Licensed Practical Nurses:
Current Utilization

Prepared for the :

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EXECUTIVE SUMMARY

The *LPN Current Utilization Study* was conducted to investigate the role and utilization of Licensed Practical Nurses (LPNs) in BC in 2003. The 2000 study on the *Role and Utilization of LPNs and Care Aides in BC* (Health Employers Association of BC and the Association of Unions) was an important reference point for the study. The project was interested in identifying what progress had been made since the 2000 study.

There was a particular focus on upgrading initiatives and increased utilization opportunities in regions of the province where LPNs have been supported to enhance their practice in accordance with the competencies expected for practice as identified by their regulatory body, the College of Licensed Practical Nurses of BC (CLPNBC).

Methodology

Interviews were used as the main data collection approach. There were twelve interviews with representatives from within all Health Authorities, including the Provincial Health Services Authority, and these interviews have been summarized and analyzed in this report. In addition, data were collected from the CLPNBC and from Practical Nursing education programs in BC.

This study is limited in its generalizability due to the small sample of employers interviewed. Furthermore, as the majority of individuals interviewed was, or had been, involved in projects to upgrade LPNs, the sample could arguably be predisposed to LPN utilization and therefore should not be considered as representative of all health care employers of BC.

Discussion of Findings

Based upon the interviews in this study, employment of LPNs in BC has increased and respondents predict that it will continue to increase over the next three years. Furthermore, respondents were unanimous in their belief that there is increasing utilization of LPNs in BC. They also believed that LPNs are being supported to work to their full scope of practice, meaning that they could practice the competencies identified by the CLPNBC (2000).

CLPNBC Registration

Data from the CLPNBC reveals an increase in registrants of 4.5% from 2000 to 2002, as compared to the *decreasing* numbers of registrants reported in the 2000 Study (HEABC and

Association of Unions). Both of these data sources indicate an increasing utilization of LPNs in BC.

LPN Education Programs

The number of Practical Nursing Education Programs in BC has doubled since 2000, with programs now offered in all regions of the province. The number of seats in the programs has increased by 150% (from 176 in 2000 to 441 in 2002).

LPN Scope of Practice

This project heard of many examples wherein LPNs are being upgraded to perform the full range of entry-level competencies expected of the LPN in BC. The project reviewed six competency areas, namely, *assessment, medications, wound management, airway management, elimination management and infusion management*. Upgrading related to these competency areas was being done both within facilities and in partnership with educational institutions.

Assessment and medication administration were the most common areas of upgrading reported. LPNs are assuming responsibility for medication administration in Long Term Care (LTC) slightly more frequently than in acute care.

LPN Areas of Practice

The most frequently cited area for expanded practice of LPNs was in LTC. The LPN role is being introduced into LTC facilities across the province. In addition, Emergency Rooms were cited as an opportunity to utilize LPNs. Palliative care and hospice were other areas that were expanding their utilization of LPNs. There was also discussion about utilizing LPNs as Operating Room Technicians and in the community, especially in home support. Respondents indicated an openness to further exploration of the role of the LPN into new areas of practice. The expansion of the utilization of LPNs into new practice areas continues the trends identified by the 2000 study.

LPN Opportunities for Areas of Practice

- Long Term Care
- Emergency Rooms
- Palliative Care
- Hospice Care
- Operating Rooms
- Home support

LPN Utilization

Three different approaches to increasing the utilization of LPNs were identified in this study:

- A hospital unit or cluster of units recognized the potential of the LPN role and initiated the change process.
- A facility or service area (e.g., LTC) introduced the LPN role or enhanced the competencies of LPNs on staff.
- A Health Authority or region within a Health Authority decided to introduce LPNs and/or enhanced competency sets

Interestingly, although not every Health Authority was introducing the role of LPNs or enhancing LPN competencies across the Authority, there were examples of activities focused on the LPN role within every Health Authority.

Two key approaches were identified in the change initiatives:

- One thrust is to upgrade particular competencies (e.g., medication administration)
- The second focuses on introducing a collaborative practice model.

Additionally, respondents confirmed the importance of using a planned change process, including both education and communication components.

In summary, respondents in this study were unanimous that the utilization of LPNs was increasing in BC. The majority of respondents were also clear that there is support to have LPNs practice the competencies reviewed in this project. The LPN role is in a state of transition in BC. The role is evolving whereby all LPNs will be able and expected to carry out the entry-level competencies identified by the regulatory body.

