Regulation of Licensed Nursing Practice in Nursing Homes: How RN and LPN Scopes of Practice are Enacted

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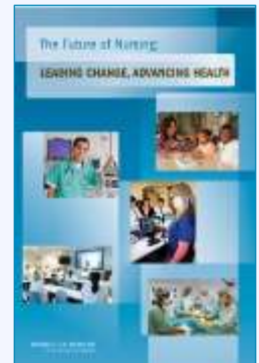
Funded by **NCSBN** P19004, R30010 (Corazzini, PI)

Changing Nature of LPN Practice in Residential Long-term Care

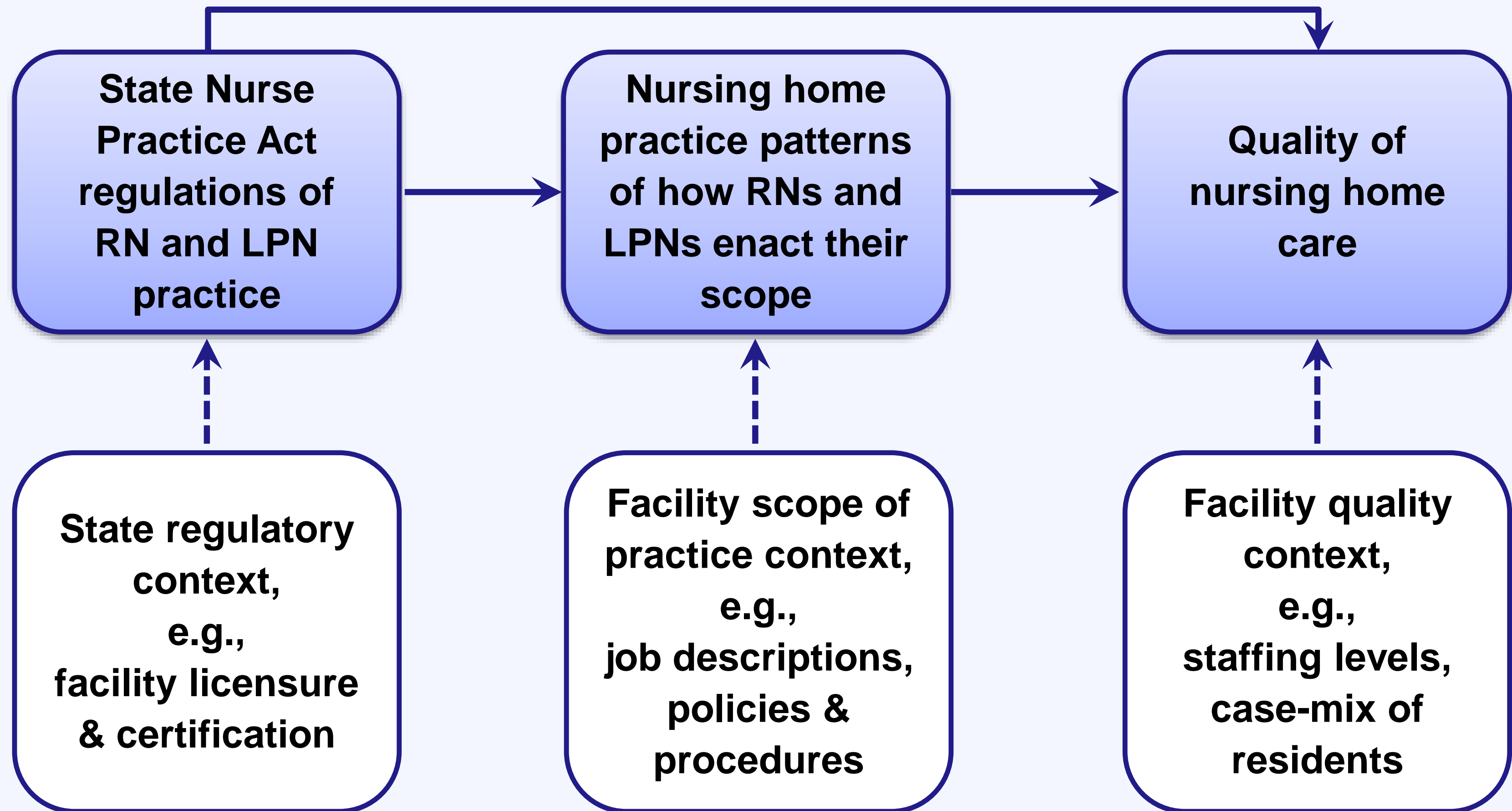
- LPNs as licensed nursing 'backbone'
  - Over the last decade, increase in hours per patient day was twice as high for LPNs as for RNs *(AHCA, 2012)*
  - LPNs comprise majority of licensed nurses in long-term care; U.S. mean is **67%** of all licensed nursing FTEs *(AHCA, 2012)*
- Changing context of residential long-term care
  - Higher acuity of residents; Increasing proportion of rehabilitation patients *(Ng et al., 2010)*
  - Increasing demand for long-term care; Globally, nursing workforce shortages to meet demand *(Frenk & Chen, 2010)*

