

This section presents information on LPN and care aide roles in other provinces. It consists of the following fact sheets:

- national overview fact sheets that compare the education, regulation and employment of LPNs and care aides across the provinces
- profiles of the LPN role in three acute care hospitals
- profiles of LPN and care aide roles in four continuing care facilities
- profiles of two specialized LPN roles – operating rooms and foot care, and
- provincial contexts for LPN practice in Alberta, Manitoba, Saskatchewan, New Brunswick and Nova Scotia, including statistics on LPN registrants and place of employment, the status of regulatory or practice issues, basic facts on entry-level and continuing education programs and reference to distinct, new or emerging roles.

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# across canada

## Objective

To inform the investigation of LPNs and care aides in acute and residential continuing care facilities in B.C., this project undertook an exploration of LPN and care aide roles and utilization in other provinces.

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## Process and Methodology

The initial step in this research was to contact other Canadian jurisdictions by writing to provincial and territorial LPN and RN regulatory bodies. A letter was sent with a form requesting information on new, emerging and distinctive roles and on positive models of utilization. Information on this project was included to provide recipients with an understanding of the context for these enquiries.

Representatives of the provinces and territories forwarded materials by mail, fax and e-mail. As materials were received, follow-up calls were made to set up interviews. Interview questions were drafted with the assistance of a research team. Representatives from New Brunswick (LPN) and Nova Scotia (RN) volunteered to be interviewed. The western provinces and Ontario were contacted again and invited to participate in the interviews. Data from the forms, interviews and supporting materials were compiled and summarized to form the fact sheets.

The regulatory authorities provided names of organizations and facilities that could serve as examples of the utilization of LPNs and care aides. An additional round of interviews was conducted to obtain more detailed information. Some interviewees provided supporting documentation.

Interviews were conducted with the following regulatory bodies representatives.

- Pat Frederickson, LPN Registrar, Alberta
- Verna Holgate, LPN Registrar, Manitoba and President of the Canadian Association of Practical Nurses
- Ede Leeson, LPN Registrar, Saskatchewan
- Normand McDonald, LPN Registrar, New Brunswick
- Michelle Kucie, Practice Consultant, RN Association, Nova Scotia

While no interview took place, a package of materials was received from the College of Nurses of Ontario.

Interviews were also conducted with representatives of the following organizations and facilities from across Canada.

- Mary Ellen Gurnham, Director of Nursing, Queen Elizabeth II Hospital, Halifax, Nova Scotia
- Theresa Kendrat, Regional Manager, Central Park Lodge, Winnipeg, Manitoba
- Rob Ivany, Director of Nursing, Park Manor, Manitoba

- Paula Dembeck, Director of Nursing, Chalmers Hospital, Fredericton, New Brunswick
- Gwen Tweddle, Care Manager, McConnell West, Alberta
- Heather Crawford, Royal Alexandria Hospital, Alberta

### **Document Review**

The following documents served as the major sources of written information for the fact sheets.

Canadian Practical Nurses Association: Position Statements on Utilization of Practical Nurses; Education; Continuing Education; Self-Governing Legislation; Community Nursing; Unregulated Health Care Workers; Submission to the Nursing Task Force, Ontario Ministry of Health.

College of Nurses of Ontario: Registered Practical Nurse Entry to Practice: A Situational Analysis; Entry to Practice Competencies (draft); A Decision Guide for Determining the Appropriate Category of Care Provider; Professional Standards.

College of Licensed Practical Nurses of Alberta: Competency Profile for Licensed Practical Nurses.

Registered Nurses Association of Nova Scotia: Position Statement on the Role of the Licensed Practical Nurse; Regulation of Personal Care Workers; Report and Recommendations of the Committee on Unlicensed Assistive Personnel.

Association of New Brunswick Registered Nursing Assistants: Competencies for New Brunswick Registered Nursing Assistants.

Council for Licensed Practical Nurses of Newfoundland: Scope, Standards and Competencies.

Ontario Council of Hospital Unions: Report of the 1997 OCHU/CUPE Registered Practical Nurses Skill Utilization Survey.

Registered Practical Nurses Association of Ontario: RPNAO 1995 Utilization Survey.

Association of Registered Nurses of Newfoundland: Modular Nursing: Report on the Project (LTC); Delegation of Nursing Tasks to Support Workers in Community Settings; Patient Needs, Nurse Competencies and Level of Nurse Provider; Draft – Guidelines Regarding Shared Scope of Practice with LPNs.

Newfoundland's College of Licensed Practical Nurses and Association of Registered Nurses: Collaborative Nursing Practice – Guiding Principles.

Manitoba Association of Licensed Practical Nurses: Role and Scope of Practical Nursing; Information on Care Management Course.

Registrar's Conference (1999): Information provided from all provincial and territorial Registrars of LPNs in Canada.

Canadian Nurses Association: Fact Sheets on Roles and Delegation.

British Columbia documents: Practical Nursing Curriculum Update Study, Ministry of Advanced Education; Home Support Attendant (or Equivalent) Programs: A survey of Canadian Educational Offerings from Open College; RN and LPN statistics.

CINAHL: U.S. references regarding the Pew Commission and West Virginia information on the role of licensed nurses.

Dussault, G. et al. (1999): The Nursing Labour Market in Canada: Review of the Literature Report Presented to the Invitational Roundtable of Stakeholders in Nursing. Montreal, Quebec: University of Montreal.

**FACT SHEET** OVERVIEW OF LPN AND CARE AIDE ROLES IN CANADA

# LPNs in Canada

This fact sheet offers a snapshot of the practice of LPNs in Canada in relation to role and utilization, staffing mix, regulation and education. The practice of Canadian LPNs has evolved over time. In keeping with these changes, there have been corresponding changes in basic and continuing education programs for LPNs.