Advisory Committee Recommendations

LPN Current Utilization-Advisory Committee Recommendations

1. Develop Network for LPN Initiatives
2. Report on Nursing Team Experience of New Roles and Change Processes
3. Develop Structures to Support Change Processes
4. Dedicated Funding for Education and Training
5. Monitoring LPN Supply and Demand

INTRODUCTION AND BACKGROUND

The *LPN Study* was established to investigate the current utilization of LPNs and opportunities for upgrading LPNs to full scope of practice. Study questions were:

1. What initiatives have been taken to upgrade LPNs in the last two years?
2. What initiatives have been taken to increase utilization of LPNs?
    a. What has worked well?
    b. What problems have been encountered?
3. Where can we increase the scope of practice? For example: operating room, community, emergency, long term care, etc.
4. What are future plans for upgrading and utilization?
5. What are the most important areas/issues and future plans?
6. What, if any, plans are there for conversion of Resident Care Aides (RCAs) to LPNs and vice versa and why?
7. Has there been any change since the 2000 Role and Utilization Study or are we in the same place?

METHODOLOGY

This LPN study used two main approaches to collect data. Interviews, with representatives of the Health Authorities in BC, was the main data collection approach chosen for the project. In addition, data and statistics were collected from the College of Licensed Practical Nurses of BC (CLPNBC) and Practical Nursing education programs in BC.

The 2000 study on the *Role and Utilization of LPNs and Care Aides in BC* (Health Employers Association of BC and the Association of Unions) also served as a data source. Competency sets highlighted in the 2000 report were included in the current data collection activities. Areas of practice for LPNs identified in the 2000 study were also assessed in the current study. The focus of this *LPN Study* was to see what progress had been made since the 2000 study was completed.

Project Activities

An Advisory Committee (see second page for membership) was established and met via teleconference to provide advice throughout the project. Hospital Employees' Union (HEU) staff organized meetings, served as chair and recorded notes for the Advisory Committee. The Advisory Committee reviewed proposed questions for the study, interview protocols, and the findings, reports and recommendations.

A project consultant worked with the Advisory Committee and HEU representatives to develop an interview protocol to address study questions (see Appendix 2). The interview protocol was drafted, reviewed and then trialed with two Advisory Committee members.

Following revisions to the interview protocol, the project consultant carried out interviews with representatives of all the Health Authorities across BC. Members of the Advisory Committee suggested these representatives. Representative selection included a variety of factors, including both large and smaller communities, all regions of the province, and a range of practice areas. In several instances, Health Authority representatives who were contacted chose to delegate the interview to a colleague who was knowledgeable about the LPN role. Interviews were completed in December 2002 and January 2003. The list of individuals who participated in the interviews is included in Appendix 2.

When the first seven interviews were complete the data were summarized and reviewed by the Advisory Committee. Additional interviewees were suggested to ensure coverage of all Health Authorities and to attempt to gather data about LPN practice in the community.

Demographics

Twelve interviews were completed including representatives from all regions of the province as follows:

Vancouver Coastal Health Authority (VCHA):

- Two representatives including acute and residential care.

Fraser Health Authority (FHA):

- Two representatives including acute, sub-acute, and residential care

Interior Health Authority (IHA):

- Two representatives including acute and residential care.

Vancouver Island Health Authority (VIHA):

- Two representatives including acute and residential care.

Northern Health Authority (NHA):

- Three representatives including acute and residential care.

Provincial Health Services Authority (PHSA):

- One representative including acute care.

Respondents in the interviews held administrative positions responsible for nursing and in some cases other disciplines as well. Titles varied and included: Professional Practice Leaders, Chief Nursing Officers, Directors, Managers, Directors of Nursing, Program Directors, and Project Managers

Once all interviews were complete, data were compiled and analyzed. The report of the LPN Study was presented to the Advisory Committee. The following sections include a summary of the findings and discussion.

Limitations

This study is limited in its generalizability due to the small sample of employers interviewed. Furthermore, individuals interviewed were frequently involved in projects to upgrade LPNs and are therefore committed to that particular approach. The sample should not be considered as representative of all health care employers of BC.

FINDINGS

LPN employment trends

Seven of the respondents identified that they anticipated that the numbers of LPNs in their Health Authority or Agency would increase over the next three years. Two identified that the numbers of employed LPNs would stay the same and one was unsure of future LPN staffing numbers.

Three respondents indicated that they expected the number of LPNs employed in their Agency or Authority to increase by about 10% while 2 others predicted increases of 50% and 100%. In one case, in a small agency the RN:LPN ratio had been increased to 1:1 and the plan was to maintain that ratio. One regional hospital had reviewed their RN: LPN ratio on medical/surgical units and found that it was 60 – 65% RN and 35 – 40% LPN and they predicted that this ratio would be maintained.

Competencies

Six selected competency areas were reviewed in the interviews. The competencies are considered entry level according to the CLPNBC *Entry to Practice Competencies for LPNs in BC* (2000). Respondents reported that some or all competencies were carried out by LPNs in their agency or authority. The table below identifies the number of respondents who identified that the competencies were part of the LPNs practice in their facility or Health Authority. Some respondents reported on both acute and residential care and some only reported on one area and therefore totals do not add up to twelve.

