



## **BC Coalition of Nursing Associations (BCCNA)**

**Visioning health care in B.C. in 2026**

**Leading Questions**

## Appendix

### Policy Forum Statements

\*Priority statements highlighted in red.

#### Primary and Community Care

1. There will no longer be a shortage in long-term care beds. A total of 30,620 long-term care beds will be available and they will have smartphone technology.
2. Patients will be able to check in to walk-in-clinics through the internet, be notified by text messages about their appointment time, and see where they stand on the waiting list on walk-in-clinic websites.
3. Practitioners will be able to prescribe complementary and alternative medicine instead of pharmaceutical prescriptions when applicable.
4. **Supervised Injection sites will be established in all cities with a population over 20,000.**
5. Health care personnel and family members will be able to use web cameras to remotely monitor frail patients to ensure they can live at home independently and safely.
6. All health care personnel will visit elderly patients within their homes, and online progress notes will be used for interdisciplinary communication.
7. Social Media will be used as a mechanism for patients to provide feedback and rate patient care services provided in hospitals.
8. Specially trained dogs will be used in hospitals as a form of preventive care to pre-identify conditions such as seizures, c-difficile and heart attacks.
9. **Nurses will be able to take part in the assessing and determining eligibility for Medical Assistance in Dying.**
10. All individuals past 19 years of age (or at 19) will be required by law to have an advance care directive in place.
11. **Currently Pharmacists in B.C. can renew or adapt patients' prescriptions. By 2025, Pharmacists in B.C. will be able to prescribe new medication, order lab tests, administer various vaccinations and diagnose patients.**
12. **24 hour Urgent Care Clinics will be implemented to reduce emergency department wait times. The Urgent Care Clinics would be located near the emergency departments, allowing for less urgent needs to be tended to within Urgent Care Clinics.**
13. Paramedics in B.C. will have an increased scope of practice. Paramedics will perform home visits (make referrals as needed), be integrated in emergency rooms and long-term care homes.
14. **Nurse Practitioner and Nurse Led Community Health Centers will be the new norm for accessing primary health care in B.C.**
15. **Health care funding will be allocated as follows: 20 percent for acute treatment and 80 percent for health promotion, disease prevention and disease management.**
16. **A data support tool will be in place to identify population health needs in each region across B.C.**
17. Palliative Care will shift from being a hospital based service to a home based service.
18. **Seniors will be able to age in place by accessing home support services through grass-roots community based networks rather than solely relying on publically subsidized home support services.**
19. Patients who want to avoid wait times in the public health care system will have the ability to pay for any diagnostic test they require at a private clinic.
20. **Proof of immunizations will be requirement for children attending schools.**

21. Patients will be provided monetary incentives to donate blood.
22. All residential care beds in the province will be single room occupancy with an ensuite bath.
23. Complementary and alternative medicine services will be covered by MSP.
24. MSP will cover dental, eye examinations, chiropractic, massage, physical therapy, non-surgical podiatry, counsellors, prescription drugs and psychologists.
25. Patients will be able to access other members of the health care team without a physician or nurse practitioner referral (e.g., Physiotherapist, Social Worker, Occupational Therapist)
26. All B.C. residents' drivers' licences will have electronic information that lists their advance care directive and organ donations status for ease of access.
27. Family members of patients will be able to install web cameras in hospital rooms or residential care facilities to ensure their loved ones are being cared for appropriately.
28. Nurses will be able to discuss diagnostic and laboratory test results with patients.
29. Naloxone take home kits will be available to patients from pharmacies without a prescription.
30. Pharmacies will be able to dispense medical marijuana.
31. Pharmaceutical companies will be regulated in order to control prices of drugs.
32. Smartphone applications will be used as translation tools for patients with language barriers.
33. All aboriginal peoples will be able to access health care services without racism and discrimination.
34. All care providers will receive cultural competency training in order to provide culturally safe care to Aboriginal peoples.
35. Health education will be mandatory in all public schools.
36. Every British Columbian will have access to nutritious food, affordable housing, a living wage and other social determinants of health.
37. Every British Columbian will have access to free education.
38. Policy that is developed throughout government will focus on the social determinants of health, with an emphasis on health equity.