The RN-LPN regulatory challenge in nursing homes

- Between-state differences in LPN scope *(Corazzini et al, 2011)*
- Organizational barriers to LPNs practicing within scope *(Mueller et al, 2012)*
- Need for effective models of RN-LPN collaboration
  - Institute of Medicine's Future of Nursing (2011) acknowledges LPN contributions to care:
    - LPNs viewed as essential to performing delegated care in the context of RN role expansion



Conceptual Model



Study Aims

1. To describe facility-level licensed nursing practice patterns of RNs and LPNs in nursing homes in MN and NC
   - What do RNs and LPNs do, including behaviors and strategies, to enact specific components of their scope of practice?

2. To develop a facility-level tool to measure these licensed nursing practice patterns

Design & Data

- Comparative, multiple case study of RN and LPN nursing practice
  - 10 NC and MN nursing homes sampled by Area Health Education Region
    - 10 RN Directors of Nursing
    - 34 Additional RNs and LPNs

- Individual, semi-structured telephone interviews
  - Questions elicited strategies and behaviors used to enact scope, defined as assessing, planning care, supervising and delegating

Analysis

- Immersion/crystallization analytical approach; hermeneutic paradigm of qualitative data analysis *(Crabtree & Miller, 1999)*
  - Data coded by multiple members of research team for strategies and behaviors
  - Coded data read by team and analyzed for higher order themes
- Quality was examined in relation to:
  - Co-occurrence of CMS Quality Measures
  - Descriptions nurses provided of outcomes of strategies and behaviors
- Purpose is to generate testable hypotheses (vs. statistically representative findings)

Facility-level practice patterns of enacted scope

- Three intersecting dimensions differentiated practice patterns of care planning and assessment, delegation and supervision:
  1. Quality of the connections between RNs and LPNs
  2. Degree of interchangeability between RNs and LPNs
  3. RN to LPN staffing ratios

Quality of RN-LPN Connections

- Degree to which formal and informal connections exist in assessing and care planning, supervising and delegating

"I just try to communicate with [the RNs]…so they can make sure that [acute changes] get to the right people. [The RNs]…do the care plans and they'll come around and…ask us questions" –LPN

RN-LPN Interchangeability

- Degree to which LPNs are considered interchangeable with RNs in assessing, care planning, delegating and supervising
  - RNs and LPNs may be indistinguishable from one another in organizational role
  - Job title drives practice

"As far as duties, there are some duties that an RN has to be immediately available…
but pretty much they're tit for tat in what they do do…we don't have any…nursing skills here that both an LPN or an RN cannot do" − DON

RN to LPN Staffing Ratios

- Degree to which there are adequate RNs in the nursing home for RN-level clinical expertise and management in assessing, care planning, delegating and supervising

