

Survey of Home Care Staff to Determine Effectiveness of LPN Assignment of Care

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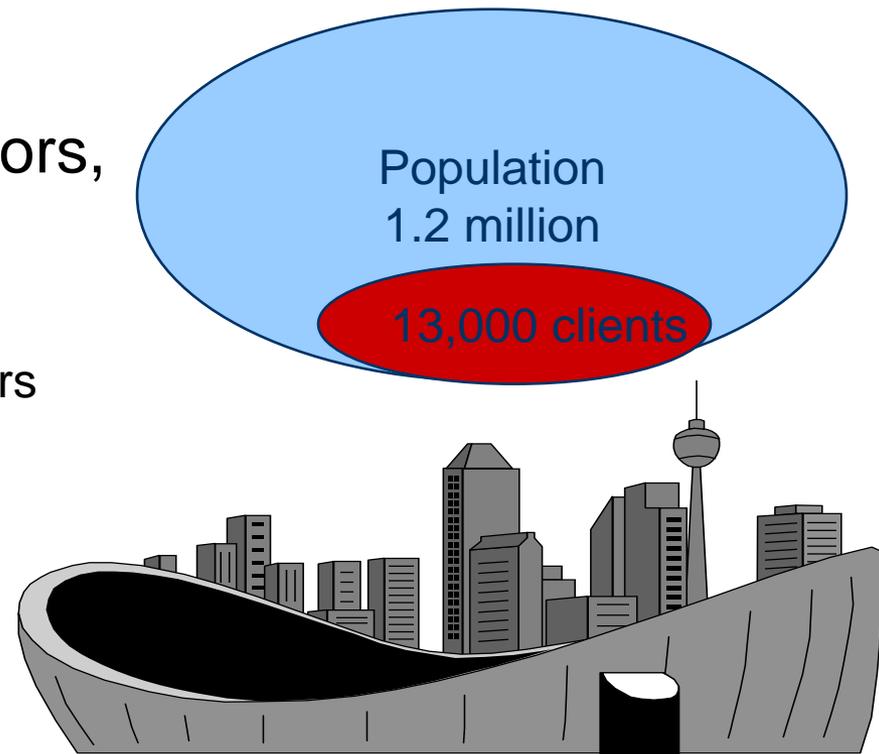
Objectives of presentation

- Describe survey methodology, results, areas for improvement and future considerations
- Present challenges and opportunities for increased LPN scope of practice in the Home Care
- Share activities / processes to improve LPN utilization

Home Care Calgary zone

- One of 5 Alberta zones
 - > 700 staff
- Paediatrics, Adults, Seniors, Palliative
 - Clinical staff = 447
 - Community Care Coordinators (CCCs)
 - RNs = 308/447 (69%)
 - Rehab = 95/447 (22%)
- LPNs = 44/447 (10%)

Increasing Capacity to deliver care



Background

- Home Care staff struggle to provide the right amount of care at the right time and by the right level of caregiver
- Little information in literature about efficient LPN utilization in Home Care

Why are we focusing on LPN scope of practice?

Enhance client care by

1. increasing Home Care's capacity to meet client needs
 - shared care provision
 - improving communication, collaboration & coordination with and between Home Care staff
2. maximizing utilization of available resources through appropriate assignment of care
 - more efficient use of time, increase staff satisfaction & autonomy for caregivers

Purpose of Survey

1. Examine LPN utilization by:
 - evaluating assignment of care to LPNs
 - identifying issues, areas for improvement and corrective action related to LPN scope of practice
2. Serve as a strategy to teach staff about LPN scope of practice

Survey Methodology

2007 Survey

- distributed to all Home Care staff
 - Community Care Coordinators (CCCs)
 - Licensed Practical Nurses (LPNs)

2007 – 2009:

- implemented recommended processes and practice changes

2009 Repeat Survey (preliminary findings)

- measured effectiveness 2 years later

Survey Questions

1. Role expectations/clarity
2. Assignment of care
3. LPN reasons for not being used to full scope
4. Capacity to meet client needs E.g. more time for case management, complex care, education
5. Satisfaction
6. Communication/joint visits
7. Challenges
8. Changes needed to allow full scope