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**Role and Utilization**

LPNs are part of nursing and health care teams in all provinces and territories. While LPNs may be employed in all sectors of the health care system, the major places of employment are in hospitals and residential continuing care facilities (also called long term care or nursing homes). Their primary areas of responsibility, as reported by their regulatory bodies, are geriatrics and medical-surgical units. Tables 1 and 2 illustrate where LPNs are employed by primary area of responsibility (geriatrics, medical-surgical or other) and place of employment (hospital, nursing home or other).

**Staffing Mix**

The overall ratio of RNs to LPNs in Canada is 3:1. There is a wide variation in the number of RNs to LPNs across the country. Table 3 provides the ratios for all provinces.

**Table 1** – LPN Employment by Type of Facility, 1998

	Hospital	LTC/Nursing Home	Other
BC	70	15	15
Alberta	–	–	–
Saskatchewan	75	11	14
Manitoba	33	48	18
Ontario	35	11	54
Quebec	22	52	26
New Brunswick	41	44	14
Nova Scotia	38	33	29
PEI	32	50	18
Newfoundland	44	52	3
NWT	74	12	14
Yukon	–	–	–

Only two main areas of LPN employment are included in Table 1. "Other" refers to LPNs working in multiple locations or worksites or in areas not included on registration forms.

Source: LPN Registrars, National Conference Report, 1999.

This data reveals fewer LPNs to RNs in Western Canada (4 RNs : 1 LPN in Saskatchewan and Manitoba; 4.5:1 in Alberta; and 5.4:1 in B.C.). In Central and Eastern Canada, there are proportionally twice as many LPNs on the nursing team (for example, roughly 2 RNs : 1 LPN in Ontario and Newfoundland; 3:1 in Quebec).

A literature review reveals that little published research is available on the most effective models of care delivery in nursing, including RNs, RPNs, LPNs and care aides (Dussault et al, 1999). Team nursing, functional nursing, modular nursing and other models can be found across the country.

Health Canada and Human Resources Development Canada are examining issues related to human resource planning in nursing. HRDC is currently undertaking a National Nursing Sector Study; the first phase, a literature review, has been completed (Dussault et al, 1999). This literature review provides an overview of the nursing workforce, including an overall decline in numbers (a 2.8 per cent decrease in RNs and 8.4 per cent decrease in LPNs between 1992 to 1997). Dussault et al (1999) discuss recruitment and retention issues and review problems related to the effective utilization of the skills of LPNs.

Problems related to effective skill utilization of practical nurses have been documented in some provinces. The Registered Practical Nurses Association of Ontario conducts a survey of the utilization of registered practical nurses every two years. One key finding is a need for greater awareness of RPN competencies.

**Table 2 – LPN Employment by Type of Unit, 1998**

	Geriatrics	Medical-Surgical	Other
	%	%	%
BC	30	37	28
Alberta	26	29	40
Manitoba	50	16	14
Saskatchewan	15	24	52
Ontario	15	15	60
Quebec	52	12	30
New Brunswick	50	15	30
Nova Scotia	38	–	18
PEI	–	–	–
Newfoundland	58	10	21
NWT	19	61	9
Yukon	–	–	–

Only two main areas of LPN employment are included in Table 2. "Other" refers to LPNs working in multiple locations or worksites or in areas not included on registration forms.

Source: LPN Registrars, National Conference Report, 1999.

## Regulation

The scope of practice of LPNs is governed by provincial legislation. Each province's statute recognizes LPNs (or their equivalent title) as self-regulating professionals and, in some provinces, includes LPNs in omnibus health professional legislation (e.g. Health Professions Acts in Ontario, Alberta and B.C.). In B.C., the scope of practice of LPNs is currently under review by the Health Professions Council. Over the last decade, legislation and scopes of practice have been reviewed and revised in several provinces.

Some examples include:

- change in title from “nursing assistant” to “licensed practical nurse” in Nova Scotia and New Brunswick
- requirement for licensure to practise as a “licensed practical nurse” in Saskatchewan
- revision to scope of practice to recognize professional accountability in Manitoba, and
- deletion of the requirement that LPNs be under the direct supervision of an RN or other professional, in Manitoba and Saskatchewan.

Competencies (knowledge, skills, attitudes and judgement) for LPNs are established at the provincial level. Competencies vary somewhat from one province to another, but are becoming more similar as provinces seek standardization to support worker mobility (in part prompted by interprovincial trade agreements). A 1997 national study identified shared and unique entry level competencies for regulated nurses (RNs, RPNs and LPNs) in Canada and noted that many entry level competencies are shared by all three nursing groups (NNCP, 1997). This study focused on new graduates entering the profession, based on revised and expanded education programs. This national work has been useful for developing provincial competency documents. (The fact sheet *Competency Frameworks for LPNs* provides further information.)

In general, LPNs entering practice are prepared to care for individual patients or residents who have well defined health challenges and who have health outcomes that are predictable. LPNs are also prepared to work in partnership with other members of the nursing team to provide care for clients who have less predictable outcomes and/or increasingly acute conditions. Specific definitions are identified in the legislation of each province and territory.

## Education

Basic or entry level practical nurse education occurs in public post secondary educational institutions. Programs vary in length, but average 12 months.

- Nova Scotia – 10.5 months
- Ontario – 12 months

- Manitoba – 14 months
- British Columbia – 12 months

There is consistency in curriculum content across Canada, based upon scope of practice and competencies. National examinations, which are continuously revised based on changes to competencies, are also an important factor in standardizing practical nurse education programs. As new skills, such as medication administration or intravenous therapy maintenance, are required for entry into practice, the exam is expanded accordingly. However, not all provinces require that applicants are examined on such topics as medication administration and intravenous therapy maintenance at this point in time.

Recently, a number of provinces added student seats to increase the number of practical nurse graduates (for example, in Manitoba student seats have more than doubled; in New Brunswick an additional distance education program was added). In addition, there are efforts in some provinces to support career laddering of care aides into practical nurse programs. In New Brunswick, when the staffing ratio in long term care was established to be at 20 per cent RN, 40 per cent LPN and 40 per cent others, a collaborative venture saw hundreds of care aides become LPNs.