"For where I'm at, it usually flows down from the DON to not many RNs, so LPNs and then from the LPN to the CNA to 'let's get the job done'" −LPN

"Because we have problems getting RNs… we do have LPNs functioning in roles that RNs should be filling" −DON

Enacted Practice Dimension: Assessment

High Connections Low Interchangeability High RN/LPN Ratio	Low Connections High Interchangeability Low RN/LPN Ratio
RN assessment clearly connected to LPN contributions	LPN observations unlinked to RN-level assessment

"Assessments are... done by the RNs…it's real defined between what the LPNs are doing and what the RNs are doing…If we have falls or anything, we have to always make sure we have an RN for those additional assessments" −LPN

"The LPN gets the admission package…this is what you need to do…it's up to you to get the package done; this means your pain assessment, the actual assessment, everything… it's not passed on, you have to get that done" −LPN

Enacted Practice Dimension: Care Planning

High Connections Low Interchangeability High RN/LPN Ratio	Low Connections High Interchangeability Low RN/LPN Ratio
Care plan linked to RN assessment; embedded in RN-LPN information exchange	Care plan automatically generated by MDS nurse; unlinked to ongoing RN-LPN communication

"We do the initial assessment…fill out the papers and it goes to MDS and she makes up the care plan from the information we give…she may not even see the patient" -LPN

Enacted Practice Dimension: Delegation

High Connections Low Interchangeability High RN/LPN Ratio	Low Connections High Interchangeability Low RN/LPN Ratio

Delegation is considered in relation to 5 rights of delegation

Delegation equivalent to job description and assignments; not linked to licensure level

"The [LPN] unit coordinators do the day to day delegation of the tasks to the… LPNs and RNs on the floor…[and they]… do the day to day delegation to the CNAs" −DON

Enacted Practice Dimension: Supervision

High Connections Low Interchangeability High RN/LPN Ratio	Low Connections High Interchangeability Low RN/LPN Ratio
Direct RN supervision of all levels of staff that informs RN assessment & care planning	Little direct RN supervision; LPNs provide primary oversight of licensed & unlicensed staff

"You try to just be vigilant of what's going on, on your unit with the residents…if I'm not able to track what it is that may be a factor, then I'm going to bring in my RN and have my RN do an assessment, and then they usually will carry it from there…everything that we do here is basically going through the RNs throughout the course of any given day." −LPN

Three Cases

Case 1
- Non-profit
- Urban, NC
- 120 beds
- DON, 2 RNs, 3 LPNs
- 5-star CMS rating

Case 3
- For-profit, chain
- Rural, NC
- >130 beds
- DON, 1 RN, 2 LPNs
- 2-star CMS rating

High Connections	Low Connections
Low Interchangeability	High Interchangeability
High RN/LPN Ratio	Low RN/LPN Ratio

Case 2
- Non-profit
- Suburban, NC
- >130 beds
- DON, 1 RN, 3 LPNs
- 4-star CMS rating

Case 1: High Capacity for Quality Care

Dimension	Assessment & Care Planning	Delegation & Supervision
High Connections	Dynamic, real-time process; multiple system redundancies for communication	Supervision integrated into assessment and care planning
Low Interchangeability	LPN observations distinct from RN-level assessment; valued	Delegation is linked to scope of practice
High RN/LPN Ratio	LPNs required to seek face-to-face RN-level involvement in assessments	Direct, RN supervision of all nursing staff

Case 1: High Capacity

- An LPN explains how she collaborates with RNs for assessments

"If there's something that needs immediate assessment, we usually make sure the RN is on the unit, then we do those things together…a lot of what we do here our RNs are very, very involved, and we know that there are things that we just don't do. Assessments and stuff like that, those things are done by RNs." −LPN

