directorate
Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2**

Phone: 250-952-0958

FAX: 250-952-2799

MENTOR/PRECEPTOR NURSE SUPPORT PROGRAM Application Instructions

I. Proposal Criteria

A. Purpose

The purpose of the Nurse Mentor/Preceptor Support Program is to increase support and resources for nurses in practice to act as mentors and preceptors for students during the clinical components of their education and in the transition to professional practice. Support may be provided through reduced patient-care responsibilities while fulfilling mentor or preceptor responsibilities. Resources may be required for professional development experiences to gain increased mentor or preceptor competencies.

B. Criteria for program funding

1. The proposal application must address one or more of the following priorities:

- 1.1. Relief from patient care workload in exchange for mentor or preceptor leadership responsibilities. The objective is to ensure that nurses who take on these responsibilities are not overburdened with patient care and have sufficient time to be mentors or preceptors for students and new graduates in health care settings.
- 1.2. Support for professional development in the role of mentor or preceptor. The objectives are to increase nurses' confidence and competencies in mentor and preceptor roles and responsibilities, improve the clinical learning experiences for students and provide satisfying mentor and preceptor experiences for the nurses.
- 1.3. Positive, satisfying clinical experiences for students and new nurse graduates. The objective is to support nursing students and new nurses in their chosen profession and to encourage them to remain in the profession.

2. Evaluation of appropriate outcomes, such as:

- 2.1. Nurses acting as mentors or preceptors. The objective should be to increase the number of nurses, in all contexts of practice, assuming mentor or preceptor responsibilities.
- 2.2. Nurses repeatedly acting as mentors or preceptors. The objective should be to increase the number of nurses assuming these responsibilities more than once.
- 2.3. Completion of education program. The objective should be to improve retention and success of nursing students during their educational preparation.
- 2.4. New graduate employment. The objective should be to increase recruitment of new graduates in areas in which they are familiar.

3. Nurse Involvement

- 1.1. Involvement of nurses. The objective should be to have students, nurses and teachers from relevant settings and positions as part of the team making the decisions and being responsible for the program or proposal, including identifying the desired outcomes.
- 1.2. Participation of nurses. The objective should be to have nurses participate in identifying the needs, designing the solution, implementing the proposal and evaluating the

outcomes.

4. Partnership

4.1. Involvement of nursing partners from clinical, management and educational settings. The objectives should be to address the priorities of the key stakeholders in the proposal, obtain support and commitment and increase the proposal's resources.

5. Accountability and Reporting

5.1. The Ministry of Health will require progress and outcomes reports. The objectives are to ensure that proposed strategies are leading to desired outcomes and to be able to share this information with others.

II. Application Details

C. Submission requirements

The proposal application should include:

1. **Clarity of proposal objectives and goal.** The objectives should be clear, achievable and lead to the outcomes identified as desirable.
2. **Relevance to the overall Nurse Strategy Program criteria.** The proposal application must demonstrate the "fit" with the purpose and one or more priorities of the Nurse Mentor/Preceptor Nurse Support Program.
3. **Program description and implementation:** An outline of the intended proposal or program, including implementation, should be clear and comprehensive.
4. **Identification of outcomes.** It must be clear in the application what outcomes are desired, the degree to which change will occur and how this will be measured.
5. **Time frame.** The proposal's time frame should be outlined from implementation to evaluation and be feasible to achieve and consistent with the program.
6. **Appropriateness of the proposal's strategies.** The strategies should demonstrate a grounding in evidence (what is known to work already), modification (if required) to be specific to the setting, and be acceptable to the nurses involved.
7. **Nurse involvement and partnership.** The submission should demonstrate, through documentation, nurse involvement and partner inclusion.
8. **Resource availability.** The necessary resources (material and human) should be readily available, using one's own resources, as well as others required. These should be identified in the application.
9. **Budget, with supporting documentation for expenses.**

D. Amount and Duration

There will be two distributions of funds for this program. \$1.5 M has been allocated for distribution and implementation of approved proposals in the current fiscal year ending March 31, 2001 and \$2.28M has been allocated for distribution and implementation of approved proposals during fiscal year 2001/2002. The goal of the approval process is to provide a reasonable and equitable distribution of funding for rural and urban proposals.

Applications for proposals to be implemented in the current fiscal year must be submitted no later

than midnight, Wednesday, January 10, 2001.

Applications for proposals to be implemented in fiscal year 2001/2002 may be submitted between April 1 and midnight, Monday, April 30, 2001.