Continuing education, upgrading, refresher and post basic courses are also offered. For example:

- upgrading courses in medication administration, dressings, assessment, and IV therapy through workplace in-service and by educational institutions in Alberta, Newfoundland, New Brunswick, PEI, and Nova Scotia

**Table 3 – RN and LPN Employment and Ratios, 1997**

	RN	LPN	Ratio of RN to LPN
B.C.	28,974	5,385	5.4 : 1
Alberta	21,428	4,723	4.5 : 1
Manitoba	10,510	2,488	4.2 : 1
Saskatchewan	8,456	2,187	3.9 : 1
Ontario	78,067	34,623	2.3 : 1
Quebec	59,160	18,082	3.3 : 1
New Brunswick	7,589	2,517	3.0 : 1
Nova Scotia	8,587	3,220	2.7 : 1
PEI	1,281	617	2.1 : 1
Newfoundland	5,210	2,838	1.8 : 1
Canada	229,990	76,680	3.0 : 1

Source: Dussault, G. et al.; The Nursing Labour Market in Canada: Review of the Literature (1999); based upon statistics collected by nursing regulatory bodies for the Canadian Institute for Health Information.



- a physical assessment program for members to be required by regulatory bodies in Alberta and Manitoba by 2002
- refresher/re-entry courses offered continuously or as needed, often through distance education
- continuing education, such as a two-day foot care workshop, (see the LPNs in Foot care fact sheet) offered in Newfoundland, Saskatchewan, Manitoba and Ontario
- team leading workshops offered in Alberta
- various post-basic courses offered across the country, such as OR and critical care nursing for LPNs in Saskatchewan and the post-basic course in care management for LTC in Manitoba
- various courses, such as leadership and team nursing, offered by regulatory bodies in their role as registered education institutions, in provinces such as Alberta, and
- various courses similarly offered by professional associations in other provinces.

**References**

Dussault, G. et al. (1999). *The Nursing Labour Market in Canada: Review of the Literature - Presented to the Invitational Roundtable of Stakeholders in Nursing*. Montreal, Quebec: University of Montreal

Registered Practical Nurses of Ontario. (1995). *Registered Practical Nurses Skill Utilization Survey*. Toronto, Ontario: RPNAO.

National Nursing Competency Project. (1997). *Final Report*. Ottawa, Ontario: NNCP.

**FACT SHEET** OVERVIEW OF LPN AND CARE AIDE ROLES IN CANADA

# competency frameworks for LPNs

The competencies of licensed practical nurses include the knowledge, skills, attitudes and judgement required for practice. At the national level, competencies are identified as a basis for the national examination required for licensure.

A national perspective is important to allow for the mobility of workers in Canada, in accordance with interprovincial trade agreements. As legislation for health care practitioners falls within provincial jurisdiction, most competency statements have been developed at the provincial level. However, there are currently few differences in the competencies of LPNs across Canada. Even the title “LPN” has now been adopted in most provinces.

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**PURPOSE**

LPN competencies outline the skills and abilities that the public and employers can expect from an LPN. Competencies may be developed for the purpose of describing job requirements, for educational purposes and for regulatory issues such as continuing education needs.

**FRAMEWORKS**

Competencies are identified and organized in a number of ways, depending on the purpose and use for which the competencies are intended. For example, competencies developed from an occupational analysis are usually present oriented, detailed and context-specific. On the other hand, competencies developed to guide curriculum development for entry level practice are usually more future oriented, fairly broad, and have less emphasis on a particular context. Some, like those developed in Alberta, identify LPN skills in detail. The College of LPNs in B.C. recently completed a study to identify entry level competencies and is in the process of developing a related document to identify post-basic competencies. Several different Canadian competency initiatives are summarized below.

**National Nursing Competency Project (NNCP)**

- A project undertaken by Human Resources Development Canada and 29 nursing regulatory authorities/associations (Quebec’s college of nurses did not participate).
- The final report was presented in 1997.
- The report identified unique and shared competencies of RNs, LPNs and RPNs for entry level practice for 1996 and 2001, and the context of practice for the three

nursing groups. (For example, LPNs in the project reported that 51 per cent of the list of 304 competencies were required in 1996.)

- Of the 226 competencies that were “context-specific,” five per cent were performed independently, 16 per cent with consultation and 24 per cent under direction.
- LPNs predicted that, in 2001, 72 per cent of the listed competencies would be required.
- Of the 226 “context-specific” competencies identified for 2001, it was predicted that 16 per cent would be performed independently, 32 per cent with consultation, and 18 per cent under direction.
- The NNCP report has been used by many provincial regulatory authorities as a starting point for identifying entry level competencies and context of practice.
- The National Nursing Competency Project (1997) - Final Report is available from the College of LPNs of B.C.

### **New Brunswick**

- Developed by New Brunswick's regulatory authority for nursing assistants.
- Revised September, 1999.
- Focus on entry level practice.
- Competencies are organized under three major headings: Assessment, Planning, Implementation and Evaluation, with technical skills specifically identified, Communication Skills, and Professional and Personal Responsibilities.

### **Ontario**

- Developed by Ontario's regulatory authority for registered nurses and registered practical nurses.
- Drafted September 1999 for entry level practice.
- Organized under the headings of its Standards for Practice. Standards are organized under the characteristics of a profession (e.g. service to the public, competent application of knowledge, responsibility and accountability).
- Attends to type of client (e.g. stable with predictable outcomes).
- Includes cognitive, technical and attitudinal skills sets in a general fashion.