Case 2: Mixed Capacity for Quality Care

Dimension	Assessment & Care Planning	Delegation & Supervision
Mixed Connections	Formal, top-down documentation systems; depend on LPN or NA to seek out RN	One-way chain of command
Mixed Interchangeability	Differences are role-based or task-based; RNs in different roles	RN-level, role-based function
High RN/LPN Ratio	RN approval of formal documentation systems	RN-level supervision of all staff by checklist/audit

Case 2: Mixed Capacity

- An LPN describes role-based interchangeability

"In our facility, if you're an RN you're a supervisor, or there are a few who are floor nurses, but mostly you're a supervisor…And the RNs are able to do all the care planning, and my main functions are medication administration, treatments, the weekly assessments…when an RN is on the floor passing medications, they…just do what an LPN does on the floor." −LPN

Case 3: Low Capacity for Quality Care

Dimension	Assessment & Care Planning	Delegation & Supervision
Low Connections	Checklist/Audit focus to ensure complete documentation	Little direct supervision; go to DON if difficulty with supervised staff
High Interchangeability	Differences are mostly task-based	Depend on everyone 'knowing their job'; confusion about how to supervise given RN-LPN differences
Low RN/LPN Ratio	LPNs assess when RNs not available; must do what is needed	Depend on everyone 'knowing their job'; reliance on DON

Case 3: Low Capacity

- An LPN describes a level of uncertainty in how to supervise given differences between RNs and LPNs

"As far as CNAs, I *think* that I am able to approach them, and if there's something that maybe they…like, if they're not doing, as a charge nurse on the floor…I am able to say something about that...If it's not done or whatever, I approach the RN" −LPN

Cross-Case Comparison

Number of Cases	RN/LPN Staffing Ratio	CMS Overall 5-star Rating	Quality of RN-LPN Connections	RN-LPN Interchange ability	Potential Capacity for Quality Care
2	Low	2-stars (below average)	Low	High	Low; requires significant resources
5	Mixed; e.g., may vary from shift to shift	4-stars (above average)	Mixed; e.g., may depend on unit or shift	Mixed; e.g., may be role-based	Mixed; untapped capacity
3	High	5-stars (much above average)	High	Low	High

Developing a Scale of Facility-level Practice Patterns

- Step 1: Item development
  - Item pool generated of practice dimensions
    - N=24 items
  - Survey conducted to identify range of possible practice dimensions
    - N=40 Directors of Nursing from 22 states
    - Semi-structured interviews conducted following survey completion
    - Each dimension rated by DONs for:
      - Clarity
      - Whether approach to practice could occur

Sample Items

- The modal value for all items for clarity was ‘very’ clear
- All items rated ‘somewhat’ or ‘very’ possible by >50% of respondents