Survey Response Rates

2007

CCCs: $110/403 = 27\%$ (RNs **$95/110 = 86\%$**)

LPNs: $25/29 = 86\%$

2009 Preliminary results

CCCs: $50/403 = 12\%$

LPNs: $30/44 = 68\%$

1. Role expectations/clarity

	2007	2009
CCCs - <i>Are LPNs clear about role expectations?</i> “Yes”	(n=110) 45%	(n=50) 68%
LPNs - <i>Is your role adequately defined?</i> “Yes”	(n= 25) 80%	(n=30) 73%

Note

13/30 LPNs
hired in past yr

2. Assignment of Care

CCCs

	2007	2009
1. <i>Is assignment of care to LPNs working effectively?</i> “Yes”	(n=110) 45%	preliminary (n=50) 68%
2. <i>I have a level of comfort with some & not others.</i> “Agree”	45%	58%
3. LPNs - <i>Are you permitted to use your training & skills to full scope?</i> “Yes”		(n=30) 60%

NOTE: 13/30 LPNs hired since 2007

Assignment of Interventions to LPNs 2007

Comparison LPN /CCC responses	LPNs	CCCs
	N = 25	N= 110
1. Medication Assessment Record	• 96%	54%
2. Head to toe health assessment	• 96%	67%
3. Medication administration	• 92%	56%
4. BWAT Assessment	• 88%	52%
5. Sterile dressings: E.g Tenchkoff	• 80%	46%
6. Participation in care planning	• 76%	26%
7. Interdisciplinary Professional Care Plan Flow sheet	• 76%	56%

2007 Survey – Assignment to >50 - 72% LPN LPNs reported:

8. Management of drainage systems E.g. hemovac*
9. Braden Scale - Predicting Pressure Sore Risk *
10. CSW Care Plan (Health Care Aide)
11. MMSE*
12. Short and Long CAAT*
13. Final visit to clients - health education, etc.
14. CART – reassessment*
15. Geriatric Depression Scale*
16. Nephrostomy Drainage*
17. Environmental Risk Assessment
18. Hospital Reassessment Form

***Not assigned to Peads Team**

2007 Survey - Assignment to 24-48% LPNs

LPNs reported:

19. Drains - shortening, removal
20. Site of Service Delivery Tool
21. Removal of sutures, staples
22. SWAT / Compression Wrapping*
23. Chest Tubes - Pleurex drainage*
24. Pain Assessment - ESAS & CPAT*
25. Rehab assigned by OTs/PTs; e.g., post drainage
26. VAC dressings*
27. Contenance Assessment
28. Contracted services to a maximum of one week on admission, reauthorizations and with status change*

New Interventions

- Flu vaccine administration
- Short Term Admission Assessment
- Surveillance
- Wound Pathway
- Sliding Scale Insulin administration
- Transvaginal Taping post-op visit
- Peritoneal dialysis equipment setup

3. LPN reasons for not being used full scope: not repeated in 2009

2007 Question

- 76% - “Policy “
- 36% - “CCCs not educated re LPNs”
- 16% - “Skills need upgrading”
- 16% - “Professional protectionism”
- 4% - “Not available when needed”
- 4% - “Other” CCCs reluctant to give up clients;
Home Parenteral Therapy restrictions

Reasons for not using LPN full scope CCC Comments 2007:

- Don't know their scope of practice
- Not all staff are created equal - varied skill, knowledge level, abilities & training
- LPN is not available
- Lacking experience and assessment skills
- Compression Wrapping: (PT & OT) I always refer to RNs and let them decide