### **Alberta**

- Developed by Alberta's regulatory body for licensed practical nurses, in partnership with Alberta Health.
- Adopted in November, 1998 for both basic and advanced practice.
- Detailed listing of competencies for a multitude of clinical contexts.
- General competency areas of knowledge, nursing process, safety, communication, nursing practice (technical skills identified), and 16 clinically oriented sets (e.g.

surgical nursing, cardiovascular nursing, etc.), medication administration, infusion therapy, professionalism, team leading, and seven “advanced” competencies sets (e.g. orthopedic nursing, OR, etc.).

**Information** on British Columbia competency initiatives is provided in the *B.C. Context* part of this report.

**FACT SHEET** OVERVIEW OF LPN AND CARE AIDE ROLES IN CANADA

# care aides in Canada

This fact sheet offers a snapshot of the role and utilization of care aides in health care in Canada. The majority of care aides are employed in residential continuing care providing residents with assistance in activities of daily living. There is a wide variation in the roles and utilization of care aides, which are also known by a number of titles. The focus of this summary is the role of care aides in residential continuing care.

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**Titles**

Some of the titles held by care aides across Canada are:

- residential care aide
- personal care aide/worker
- geriatric aide
- residential care aide
- nurses aide, and
- personal support aide/worker.

**Role**

In continuing care facilities across Canada, care aides provide personal care to residents. Residents may have mild to severe physical or cognitive disabilities. The care aide role includes physical care for residents, with emphasis on assistance with the normal activities of daily living, such as assistance with personal hygiene, dressing and eating.

**Training**

Training programs are offered in both public and private educational institutions. The length of care aide programs varies from seven weeks for personal support workers in Ontario to as long as 32 weeks for LTC attendants in the Northwest Territories. This latter program includes general education upgrading as well as occupation focused training. In comparison, the B.C. Resident Care Attendant Program is currently 20 weeks in length. The curricula offer content and practice related to personal care skills, communication and common health problems.

Some provinces offer initiatives enabling care aides to “bridge-in” to practical nurse training programs by giving credit for selected courses or semesters (for example, the New Brunswick government has funded a major initiative in this regard).

**The Unregulated/Assistive Role**

Care aides are not covered by the kind of professional legislation and regulations seen for other members of the nursing team – LPNs, RPNs and RNs.

**FACT SHEET** LPNs IN ACUTE CARE

# Royal Alexandria Hospital, Edmonton

**Facility Profile**

Royal Alexandria Hospital in Edmonton, Alberta, is a major referral centre for the province and Northern Canada. One of five acute care hospitals in Edmonton, this 500 bed facility is a full service hospital, including medicine, surgery, obstetrics, pediatrics and psychiatry.

**The Pilot Project**

In January, 1999 one of the medical units, Unit 54, began a pilot project wherein LPNs and RNs would practise to their full scope of practice, using all of the skills they are mandated to perform.

One impetus for this project was the provincial upgrading training for all LPNs in the areas of physical assessment, IV maintenance and medication administration. This upgrading program was implemented by the LPN regulatory body as part of its required continuing competence program.

**Staffing**

Staffing is determined by patient acuity, with patients' needs matched with nurses' competencies.

- Days: three LPNs and three RNs.
- Evenings: two LPNs and three RNs.
- Nights: one LPN and two RNs.

**Roles**

LPNs provide total patient care, including IV maintenance and medication administration. They problem solve issues as they arise.

As part of the pilot project, LPNs and RNs completed a one week orientation before patients were admitted. Together, they learned about each other's roles and developed approaches to teamwork. They also worked together to develop common values, and draft vision and mission statements.

**Project Status**

After one year, the project was considered a success as measured by patient and family feedback, job satisfaction from RNs and LPNs, and other outcome measures (for example, sick time was reduced; there was no difference in the number of medication errors). The

project is seen as a model that has potential for other units in the hospital and other agencies in the health region. A written report is in development.

Factors that were identified as important in creating success include:

- the one week orientation and preparation before patients were admitted, when LPNs and RNs worked and learned together
- assignment of a clinical nurse educator to support this unit and the change process
- support from the regulatory colleges, which assisted staff in understanding roles and scope of practice
- support from the LPN union, which was involved from the beginning of the project, and
- ongoing support for the change process by nursing leadership.

**For further information,** contact Heather Crawford, Patient Care Director, at (780) 477-4111.

**FACT SHEET** LPNs IN ACUTE CARE

# Queen Elizabeth II Health Sciences Centre, Halifax

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**Facility Profile**

The Queen Elizabeth II Health Sciences Centre (QEII) is a multi-level health care organization serving the city of Halifax and the province of Nova Scotia. It is the major referral agency for acute care in the Atlantic provinces. QEII's 11 sites comprise the continuum of care, from long term care (e.g. veterans, rehabilitation) to all aspects of acute care (e.g. Victoria General Hospital and the Halifax Infirmary). QEII employs LPNs on nursing teams in a number of units, including the following.

**Staffing and Roles**

## Transitional Care Unit

- Similar to discharge planning units in B.C.
- Client health conditions are stable and outcomes predictable.
- LPNs, RNs and care aides work together to provide care.
- LPNs provide the majority of nursing care, including giving medications.
- LPNs assume responsibility for supervising care aides.

## Long Term Care

- Long term care for veterans.
- LPNs used effectively, but do not administer medications as per Department of Veterans Affairs policy.
- Ratio of RNs to LPNs is approximately 1:1.

## Rehabilitation

- LPNs and RNs provide nursing care.
- RNs administer medications.
- Ratio of RNs to LPNs is 1.5:1.

## Medical-Surgical Units

- LPNs have always been employed in medical-surgical units.
- Ratio of RNs to LPNs varies from 9:1 to 2.3:1.
- Pilot programs are underway to change staffing so that more units are at the 2.3:1 ratio.



Dialysis

- RNs have traditionally provided nursing care.
- LPNs are being considered as caregivers for clients receiving peritoneal dialysis.
- Selected clients would be stable on the dialysis regime.