Table 1. LPN practice of entry-level competencies and number of respondents reporting that LPNs carry out these competencies in Acute and LTC.

Competency	Acute Care	Long Term Care
Comprehensive Assessment	7*	7
Medication Administration (e.g., oral and s/c	4**	5*
Wound Management (e.g., remove sutures)	7*	5*
Airway Management (e.g., administer oxygen	6*	5
Elimination Management (e.g., catheterizations)	7*	6*
Infusion Management (e.g., maintain IVs)	4*	5

* Just being introduced in some agencies

** Medication administration on acute care for "stable" clients only.

Respondents advised that in many cases the competencies were just being introduced. Additionally, respondents also noted that some areas in their hospital use LPNs more fully than others. On some units the LPN carries out all the above competencies while on other units the LPN only carries out selected competencies. The projects to upgrade LPN competencies are discussed later in this report.

Medication administration was the competency area that drew the most comments. Again, there were projects to upgrade LPNs to administer medications. One respondent noted that medications on acute units are given only by RNs due to the acuity and complexity of clients. Two respondents noted that LPNs were giving medications on acute care units but only to stable clients. Medication administration was seen as an important area for upgrading of LPNs.

Comprehensive assessment, wound management, elimination management and airway management were consistently reported as competencies that were carried out by LPNs (or were being introduced to the LPN's role). Medication administration and infusion management were the two competency areas least frequently identified as required of LPNs in these interviews.

Expanded Practice Opportunities for LPNs

Respondents were asked about opportunities for LPNs to practice in areas beyond residential care and acute care (medical/surgical units). Ten respondents reported long term care as an area of expansion for LPNs. Emergency room was another area where LPNs were practicing, in particular in "fast track" areas and first aid areas (7 respondents). LPNs are also involved in palliative care and hospice care (4 respondents). Two respondents identified a role for LPNs in the OR and this is under consideration in several agencies. Respondents were generally not able to identify if LPNs were being used in community settings but they advised that they understood that this was under consideration in several Health Authorities. Respondents also offered other areas where the LPN role was practicing or would be introduced: procedure room; uro-dynamic clinic (new clinic); transitional care units; sub acute care; ICU/ICU step-down; and maternity.

Factors Supporting Successful Change

Factors that support LPNs to successfully move into new competencies or new areas of practice were reviewed by the respondents. The individuals interviewed were unanimous in agreeing that all of the following factors were "very important":

Factors Supporting Successful Change

- Preparation for new role/competencies
- Education of team/colleagues
- Administrative support
- Management of formal change process

Respondents also identified a number of additional or related factors that support success. Management of the change process including having a formal, planned change process was described as important for success. Champions of the change process, as well as support during implementation and follow-up evaluation was also mentioned frequently. Respondents identified that it would be very helpful to have provincial standardization of the LPN role.

Respondents noted that both the LPN and RN roles need to change and it is important to look at both roles and enhance practice for both practitioners. LPNs and RNs need support to learn about each other's role and how to work as a team. It was also noted that it was important to change written policies to support the role/competency change of the LPN.

Respondents spoke about the importance of communication and involving all stakeholders (LPNs, RNs, unions, professional bodies; other health care workers; senior administration). "Strong" LPNs and those who want to upgrade were predictors of success. There is a need for consistent support and encouragement over time. Mentors were seen as important to facilitate LPNs to successfully take on new competencies.

Having formal structures in place, such as an LPN Council would provide LPNs with an effective voice. Several respondents spoke about the need for resources (budget for education/upgrading, instructors and preceptors, etc.) throughout the project.

Preparing staff for upgrading was advised. Pre-admission learner assessment was seen as very important. For example, some RCAs who accessed LPN education were shocked at how difficult the program was and they experienced a high failure rate.

Barriers to change

Barriers to increased utilization of LPNs are closely related and sometimes are the reverse perspective of factors that enhance successful change. Respondents spoke about "role confusion/conflict; turf protection; fear; and change itself." They noted that lack of peer

acceptance (both by RN and Physicians) was a significant barrier to increased utilization of LPNs.

Respondents identified the significance of BCNU fears regarding RN displacement. This fear was played out in one situation when RNs were displaced, although this had not been the initial plan. The fear that RNs and RCAs would be replaced by LPNs is a significant barrier.

Barriers to Change

- Role confusion & conflict
- "Turf" protection
- Lack of support and acceptance
- Lack of resources and funding for education

The resources needed and costs of education for changing practice are significant barriers. One respondent also noted that in situations where LPNs go beyond their scope and/or do not have adequate knowledge base or insight creates an important barrier for increased utilization. One respondent noted that the focus on upgrading had been on psychomotor *skills* and that this limited focus can also be a barrier.