## Surgical Services

39. There will be an increased investment in specialized nurses within surgical care (ex: nurse anaesthesiologist, cardiovascular perfusionist) in order to use OR staff optimally.
40. RPNs, LPNs will work alongside RNs in specialty areas such as peri-operative, ambulatory and surgical day care teams.
41. The development and expansion of private surgical clinics will be used as method of decreasing surgical wait lists in public hospitals.
42. A surgical service secretariat will be employed in each health authority to address issues in surgical care (e.g., health human resources, number of bookings, surgical wait lists, etc.)
43. Surgical consults, follow-up visits, and pre and post-op patient education will be conducted using telehealth or web health services instead of in person hospital visits.
44. Inspection and audit results from each hospital will be made public through hospital websites, and within hospitals in order to increase patient awareness and to promote health personnel compliance. (Ex: National Surgical Quality Improvement Programs (NSQIP), nosocomial infection rates, morbidity rates, surgical wait times, readmission rates, hand hygiene compliance etc.)
45. Three dimensional printing technology will be used to construct artificial organs for organ transplant surgeries. (Ex: kidney, liver and heart structures)

46. B.C. will implement a presumed consent model for organ donation. At the time of death, every individual will be considered for organ donation. Individuals who do not wish to donate will be required to ensure that proper documentation is in place to communicate this wish.
47. A solution to long surgical wait lists will be the development of education programs to train specialized nurses to perform minor surgical procedures. Surgeons will focus on major surgeries.
48. Upon discharge post-operative patients will be referred to a Hospital Librarian who will customize a resource package that includes post-op teaching, community resources and referral information. The information given will promote self-care and reduce hospital readmissions.
49. Patients' advance care directives will be respected at all times. In the event of an emergency, family members' wishes will not trump over the patient's directives.
50. Surgical departments will schedule and perform the same surgeries on the same day to allow for more efficient surgical flow.
51. Hospitals will invest in an adequate amount of surgical tools and equipment so that surgeons will not have to wait for equipment to be sterilized to perform a surgery. This will ensure that scheduled surgeries can be performed in a timely manner.
52. Nurse Anesthetists will be employed by health authorities to ensure that surgeries are not diverted to other hospitals, or cases are canceled due to unavailable anaesthesiologists.

## Rural and Remote

53. Telehealth and web health services with all health care providers will be available in rural and remote areas 24/7.
54. Interactive health promotion and disease prevention classes will be delivered online to patients in rural and remote areas.
55. All patients living in rural and remote B.C. who require transportation to specialized services outside of their rural and remote community will be able to access publicly subsidized transportation without paying out of pocket.
56. Monetary incentives will be provided to individuals from rural and remote areas who want to pursue a career in health care. They will also be provided further incentives to work in rural and remote areas.
57. Helicopter services instead of ambulances will be the standard means of transportation for health care workers traveling to rural and remote areas to expedite care.
58. MOCAP (Medical On-Call Availability Program) will be available through web casts (face time) in order to assist nurses in rural and remote areas during emergency situations.
59. Customized interdisciplinary care packages (e.g., nutrition, physiotherapy, nurses and pharmacist) will be made upon web consultation in order to develop a shared responsibility of care between health care providers and patients in rural and remote areas.
60. All paramedics in rural and remote areas will be Critical Care Paramedics (CCP) and Advanced Care Paramedics (ACP) in order to expand their roles and increase accessibility to services. ACPs can perform cardiac monitoring, intravenous drug therapy, endotracheal intubation and manual defibrillation.
61. With the use of technology, specialists will be able to guide and teach rural and remote nurses in treating patients without requiring them to travel to the mainland to access specialized services.
62. A shortage of supplies will not be an issue in 2025 due to the implementation of medical supply vending machines in rural and remote areas.

63. Hospitals and clinics in rural and remote areas will have a health equipment program where patients can rent equipment they require within their homes and communities. (Ex: Bath stools, Canes, Commodes, Crutches, Raised toilet seats, Wheelchairs and Walkers).
64. The provincial government will allocate funds to create safe road access to rural and remote communities to ensure the safety of health care personnel and patients when traveling.
65. Mobile health connections and clinics will be the norm for providing health care to small communities.
66. Students living in rural and remote communities who are enrolled in a health profession program will be able complete their education, and obtain employment, without leaving their communities with the use of technology and access employment
67. Telehealth and telenursing will be used as a primary method to provide primary health care.