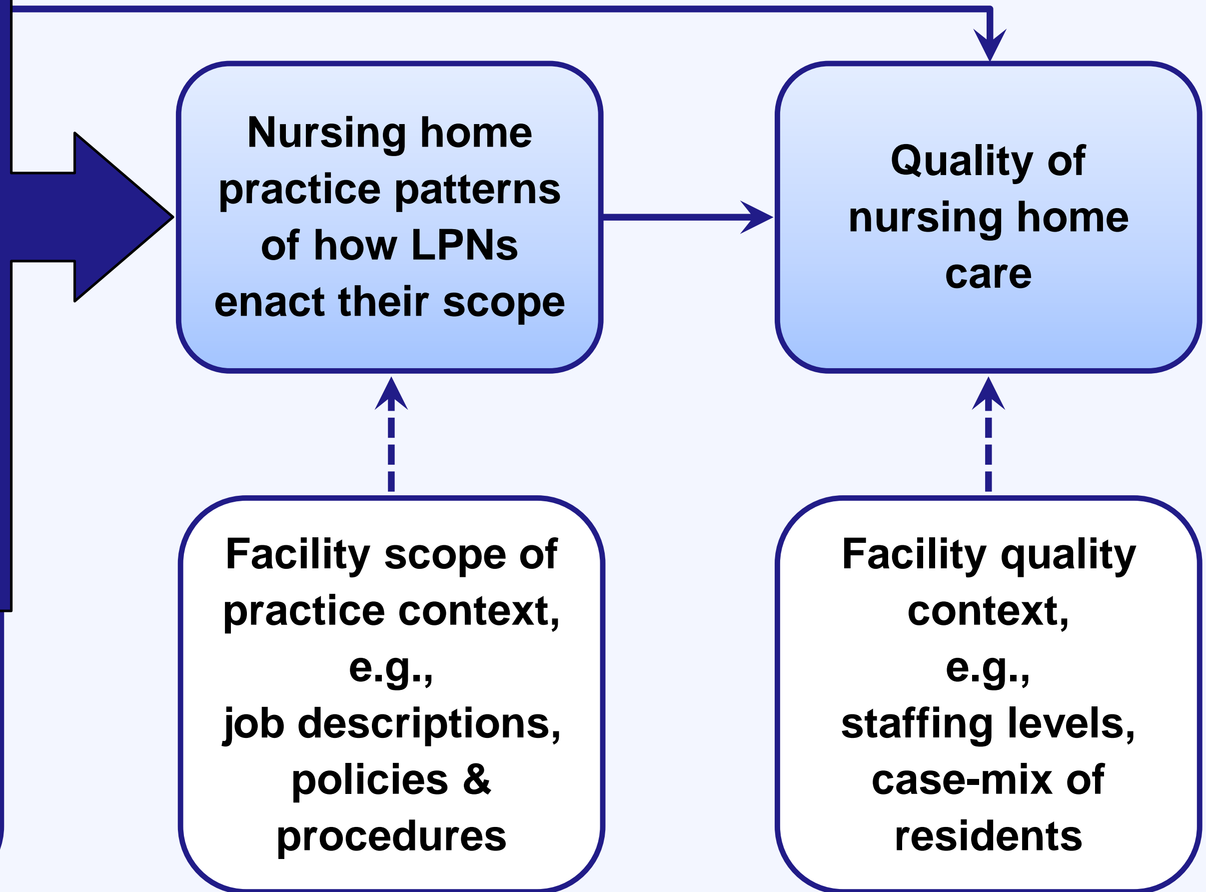
Sample Items

(1=Not at all possible; 2=Somewhat possible; 3=Very possible)

Item	Mean	sd
1. The roles of RNs and LPNs/VNs differ in collecting daily assessment data.	2.68	.53
2. The roles of RNs and LPNs/VNs differ in collecting MDS assessment data.	2.36	.63
3. Care plans are viewed by all nursing staff throughout the day to inform care	2.35	.70
4. RNs or LPNs may serve as MDS nurses.	2.23	.84
5. LPNs/VNs may delegate to RNs if they are in a supervisory role	1.85	.90

Summary

- RNs and LPNs require tools to develop effective RN-LPN collaboration
- Potential impact on quality



Ensuring High Quality Nursing Home Care

- Implications for Regulation and Practice
  - Potential levers for change in each of three dimensions of how RN and LPN scopes of practice are enacted:
    - Quality of RN-LPN relationships
    - RN-LPN Interchangeability
    - RN/LPN Staffing ratios
- Limitations
  - Qualitative, hypothesis-generating study
- Next Steps
  - Develop measure of practice patterns
  - Relate to CMS quality of care outcomes in nationally representative sample

Acknowledgements

- Collaborating partners
  - Executive Director, MN Board of Nursing, Shirley Brekken, RN, MS
  - Executive Director, NC Board of Nursing, Julia L. George, RN, MSN, FRE
- Funding
  - National Council of State Boards of Nursing, Center for Regulatory Excellence (NCSBN P19004 & R30010; PI: Corazzini)
- Research support staff
  - Duke University School of Nursing
  - University of Minnesota School of Nursing