Proposals must be submitted using the BC Health Action application instructions and form provided for this purpose.

The Ministry of Health will make a decision on grant applications within 3 weeks of receipt. Applicants will be notified by letter of the decision on their application. The Ministry reserves the right to make a partial award of funding in order to provide a reasonable and equitable distribution of the available funds in response to both rural and urban proposals. The decision of the Ministry of Health is final.

These grants will cover only those costs directly related to the objectives identified in the proposal application. Such costs may include:

- Personnel and their services (e.g. project workers, relief time and backfill for nurses, consultants' fees, workshop/conference fees, etc.)
- Supplies (e.g. manuals, books, educational software and equipment, Internet and literature search access, etc.)
- Travel (e.g. conference/workshop attendance, trainers, etc.)
- **Grants may not be used to fund furniture or other equipment.**

E. Proposal Format

Further information may be obtained from the Ministry of Health website (www.bchealthaction.org) or:

**Nursing Directorate
Ministry of Health and Ministry Responsible for Seniors
5-1, 1515 Blanshard St.
Victoria, BC V8W 3C2**

Phone: 250-952-0958

FAX: 250-952-2799

1. A signed copy of the application must be submitted to the Ministry of Health at the above address or by facsimile.
2. The application form is attached and also found on the Ministry of Health website. To simplify and promote an equitable review process, applicants are asked to use a 12 point font and 1" margins in the presentation of the application.
3. The application should not exceed 8 pages, excluding appendices if appropriate (e.g. references, evaluation tools, etc.). The title of the application proposal/program must be on each page.
4. The name of the manager responsible for the proposal must be included, with full mailing address, phone, fax and e-mail.

F. Administrative Information

Applicants must submit a hard copy of the application to their health authority or administering office. An institutional signature is required from the proposal manager's home institution. The signature certifies that the institution is willing to administer the grant according to MOH policies and guidelines.

The applications will be reviewed against the **core criteria** and **ranking criteria attached** (also available from the Nursing Directorate at the Ministry of Health).

Section 6: Nurse Education Bursary (\$2.5 million)

HEU Summary and Comments

Highlights:

Approximately 540 bursaries of \$3,500 each will be awarded annually to nursing students. The program must be at least 4 months in length, either part-time or full-time.

Examples of HEU initiatives that could be funded:

1. LPN Refresher
2. LPN Access
3. RCA Upgrade and other studies/credentials required for entrance into the LPN Access, LPN Refresher, or other nursing programs (to be confirmed by the Ministry of Advanced Education, Training and Technology). See eligibility criteria on the attached announcement “2. Academic requirement: you are enrolling in a nursing refresher program or qualifying program that will lead to licensure as an RN, RPN or LPN.”



Nurses Education Bursary

Ministry of Advanced Education,
Training and Technology

The Nursing Education Bursary Program has been established to help currently trained Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses to retrain or upgrade their skills, and keep pace with changing technology and preventative care needs. There are 540 bursaries of \$3,500 awarded annually to qualified applicants who meet the criteria and have the greatest financial need.

- **January to April (Deadline, 4:30 p.m., November 15)**
- **May to August (Deadline, 4:30 p.m., Feb 28)**
- **September to December (Deadline, 4:30 p.m., July 15)**

WHO IS ELIGIBLE?

You may apply for a health care bursary if you meet ALL of the following:

- during the bursary award period for which you are applying, you are enrolled in an eligible nursing program of study at least 4 months in length at a BC public post-secondary school, St. Paul's Hospital or BC Cancer Agency program, that leads to a Certificate, Diploma or Degree recognized for practice in BC; **and**
- you can demonstrate financial need or that you will suffer significant financial loss by taking training; **and**
- you are not in default of a BC student loan; **AND**

You meet either the residency/work requirement or the academic requirement, as follows:

1. Residency and work requirement:

- you have been a permanent resident of BC for the last 12 months; **and**
- you have either worked for an employer who is base funded by the Ministry of Health, for at least 12 months in the last 4 years, dating back from the start of the bursary period; **or,**
- you have worked in a position that was base funded by the Ministry of Health prior to the creation of the Ministry of Children and Families, for at least 12 months in the last 4 years, dating back from the start of the bursary period.

2. Academic requirement:

- you are enrolling in a nursing refresher program or qualifying program that will lead to licensure as an RN, RPN or LPN; **or,**
- you are enrolling in the third or fourth year of a nursing program or are enrolled in graduate or specialty nursing.