### Health Human Resource (HHR) Management

68. Nursing curriculums across B.C. will be standardized.
69. Currently nursing instructors are paid approximately \$20/ hour less than direct care nurses. By 2025, nursing instructors' wages will be comparable to that of direct care nurses.
70. Nursing students will have the opportunity to directly apply for educator roles upon graduation.
71. Educational supports will be provided to nursing students interested in becoming instructors in educational facilities in order to accommodate for shortages.
72. All nurses will be expected to complete volunteer work with professional nursing organizations (association, college union).
73. Schools of nursing across B.C. will develop and offer a mandatory course on leadership, policy and advocacy to all undergraduate nursing students.
74. Hidden audits will take place across the province to ensure that health care teams are providing patient centered and culturally safe care in hospitals.
75. Structures will be in place for patients to rate their experiences with individual nurses during their hospital stay, and nurses will be provided with this feedback.
76. Patient parking stalls will be in close proximity to hospital entrances and parking fees will be eliminated.
77. All hospitals will have free wifi available to patients.
78. All Regional Health Authorities will develop a mandatory interprofessional course to be taken during orientation for new hires.
79. Nurses will not be required to have prior medical-surgical experience before entering a specialty nursing area.
80. Full-time and part-time nurses will be able to self-schedule their shifts.
81. Nurses will work 8 hour shifts instead of 12 hour shifts.
82. Nurses who are working in specialty areas will be paid a premium.
83. All nursing preceptors will be provided with incentives and will receive proper training to become appropriate mentors.
84. The use of technology will become the standard across undergraduate nursing programs.
85. Students in every health profession program will be required to complete an interdisciplinary practicum as part of their diploma/degree requirements.
86. Patient representation on interview panels will be required across the province when hiring health care employees (from direct care to management).
87. Nurses will be required to attend yearly psychologist visits to promote positive emotional well-being.

88. Each hospital will be required to offer a dedicated fitness facility located within the hospital for health care providers to use.
89. All health care facilities will be accountable for enforcing a zero tolerance bullying policy.
90. All hospitals in the province of B.C. will be teaching hospitals.
91. All hospitals will be required to provide healthy meals, and 24hrs
92. Patients' caregivers will be able to stay with the patient 24/7 when in the hospital.
93. All hospitals will have healthy and nutritious foods within their cafeterias for both patients and staff.
94. All hospitals will have common areas for patients to converse and have meals.
95. Patients will be able to document their experiences within their own charts as part of interdisciplinary notes.

### Information Management (IM) / Information Technology (IT)

96. All patients and their health care providers will have access to their electronic health records, and be able to chart, through the use of 'the cloud.'
97. All health authorities will utilize the same data information management system to ease transferability of data.
98. All patient documentation (flow sheets, vital sign records, interprofessional notes and physician notes) will be done electronically.
99. Patients will have access to their charts upon request.
100. Biometric fingerprint technology will replace existing patient identification systems and decrease errors when administering patient medication and/or performing diagnostic tests.
101. With the use of technology such as smart phones, photo documentation will be widely used, and automatically transferred to patients' online documentation system.
102. Nurses and other providers will have immediate access to patient charts, and be able to document patient assessments in a timely manner with accessible technology (i.e.: tablets, smart phones or computers) in each patient's room.
103. Cloud-based services will be used to store and transfer patient files.
104. Self-monitoring electronic technology will be used to track health behaviours and changes in health status, with data transmitted directly to health care providers to facilitate on-going monitoring.
105. Smartphone applications will be used to improve the quality of life of those living with chronic diseases. Applications will include a daily to-do list, diet tracker, exercise tracker, medication reminders and online in person counseling.
106. The use of self-monitoring electronic technologies (e.g., watches/mobile applications) will be used as a standard for tracking changes in health status among patients with chronic illness.
107. Nursing documentation within electronic health records will use standardized terminology across the province.
108. All nursing programs will have a course dedicated to health information management and information technology.
109. Drones will be used to deliver prescriptions.
110. Point of care testing will be available in all Canadian homes.