LPN Projects/Initiatives

Respondents were asked to describe any initiatives or projects taken in the last two years focusing on the role and utilization of the LPN. A summary of key points shared from respondents from Health Authorities and agencies across the province follows.

Vancouver Island Health Authority

VIHA (South) is involved in an extensive project to upgrade competencies of all LPNs in two areas, physical assessment and pharmacology in order to prepare LPNs to work to their full scope of practice. The project started in 2001 and project funding ends in March 2003. The project includes acute Medical/Surgical areas, residential care and seniors' care. There are 320 LPNs on staff and 285 are in the project. Approximately 30 LPNs would not be moving to full scope, about half of those were regular employees. Only 6 – 7 LPNs declined the upgrade opportunity; the remainder were unlicensed or held a limited license. About 25 already met full scope requirements. Over 200 LPNs have completed a pharmacology update and 120 have completed the physical assessment course. LPNs were encouraged to complete courses one at a time.

Follow-up evaluation is planned for late January 2003. Concerns about the project seem to be resolving based upon anecdotal feedback. The project will involve the rest of the Health Authority in 2003. The new provincial job description has been helpful to clarify the role of the LPN (Association of Unions and HEABC, 2002). The provincial job description is consistent with the VIHA job description for the LPN.

VIHA (South), Seniors' Health representative, spoke about the project to introduce and/or enhance the LPN role in her areas. All sites including assisted living and supported housing will use LPNs on the health team. In some cases this is a new role in a facility. For example, in the past, Juan de Fuca did not have any LPNs on staff. The project to introduce LPNs and to use them to full scope was introduced 3 years ago. Provincial funding was used for upgrading of LPNs and to support RCAs to access LPN education. Seniors' health facilities include Saanich (150 LTC beds), Gorge (287 LTC beds), and the former Juan de Fuca sites (about 600 LTC beds, 50 transitional beds and 50 beds acute/rehab/elderly).

One example of upgrading is the head-to-toe assessment module. Most LPNs on staff have completed upgrading with this module. May is the target for all LPN staff to be practicing to full scope in Seniors' Health areas. While the discussion focused on residential care within the Health Authority, it was noted that there are another 2000 beds that are affiliated with VIHA where upgrading or access programs for LPNs are ongoing.

Vancouver Coastal Health Authority

Providence Health Care has been examining the best staff mix of LPN and RN and RCA across the acute, sub-acute, and residential care areas of the Providence group to see if the mix should be more consistent and to determine the role of the LPN in each one of the areas. The St. Paul's Hospital has always used a mix of LPN and RN staff and this mix is now being used at Mt St. Joseph's Hospital.

In another initiative within the Providence group, the Brock Fahrni Extended Care staff mix was changed to RN and RCA, rather than RN and LPN, to be consistent with the other parts of the PHC residential care program. PHC reports that all LPNs who had worked at Brock Fahrni had an opportunity to attend a week course presented by VVC to refresh, and many are now posting into acute care areas. As well, to better meet the needs of residents on the Youville Site Dementia Unit, the RCA positions have been changed to LPN. LPNs will be working to their full scope of practice, including giving medications, at Youville.

In some **Residential Care settings in the VCHA,** they have utilized training dollars for upgrading RCAs and for general upgrading of LPNs. The UBC Discharge Planning Unit at Purdy Pavilion is now using LPNs in the nursing staff mix. LPNs are caring for ventilator dependent clients at George Pearson.

Provincial Health Services Authority

At **BC Women's** they recently reviewed the role of the LPN in diagnostics and ambulatory care to determine if cases/roles had changed and to assess job satisfaction. The status quo was maintained but LPNs appreciated the focus on their role and their participation in the review. In a second example, an LPN retired and her job was reviewed (with her and other LPNs) and the role was revised to create a more functional job description.

Fraser Health Authority

Fraser Health Authority is implementing a collaborative practice model for entry to practice enhanced LPN competencies at several acute care sites and a collaborative practice model for entry to practice full scope competencies for the sub acute sites. This model is now in place in acute care at Chilliwack General Hospital, MSA, Mission Memorial and Peace Arch and, is being introduced on sub acute units at Delta and MSA. In addition, a collaborative model where LPNs will be practicing at full scope in residential care facilities in Fraser East is being developed based on the experiences of introducing a collaborative practice model in several residential sites in Fraser North.

In addition, a background paper "Entry to Practice Full Scope Competencies, LPNs Sub-acute Programs." was shared in the interview. The paper includes the CLPNBC Scope of practice and role description; Standards for Practice; Guidelines for LPNs consulting with the RN; and LPN Competencies for Sub Acute Care. These competencies are being reviewed and will be modified to reflect Practice in residential services.