**For further information,** contact Mary Ellen Gurnham, Director of Nursing, at (902) 428-3586.

**FACT SHEET** LPNs IN ACUTE CARE

# Chalmers Hospital, Fredericton

**Facility Profile**

Fredericton's Chalmers Hospital is a full service tertiary hospital with 430 beds. It has medical, surgery, maternity, pediatrics and psychiatry units, as well as several speciality areas. Chalmers is part of a hospital corporation that encompasses many sites throughout the city. It serves as a major referral hospital for New Brunswick.

**Skill Mix Project**

Until recently, all nursing positions at Chalmers were staffed by RNs. The hospital had considered hiring LPNs (known as RNAs - registered nursing assistants - in New Brunswick) a number of times in the past. Due to recent changes, including a change to program management, Chalmers has begun hiring RNAs on specific units.

Initially, RNAs were assigned to work in a central float pool. However, this system did not allow RNAs to integrate into units and have continuity with patients and other staff.

In 1996, a budget review and a study of nursing issues revealed workload as a major issue needing attention. A nursing council, established with the change to program management, explored ways to address the workload issue. A Skill Mix Project resulted in a change to equal numbers of RNs and RNAs in work groups as a way to handle the heavy workload.

**Staffing**

The full RN staffing model has changed – most nursing floors now have three to four RNAs, matching the number of RNs. According to the executive director of New Brunswick's RNA association, RNAs have since been hired at Chalmers on maternity and pediatrics units, as well as on medical-surgical units. The project is still considered to be a “work in progress”; outcomes are not yet measurable. However, the director of nursing noted that there is a clear and strong commitment to continue the Skill Mix Project.

**Prerequisites to Success**

The director of nursing shared her thoughts about the factors she thought were important to success at Chalmers. A critical first step was RNs and RNAs learning about each other's role and scope of practice. The RN and RNA professional associations and unions provided support to assist staff in understanding roles, qualifications and competencies. Education

sessions on delegation were considered critical. It was also noted that this change was not an easy process.

**For further information,** contact Paula Dembeck, Director of Nursing, at (506) 452 5400.

**FACT SHEET** LPNs AND CARE AIDES IN CONTINUING CARE

# McConnell West, Edmonton

**Facility Profile**

McConnell West is one of seven continuing care facilities managed by the Capital Care Group, which has been operating for four years and is publicly funded. McConnell West includes three houses, with 12 residents in each, that aim to create home-like environments for seniors. Residents are ambulatory, but require residential care due to cognitive impairment. The houses do not accommodate wheelchairs or hospital beds. Each house has its own kitchen, laundry facilities and common areas, as well as residents' individual rooms. Breakfast and supper are provided; lunch is prepared by the residents and the care aides, known at McConnell West as resident companions (RCs).

**Staffing**

LPNs, RCs and RNs work together on eight hour shifts. Staff shift changes are staggered to avoid disruption to the residents. Generally, on a day shift there are two RCs in each house, and one RN and two or three LPNs for all 36 residents.

**Roles**

LPNs serve as team leader in each house.

- Cover all shifts.
- Carry own resident assignments.
- Are responsible for nursing activities, such as dressing changes, treatments and medication administration.
- Communicate with physicians and other professionals.
- Assign RCs to residents.
- Report unusual incidents or resident problems to the RN.

RNs serve as care managers for the facility (the care manager is a management position).

- Report to the CEO of the Capital Care Group.
- Troubleshoot as needed for resident or staff problems.

RCs assist residents with activities of daily living.

- Provide personal care.
- Assist with activities and food preparation.
- Assist residents in taking routine medications.

**Education and Training**

The provincial upgrading program for LPNs (sponsored and required by the LPN regulatory body) was noted as critical to the success of the team model in this facility. All LPNs in Alberta have received training in team leading, medication administration and sterile dressing techniques as part of a continuing competence program of the Alberta College of LPNs. All resident companions are trained on site. Ongoing in-service/training is valued at McConnell West and is perceived as critical to team work.

**For more information,** contact Gwen Tweddle, Care Manager, at (780) 413-4772.

**FACT SHEET** LPNs AND CARE AIDES IN CONTINUING CARE

# Park Manor Personal Care Home, Winnipeg

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**Facility Profile**

Park Manor is a stand alone, multi-level personal care home in Winnipeg. It has two floors and 100 residents. In Manitoba, care for residents is rated from Level 1 to Level 4, with Level 1 requiring the least care and Level 4 the most. Personal care homes normally serve residents categorized as Level 2, 3 or 4. Eighty-eight per cent of Park Manor clients are Level 3 and 4.

**Staffing**

Staffing is organized around three shifts each day. Teams include LPNs, care aides and RNs. On day shifts, there are two LPNs per floor, plus one LPN who “floats.” There is one RN per floor on day shift.

**Roles**

LPNs serve as team leaders on days and evenings.

- Set up schedules, e.g. bath times.
- Plan assignments for care aides in consultation with the RN.
- Assist care aides to organize their care.
- Administer medications and nursing treatments.
- Participate in all aspects of residents’ care.
- Refer emergencies and changes in physical or mental status of residents to the RN.

RNs provide overall nursing care.

- Conduct complete physical/mental status assessments.
- Provide care planning and evaluation.
- Respond to resident changes and emergencies.

Care aides assist clients with activities of daily living

- Care for residents who are stable.
- If a resident’s status changes, an LPN is notified and may be assigned responsibility for care.

The success of the team model used at Park Manor is attributed to clear distinctions between the roles of LPNs, care aides and RNs, including clarity of policies and job descriptions. A positive work culture further contributes to this success.