4. Capacity to meet client needs Survey Results

	2007 110 CCCs; 25 LPNs	2009 50 CCCs; 30 LPNs
CCCs		
1. <i>I have more time for case management? “Agree”</i>	1. 41%	72%
2. <i>I have more time for education? “Agree”</i>	2. 33%	62%
3. <i>Could LPNs carry more clients? “Yes”</i>	3. 43%	66%
4. <i>Could LPNs provide more clinical support? “Yes”</i>	4. -----	62%
LPNs		
5. <i>Could you provide more clinical support? “Yes”</i>	5. 72%	67% 13/30LPNs hired on Paeds Tea

Recommend: Develop capacity strategy to assign more care to LPNs – hire more LPNs

5. Satisfaction

	2007 (110 CCCs)	2009 (50 CCCs)
CCCs - <i>I have increased satisfaction with right level of caregiver etc. “Agree”</i>	42%	62%
2007 LPNs - <i>Are you satisfied with your the role? “Yes”</i>	(25 LPNs) 64%	
2009 LPNs - <i>How would you describe your level of satisfaction with your role? (Score 1 = low; 5 = high)</i>		(30 LPNs) 58% 13/30LPNs hired on PeadsTeam

Recommend: Work to improve level of satisfaction

Communication, Collaboration, Coordination = Teamwork



6. Communication

	2007	2009 Preliminary
CCCs - <i>Is communication between disciplines effective? “Agree”</i>	(110 CCCs) 65%	(50 CCCs) 78%
LPNs - <i>Are the meetings with CCCs helpful? “Yes”</i>	(25 LPNs) 96%	(30 LPNs) 90%
CCCs & LPNs - <i>Do you do joint visits? “Yes</i>	56% CCCs 92% LPNs	44% CCCs 63% LPNs

Recommend: Implement communication strategies

Challenges and Opportunities



7. Challenges

	2007	2009
CCCs – <i>Are there challenges?</i> “Yes”	(CCCs = 110) 27%	(CCCs = 50) 32%
LPNs – <i>Are there challenges?</i> “Yes”	(LPNs = 25) 68%	(LPNs = 30) 43%

Challenges - CCCs reported:

- LPNs & CCCs lack knowledge about their scope; will take time for LPNs to feel confident with new expanded role
- RNs lack confidence in LPN's ability to reassess, think critically
- Some LPNs more reliable than others - pick & choose visits - know that if they drop a client, the RN will pick it up
- Availability of LPNs

Challenges – LPNs reported

- CCCs don't know what I am allowed to do
- Not all LPNs have the same role - limited ability to practice full scope
- RN buy in, trust is improving, but very slowly
- RNs attitudes / time to communicate & teach LPNs

8. Opportunity – changes needed to allow full scope for LPNs - 2007

1. List of possible assignments and their required competencies
2. More education support to learn new procedures, appropriate assignment; assignment by disciplines other than RNs
3. Hire more LPNs
4. Continue to educate LPNs
5. Better communication between disciplines
6. Change the guidelines/policies

2007 Activities to improve LPN utilization

1. Presented 2007 Survey results to Operations Managers and each team.
2. **CCCs & LPNs** - met with LPNs to increase their level of comfort with their role and improve communication; more joint visits
3. **Team Managers & Clinical Consultants** - held mthly/bimthly LPN meetings; Worked with LPNs & CCCs to improve level of satisfaction

2007 Activities undertaken to improve LPN utilization con't

4. Clinical Leaders

Identified interventions that can be assigned by other allied health disciplines

5. Clinical Nurse Educators & Specialists

included LPN competencies in orientation and ongoing education

6. Nursing Practice Leader

- Quarterly Nursing Forums with RNs & LPNs
- Educated staff re interventions & scope of practice
- Corrected/revised Policies & Procedures

Discussion

- Limitations
- Not all teams had similar results
- Team Manager support was imperative to success

2009 Activities to improve LPN utilization

- Continue with 2007 strategies
- LPN job description under review
- More discussion at Nursing Forums and Team Meetings about increased scope of LPN practice
- Areas for future consideration:
 - Hire more LPNs?
 - HPTP - IV initiation/CVC Care
 - Contracted services > week
 - AADL product authorization – continence & wound supplies

We can make a difference in the way we assign care in Home Care



Questions





Happy Trails to you!!
Thank You