As mentioned above, in **Fraser East,** the FHA**,** is involved in a three-year project to introduce a new collaborative practice model for the RN/LPN/RCA working in Residential Care. Five residential care sites will be involved – Mission, Abbotsford MSA ECU, Chilliwack Hospital - Bradley Center, Heritage Village - Chilliwack and Hope - Fraser Canyon Hospital (Lodge).

It is planned that administrative support staff will be in place first. A Resident Care Coordinator (similar to former assistant Head Nurse role) and a Clinical Nurse Educator will be at each site to support the change An RN will be available 24 hours per day and there will be increased administrative support for the team. Administrative roles as well as Residential Care Nursing

Practice Committees will start prior to hiring full scope LPNs in order to set up orientation and establish nursing practice guidelines and policies at each site. The FHA is currently reworking the staffing ratios and the numbers of RNs and LPNs are not yet finalized.

Interior Health Authority

At **Kelowna General Hospital (KGH)**, LPN competencies have been upgraded so that LPNs can work to full scope of practice. For example, medication administration by LPNs was introduced on one medical and one surgical unit (including intramuscular but not intravenous meds).

The LPNs completed self-directed studies and two six-hour preceptorships to upgrade pharmacology competencies. KGH offered additional support for math skills. The unit educators served as preceptors. The pilot was evaluated, deemed a success and rolled out to other units and they hope to have all units complete for upgrading by March 31, 2003. Approximately 200 LPNs have participated. The two managers involved in the pilot project were enthusiastic and positive about the project.

In **Cranbrook Regional Hospital, IHA** the most recent upgrading of LPNs was Pharmacology training in 1998. Most LPNs are working to full scope of practice with the exception of some nurses on the medical unit.

Northern Health Authority

Prince George Regional Hospital (PGRH) started a project two years ago to upgrade LPNs on a range of competencies including, those noted in the interview protocol (excluding medications in Acute but including in LTC). In addition, competency upgrading has been completed in continuous bladder irrigations, blood glucose monitoring, suctioning, epidural checks, enteral feeding and Buck's traction. The project started on surgery and includes about 35-40 LPNs. LPNs on medical units will complete upgrading next. The program competencies at College of New Caledonia (CNC) were used as the benchmark. CNC re-established the Practical Nursing education program recently.

PGRH has a second project to establish an LPN Council. LPNs will have representatives on the agency Nursing Council and on Unit Councils.

At the Health Authority level, LPN upgrading is under review across the region. A survey is in process. It is anticipated that more CLPNBC/RNABC Workshops and upgrading (e.g., Pharmacology; Assessment) will occur.

When **Chetwynd General Hospital** was unsuccessful in recruiting RN staff to fill vacancies, they chose to hire LPNs to help address the RN shortage. They now have a 1:1 RN:LPN team on their staff 24/7. This project started in May of 2001 and LPNs worked off competency sets one by one within the hospital. All new LPNs have Pharmacology, and intravenous infusion management. They have used Grant McEwan College, Alberta, for the intravenous infusion course to ensure certification across sites. The Nurse Manager interviewed came from Saskatchewan where LPNs were fully integrated into the nursing team and they functioned to full scope of practice.

Future initiatives

Respondents were asked if they anticipated new projects or initiatives to support current LPN staff to practice to their full scope of practice. Three said "yes", four said "no" and 4 were "unsure". They identified that they anticipated initiatives for LPNs to practice in the OR, Mental Health, ER – "fast track", and Cardiac Telemetry. As most of the respondents are in agencies/authorities that are still in the process of upgrading LPNs, this will continue to be their focus in the future. One respondent noted that there are competing priorities. For example, this year the focus is on accreditation and next year it will be on contract negotiations. Furthermore, there is still a lot of system restructuring occurring.

Resources

Respondents consistently answered that they encouraged staff to utilize resources provided by the College of LPNs of BC. The majority of respondents (eight) have attended the CLPNBC/RNABC *RN/LPN Scope of Practice Workshops on Collaborative Practice.* Comments about these *Workshops* were very positive. In one case they have repeated the *Workshop* and found a great deal of progress in their understanding the LPN role in the second session. While educating the RN and LPN groups is important, education of all colleagues is still seen as necessary (9 respondents).

RCA and LPN conversions

As noted in the projects and initiatives discussion, there have been examples of converting RCA positions into LPN positions. Respondents identified that there were plans for conversion of RCAs to LPN positions in two cases and one case where LPN positions will become RCA positions. Five respondents reported that there were no plans related to position conversions while 3 respondents were unsure of this type of planning in their agency/Health Authority.

Status of role and utilization of the LPN

Respondents were asked for their opinion on the role and utilization of LPNs in their region or agency. They were consistent in their response that there is increasing utilization of LPNs in the system (11 respondents). They also identified that there is support for LPNs to work to their full scope of practice (9 respondents).