**For additional information**, contact Rob Ivany, Director of Nursing, at (204) 222-3251.

**FACT SHEET** LPNs AND CARE AIDES IN CONTINUING CARE

# The Poseidon Centre, Winnipeg

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**Facility profile**

Central Park Lodge is a private long term care provider with six homes in Winnipeg. The Poseidon Centre is a free-standing facility with 218 residents. In Manitoba, care for residents is rated from Level 1 to Level 4, with Level 1 requiring the least care and Level 4 the most. Personal care homes normally serve residents categorized as Level 2, 3 or 4. Currently almost all of the Poseidon residents are classified as Level 3 or 4. The five storey facility has 23 residents on the first floor and 48 or 49 residents on each of the other floors.

**Staffing**

Staffing includes RNs, LPNs and care aides. The facility has two RNs on day shifts and one RN on night shifts.

For one floor of 48 to 49 residents, staffing includes:

- Days: Two LPNs, four to seven health care aides (HCAs), and one RN shared with other floors.
- Evenings: One to two LPNs (one is shared with other units), four to five HCAs, and one RN shared with other floors.

**Roles**

LPNs serve as team leader for each wing (24 residents)

- Responsible for medication administration and nursing treatments.
- Complete assessment of residents.
- Communicate with families and other health care providers.

Health care aides assist clients with activities of daily living.

RNs serve as a resource when critical situations arise and provide 24 hour coverage of the facility

**Education and Training**

Practising LPNs are trained for team leadership roles through post basic courses offered by community colleges. Team leadership is now covered in the basic LPN program and expected of all new graduates. The change to team leadership roles for LPNs has taken time and has not been an easy transition for some staff. Training and support has been a critical component of the change process. Several other factors are considered important.

- The Union (Manitoba Nurses Union) was involved early.
- Other staff were oriented to the LPN role.
- The Manitoba Association of LPNs, the regulatory authority, provided education on the scope of practice and standards of LPNs.
- When new facilities come on stream, experienced LPNs serve as role models for newly hired LPNs.
- Peer support occurred between LPNs.
- LPNs report that their work is more satisfying and they are very supportive of the change in role.

**For more information,** contact Theresa (Teri) Kendrat, Regional Director, at (204) 452-6204.



**FACT SHEET** LPNs AND CARE AIDES IN CONTINUING CARE

# Hoyles-Escasoni Complex, St. John's

**Facility Profile**

Hoyles-Escasoni Complex is a long term care facility within the St. John's Long Term Care Board. The complex includes 13 units and serves 400 residents requiring a high level of care.

**Staffing**

The facility has 425 staff members in the nursing department. Before modular nursing was introduced, the complex used a modified form of team nursing with an RN team leader and a complement of RN, LPN and PCA (patient care attendant) staff.

In modular nursing, residents and staff are divided into small group modules. Groups of residents are geographically clustered into groupings of nine to 14 residents. The module is led by one full-time RN (the modular leader) and a group of modular members (RNs, LPNs and PCAs). The module group shares responsibility for planning, implementing and evaluating resident care for a rotation of eight weeks. This system is a combination of team and primary nursing, but the responsibility for care planning is shared by the group rather than resting solely with the RN.

**Current Status**

The two units that originally volunteered to pilot the model continue to use it. It was reported that, due to other more urgent priorities, the modular project has not been expanded.

**Advantages**

Modular nursing is discussed in the literature as having a number of advantages, including:

- increased continuity of care for residents
- increased accountability
- greater flexibility to utilize skill levels of different staff
- enhanced teamwork
- decreased coordination time, and
- enhanced opportunities for leadership and growth.

**Reference**

Anderson, C. L. & Hughes, E. (1995). An Evaluation of Modular Nursing in a Long Term Care Setting. *Canadian Journal of Nursing Administration*. May-June, 1995, pp. 63-86.

**FACT SHEET** SPECIALIZED LPN ROLES

# LPNs providing foot care

Post-basic courses in foot care are now offered to practical nurses in several provinces. As this practice has evolved, the standard of care has also been documented. For example, Ontario has developed a comprehensive set of standards to guide this practice (College of Nurses of Ontario, 1997). According to these standards, LPNs can provide foot care in a number of settings, including hospitals, residential continuing care and in clients' homes.

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**Scope of Practice**

The Ontario standards state that nursing foot care is a non-invasive procedure. It includes the following activities:

- assessment, which includes
- general information about the patient's health
- specific data about the status of the feet
- interventions, which may include
- skin care
- nail care
- callus care, and
- corn management.

Decision making regarding whether to proceed with foot care procedures is an important skill. LPNs must determine whether they have the knowledge, skills and judgement (i.e. the competencies) to care for a particular patient or resident. Infection control, including care of equipment, is another important area of competence required by the LPNs.

**Training**

Courses vary in length from 48 hours in Manitoba to two days in Saskatchewan. The course offered in Saskatchewan (University of Saskatchewan, 1999) includes the following content:

- anatomy and physiology
- common conditions and pathology of the feet
- associated physical predisposing conditions (e.g. diabetes)
- geriatric foot care
- foot care procedures, and
- instrument care.

The course includes both knowledge and practice components and is taught by registered nurses and podiatrists. The course is offered to LPNs, RNs and RPNs.

**For more information,** contact the College of Nurses of Ontario at (416) 928- 0900.

**References**

College of Nurses of Ontario. (1997) Nursing Foot care Standards. Toronto, Ontario: CNO.

University of Saskatchewan - College of Nursing. (1999). Foot care modalities for the elderly person. Saskatoon, Saskatchewan: University of Saskatchewan.

**Note:** A role profile on this practice in B.C. is provided in the *Role Profiles* section.

**FACT SHEET** SPECIALIZED LPN ROLES

# LPNs in operating rooms

LPNs have successfully participated in operating room teams for over 30 years (Canadian Practical Nurses Association, 1999). CPNA has established competencies and standards of practice for LPNs to act in the scrub and circulating role and to serve in assisting anaesthetists. With advanced education, LPNs are prepared to practise in operating rooms in both urban and rural facilities. Training programs are offered in Alberta, Saskatchewan, Ontario, New Brunswick and Nova Scotia.