APPLICATION PROCEDURE:

Applications will be available by January 12, **2001** and the deadline for application for the May to August bursary period will be February 28, **2001**. Application forms will be available from Financial Aide Offices of BC's public post-secondary institutions, Health Care Union Representatives or the Student Services Branch listed below:

Nursing Education Bursary Program

Student Services Branch

PO Box 9173 Stn Prov Govt, Victoria BC V8W 9H7

Phone: (250) 387-6100 (in Victoria)

660-2610 (in the lower Mainland) 1-800-561-1818 (toll-free in Canada)

Please note: Program parameters are subject to change.

Section 7: Nurse Transition to Professional Practice (\$3.5 million)

Section 8: Funding for Licensed Practical Nurses (LPNs) in Acute Care (\$5 Million)

HEU Summary and Comments

What is this initiative?

As the second phase of its initiative to support LPN and care aide staffing and training, the provincial government has allocated funds to regional health authorities (regional health boards and community health councils) to create approximately 90 new LPN positions in acute care. The \$5 million acute care LPN funding was distributed by the Ministry of Health to health authorities on December 15, 2001 and it is retroactive to September 1, 2001.

In the 1999/2000 budget, the Ministry of Health invested \$5 million in LPN and care aide staffing and training in residential continuing care. This money has been used to convert 218 care aide positions to LPN positions, to create 74 new care aide positions, and to support LPN and care aide upgrading in a range of areas.

This second allotment of \$5 million is dedicated to LPN positions and upgrading in acute care units.

How was the funding divided between regions?

The funding has been distributed to health authorities according to the Ministry of Health hospital funding allocation methodology (number of beds, adjusted for population demographics), with a minimum floor of \$16,039.

What is eligible for this funding?

There are two elements of this initiative:

1. **Staffing:** The funds can be used for the creation of new permanent LPN positions in acute care units. The funding is ongoing (ie. built into the facility's base budget), and it includes relief (20 percent) and benefits (19 percent).
2. **Training:** The funding is retroactive to September 1, 2001. It will take a few months for the joint committees to decide where to allocate the positions, and for facilities to post and fill those positions. The retroactive funds and the funds that accumulate until positions are filled must be spent on training and orientation related to the introduction of new LPN positions and roles. This can include LPN upgrading, education for staff and managers on the LPN scope of practice and competencies/education, time for LPNs and RNs along with other nursing team members and employees to work out appropriate roles and protocols for the effective team nursing practice.

Who will decide which facilities get the new positions and the training dollars?

The positions will be distributed within each region by a joint committee of the health authority and HEU. This is the same process that was used to govern the first \$5 million initiative.

What criteria will the joint committees use in allocating funds?

The Ministry of Health has specified in its letter to health authorities a number of guidelines that must be followed in the allocation of funds, similar to those applied to the first \$5 million. The main criteria are as follows:

- Employers selected to receive funds for LPN positions (and associated training) must be committed to effective utilization of LPNs. As with the last initiative, employers should spell out in a written proposal how they will utilize LPNs, to demonstrate that they are aware of the current curriculum and scope of practice and are committed to utilizing LPNs effectively.
- Funds are to be used for regular permanent positions, full-time wherever possible.
- The process will cause minimal disruption and displacement of employees and will not result in any involuntary layoffs.

Who should be involved in the training?

The Healthcare Labour Adjustment Agency (HLAA) may support training projects that meet their criteria and are supported by local Labour Adjustment Committees. HLAA pays for tuition, books and related costs and cost shares the wage replacement portion. In order to secure HLAA funding, applications to HLAA should be made before the training begins because HLAA does not fund retroactively.

You should involve LPN educators at your community college in the design and delivery of upgrading programs. The LPN educators understand the current curriculum and LPN standards of practice, which is important because LPNs must meet particular competency standards set by the College of LPNs.

Problems have emerged where the continuing education department of a community college or an in-service educator has delivered incomplete courses - for example, only a portion of the medication administration or assessment course - perhaps because they were not aware of the current LPN curriculum or licensing requirements. For the sake of both the employer's liability and the LPNs' credentials and practice, it is important to make sure that LPN upgrading meets the current standards.

The following document titled "Details fo Funding Adjustments" is the letter sent by the Ministry of Health to health authorities on December 15, 2001.

[NOTE for those receiving this Guide by email: The Ministry document was not available in electronic format on December 15 when this Guide was written. It is available from HEU provincial office or from the Ministry (Nichola Manning at 250-952-1269). It will be added to the HEU website version of this Guide when it becomes available in electronic format.]