Individuals in the interview process were helpful in recommending other people that could be contacted to learn about the role and utilization of LPNs in their region or agency. Many of the respondents expressed an interest in seeing the results of the study and they were advised that this would be forthcoming. Respondents noted that there would be ongoing issues for discussion such as expanded practice for LPNs in the OR, Maternity and community.

BC LPN Registrant Data

The CLPNBC reports that there were 5,213 LPNs registered at the end of 2002. In 2000 the CLPNBC reported that there were 4,987 LPNs registered in BC. This represents an increase of 226 LPNs or 4.5 %.

RN/LPN Scope of Practice Workshop Attendance Statistics

CLPNBC reports that in 2002 there were 46 sessions throughout the province. A total of 894 individuals attended, including 231 LPNs, 461 RNs, 128 Leaders and others (28). There were 44 sessions in 2001 with 843 participants and in total since 1998; there have been 137 sessions with 2685 participants.

LPN Education Update

The number of programs has more than doubled and the number of seats has increased from 176 in 2002 to 441 in 2002. This represents an increase of 150%.

In 2000 there were *four* colleges offering Practical Nursing programs in BC. In 2003 there are *nine* public colleges or university colleges offering either the Generic (full one year program) or Access (8 month program for Resident Care Attendants) program or both. In addition, Sprott-Shaw College, a private college is offering a generic program in New Westminster and Victoria and an Access Program in Chilliwack. OLA offers a refresher program via distance education approaches for Practical Nurses who need to update their competencies after an absence from practice.

BC Practical Nursing Programs

Camosun College	Generic and Access
College of the Rockies	Generic
Malaspina University College	Generic and Access
North West Community College	Generic
Northern Lights	Generic (offered via VCC)
Okanagan University college	Generic
North Island College*	Access
University College of the Fraser Valley*	Generic
Vancouver Community College	Generic and Access
Sprott-Shaw College	New Westminster – Generic Victoria – Generic Chilliwack - Access

* NIC and the UCFV programs are approved by the CLPNBC but have not yet received funds to implement.

DISCUSSION OF FINDINGS

Utilization

Based upon the interviews in this study, employment of LPNs in BC has or will increase in the next three years. Respondents were unanimous in their belief that there is increasing utilization of LPNs in BC. They also believed that LPNs are being supported to work to their full scope of practice, meaning that they could practice the competencies identified by the CLPNBC (2000). Data from the CLPNBC reveals an increase in registrants of 4.5% from 2000 to 2002, as compared to the *decreasing* numbers of registrants reported in the 2000 Study (HEABC and Association of Unions, 2000). Both of these data sources indicate an increasing utilization of LPNs in BC.

The number of Practical Nursing Education Programs in BC has doubled, with programs now offered in all regions of the province. The number of seats in the programs has increased from 176 in 2000 to 441 in 2002. Recruitment needs for LPNs may be met by the Programs and by other initiatives such as inactive or unregistered Practical Nurses returning to practice (Practical Nursing Refresher Program).

The ratio of LPNs to RNs varies in different health care facilities. One regional hospital reported that patient care units have a 35 – 40% LPN to a 60 – 65% RN staffing ratio. In one small community hospital a ratio of one LPN to one RN has been established. In addition, LPNs are being introduced in facilities that previously did not employ LPNs (e.g., LTC). Staffing ratios and utilization of LPNs is changing and evolving across the province.

Competencies

This Study heard of many examples where LPNs are being upgraded to perform entry-level competencies expected of program graduates. This study focused on six competency areas, namely, assessment, medications, wound management, airway management, elimination management and infusion management. Upgrading related to these competency areas was being done both within the facility and in partnership with educational institutions.

The most common focus of upgrading reported was in assessment and medication administration. Assuming responsibility for medication administration was reported slightly more frequently in LTC. Many of these projects are in process and evaluation data had not yet been collected. Because the sample is small it is not possible to draw conclusions. However, some competencies showed particular gains.

In the 2000 Study, only 3% of acute care facilities reported that LPNs were administering oral medications, while in this study this has increased to 36%. The trends for the other competencies are not as dramatic and again, due to the limited numbers of respondents, conclusions cannot be drawn. However, there appears to be a clear trend that LPNs are assuming responsibility for practice to their full scope, meaning that they are expected to practice competencies established by the regulatory body, the CLPNBC.

Expanded Practice Opportunities

The most frequently cited area for expanded practice of LPNs was in LTC. The LPN role is being introduced into LTC in facilities across the province. Emergency Rooms, especially in "fast track" and first aid areas, were also cited as an opportunity to utilize LPNs. Palliative care and hospice were other areas that were expanding their utilization of LPNs.

There is also discussion about utilizing LPNs as Operating Room Technicians and in the community, especially in home support. The 2000 study reported that acute care; especially medical units saw the highest utilization of LPNs. The 2000 study provided examples where LPNs were moving into LTC, ER and OR. These trends of expanded practice opportunities are continuing to evolve.