LPNs are currently working in some B.C. operating rooms. According to the surveys conducted for this project, 13 of 68 acute care facility respondents identified that LPNs work in the OR of their facilities. It has also been reported that an LPN in B.C. is currently completing the SIAST Operating Room training program discussed below.

## **Training**

In the past, training programs were offered as on-the-job training in hospitals. Current programs are taught by registered nurses in college settings. These programs must meet standards set by regulatory bodies and educational institutions.

The Alberta and Saskatchewan programs offer two examples of operating room training programs for LPNs. Grant MacEwan College in Alberta began offering an OR course for LPNs in January and April of 2000. Saskatchewan has a long history of providing OR training for LPNs. The Saskatchewan Institute of Applied Science and Technology (SIAST) offers a post-basic program in operating room nursing for LPNs. The program includes five theory courses (offered through distance education) and a four day technical skills lab and examination in Regina or Saskatoon. With successful completion of these first two steps, the student completes 50 days of clinical learning experience. Theory courses are set up for independent study with faculty telephone support. The courses are usually completed on a part-time basis over eight months (equivalent to 16 weeks of full-time study). SIAST notes that students should be prepared to study eight to 10 hours per week.

To be admitted, LPNs must be licensed, have completed 2,000 hours of recent experience, preferably in acute care, be competent to administer medications, have a current CPR certificate and have a satisfactory health status. Upon completion of all course requirements, the graduate receives an Advanced Certificate in Operating Room Nursing and Techniques/LPN and is prepared for employment in hospitals, ambulatory surgery centres and clinics.

**Reference**

**For further information,** contact SIAST's Wascana Campus at (306) 933-7331 (www.siastr.sk.ca), or Grant MacEwan College in Edmonton at (780) 497-5188.

Canadian Practical Nurses Association. (1999). Strategies for Marketing the Operating Room Project. Ontario.

**FACT SHEET** OVERVIEW OF LPNs IN OTHER PROVINCES

# LPNs in Alberta

**Fast Facts\***

1998 number of registered members: 4,297

Place of employment: Not Reported

Primary area of responsibility for three highest areas:

Geriatrics: 1,001 (27 %)

Medical-Surgical: 1,147 (31 %)

Other: 1,585 (42 %)

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**Regulatory and Practice Issues**

The Health Professions Act was recently passed in Alberta. This statute regulates 29 professions, including LPNs.

A new education standard for LPNs has been implemented. All registered members are required to complete three courses (medication therapy, infusion therapy and physical assessment) through continuing education in order to maintain their license. This change was initiated to ensure that all LPNs meet new entry level standards and are competent to practise. All LPNs had to complete the courses to be eligible for registration in 1999. These three areas are currently included in the basic education program and are required for entry to practise.

A detailed competency profile has also been developed. The profile describes the LPN role from novice to expert in all areas of health care. It will serve as the basis for the LPN Continuing Competence Program.

**Basic Education Program**

Alberta's basic education program for practical nurses is 12 months (48 weeks) in length. The current demand for graduates exceeds supply. Programs are offered in three main sites and in smaller communities. A new distance delivery format is in the first phase of implementation.

**Post Basic Programs**

Many post basic programs for LPNs are offered in Alberta, including medication therapy, adult and pediatric physical assessment, infusion therapy, community care, leadership,

\*Numbers are quoted from the September, 1999 LPN Registrars Conference unless otherwise noted. "Psychiatry" includes psychogeriatrics. "Other" is the category chosen when the LPN works in several areas, which is common in smaller institutions, and when the LPN works in more than one agency on a part time or float basis. See the *LPNs in Canada* fact sheet for comparison to other provinces.

team nursing and advanced orthopedics. An operating room program at Grant MacEwan College is being offered in 2000.

### **Distinctive, New and Emerging Roles**

LPNs in Alberta's long term care facilities are team leaders. They assume leadership of LPNs and care aides, and administer medications and treatments. A good example of the LPN as team leader in LTC is found at Capital Care facilities in Edmonton. In this coordinating role, LPNs are responsible for communication with physicians and other external referrals.

The Capital Regional Health Authority (Edmonton) has the highest number of LPNs, with a ratio of approximately 4 RNs : 1 LPN, compared to the Calgary Regional Health Authority's ratio of 9 RNs : 1 LPN. In Edmonton, Royal Alexandra Hospital has completed a six month pilot project on full utilization of LPNs and RNs on a 1:1 basis. In rural settings, the ratio is estimated to be 1.5 RNs : 1 LPN.

Growth in the area of gerontology is an important trend in Alberta. Another is the addition of advanced training in orthopedics (for example, managing a plaster room). A new community care program will also prepare LPNs for providing health care in the community.

Finally, the College of LPNs has partnered with a health authority in a program to prepare LPNs to work in emergency departments and intensive care units. There has been a change in the health authorities involved in this project, and outcomes are not yet available.

According to the registrar of the College of LPNs of Alberta, LPNs can work anywhere in the province's health care system and, as client acuity increases, there will be a corresponding change in LPNs work in collaboration with RNs in areas such as emergency and ICU. The registrar also points out that it is critical that provinces do strategic planning to prepare human resources for future challenges.

**For further information,** contact Pat Fredrickson, Registrar, College of LPNs of Alberta, at (780) 484-8886.



**FACT SHEET** OVERVIEW OF LPNs IN OTHER PROVINCES

# LPNs in Saskatchewan

**Fast Facts\***

1998 number of registered members: 2,144

## Place of employment:

Hospital: 1,493 (75 %)

Nursing home: 221 (11 %)

Other: 274 (14 %)

## Primary area of responsibility for three highest areas:

Geriatrics: 308 (17 %)

Medical-Surgical: 482 (26 %)

Other: 1,042 (57 %)

**Regulatory and Practice Issues**

To maintain a license, LPNs must maintain practice hours in activities approved by the Saskatchewan Association of LPNs (SALPN). To support LPNs in meeting minimum requirements, SALPN allows LPNs who are working as care aides to count some of these hours towards their license. This policy uses an employer verified process to identify LPN activities within the care aide role.