Successful Change Initiatives

Respondents presented a variety of change initiatives that are summarized in the 'LPN Projects/Initiatives' section of this report. Three different approaches to increasing the utilization of LPNs were identified in this study.

In the first approach, a hospital unit or cluster of units recognizes the potential of the LPN role and initiates the change process. Chetwynd Hospital, a community hospital, is an example of this approach. They supported the LPNs to upgrade competencies and changed their RN to LPN ratio to one to one.

In the second case, a facility or service area (e.g., LTC) introduces the LPN role or enhances the competencies of LPNs on staff. For example, in VCHA Residential Care, some LPNs have been participating in upgrading activities and are being utilized to care for clients receiving residential care (e.g., UBC Transitional Unit).

In the third approach, a Health Authority or region within a Health Authority decides to introduce LPNs and/or enhance competency sets. The South Island region of the VIHA has a project in place to enhance the competencies of LPNs (e.g., medication administration and assessment) and to introduce LPNs to areas where they previously were not employed (LTC facilities such as Juan de Fuca). Once the project has been implemented and evaluated in the South Island, it will be implemented throughout the Health Authority. Interestingly, although not every Health Authority was introducing the role of LPNs or enhancing competencies across the Authority, there were examples of activities focused on the LPN role within every Health Authority.

There were two key components to the projects or change initiatives. One thrust is to upgrade particular competencies (e.g., medication administration) while the second focused on introducing a collaborative practice model. Respondents confirmed the significance of using a planned change process, including education and communication components. They also noted that barriers to this change included: lack of understanding of the LPN role, fear about losing jobs or roles/responsibilities and the costs and resources demanded in these types of initiatives.

As many agencies are still very much in the process of change, they did not anticipate additional initiatives until new competencies or models of practice had been fully implemented. Respondents also noted the competing demands and changes within their facilities and regions.

Resources

Respondents in this study were very supportive of the CLPNBC/RNABC workshops on RN/LPN scope of practice and collaborative practice. The workshops are considered a significant component in education and communication of key stakeholders. While RNs and LPNs need education, other colleagues also need to learn about the LPN role. Respondents underscored the significance of education and communication of all key stakeholders.

SUMMARY

This study sought to gather data regarding the role and utilization of LPNs in BC with particular reference to changes since the HEABC and Association of Unions report was released in 2000: *Role and Utilization of LPNs and Care Aides.* Twelve interviews were completed with representatives from across the province. Respondents identified that LPNs are being utilized more frequently and that they are being upgraded to use competencies expected of the LPN in BC (CLPNBC, 2000). There are projects in every Health Authority examining and/or enhancing the LPN role and utilization.

Respondents in this study were unanimous that the utilization of LPNs was increasing in BC. The majority of respondents were also clear that there is support to have LPNs work to their full scope of practice, that is, to use the competencies identified as appropriate for the practice of the LPN. The LPN role is in a state of transition in BC. The role is evolving whereby all LPNs will be able and expected to carry out the entry level competencies identified by the regulatory body.

LPN Current Utilization – Advisory Committee Recommendations
February 2003

Based upon the findings of the report, *Licensed Practical Nurses: Current Utilization* (HEU, 2003), the Advisory Committee of the project makes the following recommendations:

1. Develop Network for LPN Initiatives

To develop a mechanism to network facilities and regions involved in LPN role and utilization initiatives.

- Distribute *LPN Current Utilization: 2003* report
- Invite interviewees and other recipients of the report to become part of a network
- Encourage sharing of information regarding LPN role and utilization
- Encourage standardization of the LPN role across the province
- Monitor LPN role and utilization

2. Report on Nursing Team (e.g., LPN, RN, RPN) Experience of New Roles and Change Processes

To gather data from nursing teams to better understand their perspective of the changes in their practice.

3. Develop Structures to Support Change Processes

To identify and encourage best practices and encourage formal structures to support and enhance nursing team change initiatives.

- Encourage the development of LPN Councils
- Encourage a mentorship model to support LPNs who are in transition
- Recommend policy documents be updated in keeping with changes in LPN practice
- Dedicate funding to support documentation of a formal change process including best practices for planning, implementing, and evaluating changes

4. Dedicated Funding for Education and Training

To provide dedicated funding to support LPN role and utilization change initiatives.

- Dedicate funding for individual LPNs and RCAs to access educational programs and courses
- Dedicate funding for instructors, preceptors, mentors
- Dedicate funding to support pilot projects focusing on the increased utilization of LPNs in emerging areas of practice such as the Community and the Operating Room

5. Monitoring LPN Supply and Demand

To monitor the supply and demand of LPNs.

- Encourage the Health Human Resources Working Group to examine LPN:RN staffing ratios and identify trends in both acute and LTC as well as in emerging areas such as ER, OR and Community, at both the provincial and national levels

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APPENDIX 1

HEU LPN UTILIZATION STUDY INTERVIEW PROTOCOL: 2002 - 2003

Introduction
The goal of the LPN Utilization Study is to investigate the current and future opportunities for utilization of LPNs in BC. We want to update information about the role of the LPN gathered in the 2000 survey, *Research on Roles and Utilization Licensed Practical Nurses and Care Aides in BC* (HEABC and Association of Unions, 2000).

Demographics: Date:

1. Name:

2. Health Authority/Agency:

3. Title:

4. In the next 3 years do you anticipate that the numbers of LPNs employed in the Health Authority or Agency will:

a. increase _____ _____%
b. decrease _____ _____%
c. stay the same ____
If a.) or b.) by what percentage?

5. Are LPNs in your Health Authority or Agency expected to carry out the following entry level competencies of the LPN in BC: (*Check all that apply for both Acute and LTC)*

	Acute Care	LTC
a. Comprehensive assessment:	_____	_____
b. Medication Administration (e.g., oral and s/c):	_____	_____
c. Wound Management (e.g., remove sutures):	_____	_____
d. Airway management (e.g., administer oxygen):	_____	_____
e. Elimination management (e.g., catheterizations):	_____	_____
f. Infusion Management (e.g., maintain IVs):	_____	_____

Comments:

6. Have there been opportunities for LPNs to expand their practice into any of the following areas:

	Yes	No
a. Operating Room:		
b. Community – Home Nursing Care:		
c. Community – Public Health:		
d. Community – Mental health:		
e. Emergency Room:		
f. Long Term Care:		
g. Foot care:		
h. Palliative care/Hospice Care:		
i. Other: _____		

7. How important are the following factors in supporting LPNs to successfully move into new competencies or new areas of practice?

	Very Important	Somewhat Important	Not Important
a. preparation for new role/competencies			
b. education of team/colleagues			
c. administrative support			
d. management of change process			
e. other: _____			

8. In the last two years, what initiatives or projects have taken place in your Health Authority focusing on the role and utilization of the LPN?

(Prompts: Explore goal or intent of project; units/settings; competencies or scope of practice included; numbers of LPNs involved; change process; current status; effect on client care or other outcomes).

9. In your opinion, what factors facilitate a successful change process to increase the competency sets or expand the practice of the LPN?

10. What are the barriers to increased utilization of LPNs?

11. In the future, do you anticipate new projects or initiatives to support current LPN staff to practice to their full scope of practice? YES NO

If yes, please discuss:

12. Do you encourage staff to access resources and sessions of the CLPNBC?

YES NO

Comments:

13. Have you had the opportunity to attend one of the CLPNBC/RNABC *RN/LPN Scope of Practice Workshops* on Collaborative Practice?

YES NO

Comment:

14. In your opinion, is there a need for education of your colleagues regarding LPN Scope of Practice? YES NO

Comment:

15. Are there any plans in your Health Authority for conversion of RCAs to LPNs or vice versa?
YES NO
Please discuss the rationale for the change:

16. What's your opinion on the status of the role and utilization of the LPN in your region?
Please select all that apply:
In BC, we are:
a. increasing the utilization of LPNs in the system
b. supporting LPNs to work to their full scope of practice.
c. using LPNs about the same as we were two years ago
d. using LPNs less than we did two years ago.

Comment:

17. Are there other people that we should contact or other resources/references that we should review?

18. Are there other comments or questions that you would like to raise regarding the role and utilization of the LPN?

19. (Question added Jan 16, 2003) - Are you successful in recruiting LPNs to positions:
YES NO
Comment:

THANK YOU!

APPENDIX 2

LPN Study – Interview Participants

Vancouver Coastal Health Authority (VCHA):
Linda Rose, Director of Residential Care
Lynette Best, Chief of Professional Practice and Nursing, Providence Health Care

Fraser Health Authority (FHA):
Cora McRae, Consultant Education Development, Fraser Health Authority
Trudy Werner, Manager, Project Support, Residential Services, Fraser East

Interior Health Authority (IHA):
Pat Hall, Director of Nursing, Cranbrook Regional Hospital
Denise Dunton, Manager, Kelowna General Hospital

Vancouver Island Health Authority (VIHA):
Glenda Mannix, LPN Full Scope of Practice Project Leader
Jennifer English, Area Director for Seniors' Health

Northern Health Authority (NHA):
Ginger Brown, Chief Nursing Officer, Prince George Regional Hospital
Heather Wozney, Clinical Instructor, Prince George Regional Hospital
Lillian Hay, Manager, Chetwynd General Hospital

Provincial Health Services Authority (PHSA):
Barb Hestrin, Program Director, BC Women's Hospital