New health professional legislation is under review. A final draft of new standards, competencies and policies is currently being prepared.

**Basic Education Program**

Saskatchewan's practical nurse basic education program is currently 11 months in length, but may be expanded. The number of seats has increased in the last year. The first semester is available through distance education. Recently, with the transition to BSN for RNs, the common core curriculum for LPNs and RNs was lost. However, practical nurses who complete their program are given 21 credits at the University of Saskatchewan if they choose to pursue a registered nurse program.

Care aides can do the first semester of the practical nurse program as part of the care aide program. Eight per cent of the care aide program counts towards a practical nurse diploma.

\*Numbers are quoted from the September, 1999 LPN Registrars Conference unless otherwise noted. "Psychiatry" includes psychogeriatrics. "Other" is the category chosen when the LPN works in several areas, which is common in smaller institutions, and when the LPN works in more than one agency on a part time or float basis. See the *LPNs in Canada* fact sheet for comparison to other provinces.

**LPN Post Basic Programs**

Saskatchewan has had a nurses' operating room program for many years. Recently, the combined OR program for RNs and LPNs was split into two separate programs. SALPN has an association of LPNs and OR technicians that is comparable to the Operating Room Nurses of Canada (ORNAC) for registered nurses.

The University of Saskatchewan offers a foot care nursing program for LPNs, RNs and RPNs. Home-based nursing, assessment skills, basic critical care programs and other courses and workshops are also offered.

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**Distinctive, New and Emerging Roles**

There are several new initiatives underway in Saskatchewan. In the Regina Health District, LPNs are now being used more fully, and are allowed to practise skills that were denied in the past (for example, catheterization and suture removal). In Saskatoon, a pilot project to introduce LPNs into home care (giving medications, etc.) has been introduced. At the William Booth long term care home, a joint education project is currently underway to enhance the utilization of registered nurse, psychiatric nurse and LPN roles. Finally, a number of long term care agencies are now placing LPNs in charge on night shifts.

**For further information,** contact Ede Leeson, Registrar, SALPN, at (306) 525-1436.

**FACT SHEET** OVERVIEW OF LPNs IN OTHER PROVINCES

# LPNs in Manitoba

**Fast Facts\***

1998 number of registered members: 2,582

## Place of employment:

Hospital: 763 (34 %)

Nursing home: 1,081 (48 %)

Other: 418 (18 %)

## Primary area of responsibility for three highest areas:

Geriatrics: 1,135 (51 %)

Medical-Surgical: 358 (16 %)

Psychiatry: 423 (19 %)

Other: 327 (15 %)

**Regulatory and Practice Issues**

The Manitoba Association of LPNs has been very involved in reviewing and updating LPN legislation. The new legislation deletes the requirement for “direct supervision” of LPNs by RNs or physicians. This will open up more opportunities for LPNs in private practice (for example, foot care). The association is also hoping to establish a role for LPNs in Manitoba’s operating rooms. Currently, OR nursing practice is considered a speciality for RNs.

**Basic Education Program**

The current program is 14 months. In May, 1999, the Manitoba government announced that it would more than double enrolment – 100 government-funded seats have been added to the LPN program.

**Post Basic Programs**

Manitoba’s numerous post basic courses include team leading, VON foot care, physical assessment, IVs, and care management programs. Some post basic courses are now part of the basic education program (e.g. initiating IVs has been added to the basic program). (Note: Administering medications is a well established competency area for LPNs in Manitoba, with a 45 year history.)

\*Numbers are quoted from the September, 1999 LPN Registrars Conference unless otherwise noted. “Psychiatry” includes psychogeriatrics. “Other” is the category chosen when the LPN works in several areas, which is common in smaller institutions, and when the LPN works in more than one agency on a part time or float basis. See the *LPNs in Canada* fact sheet for comparison to other provinces.

**Distinctive, New and Emerging Roles**

In smaller and rural communities, the number of LPNs in acute care is increasing (the current ratio is 4 RNs : 1 LPN). This trend has not yet occurred in tertiary/urban hospitals because of an “all RN staffing” model. However, the current government advocated for an increased presence of LPNs in tertiary care in its 1999 election campaign, and it is anticipated that LPNs will be employed in acute care in tertiary/urban hospitals in the near future. Some tertiary hospitals, such as Brandon General, never completely eliminated LPNs in acute care, while those such as St. Boniface and Health Science Centre in Winnipeg did.

Many new and emerging roles for LPNs in Manitoba are found in long term care and community settings.

In LTC, where LPNs have a well established role, LPNs now assume the team leader or case manager role. As team leaders, LPNs are responsible for assigning care to care aides, supervising care aides and providing leadership to other LPNs. There is a post basic course in Manitoba specifically for LPNs preparing for this leadership role. There are 800 new LTC beds opening in the province. On average, RNs and LPNs make up about 30 per cent of nursing staff in long term care, while care aides make up 70 per cent.

In the community, LPNs are assuming a coordinator role for other home support workers. This role involves assessment of client needs and supervision of support workers.

**Other Manitoba Information**

Retention and recruitment funding is available through a special Health Ministry program for skills upgrading/refresher programs, additional positions, professional development at work, training for speciality practice, and other initiatives.

Finally, the Manitoba Association of LPNs has a “Generic Position Description” that outlines responsibilities (job related and professional) similar to the competency documents of other provinces.

**For more information**, contact Verna Holgate, Registrar, Manitoba Association of LPNs, at (204) 663-1212.

**FACT SHEET** OVERVIEW OF LPNs IN OTHER PROVINCES

# LPNs in New Brunswick

**Fast Facts\***

1998 number of registered members: 2,575

## Place of employment:

Hospital: 941 (41 %)

Nursing home: 1,000 (44 %)

Other: 312 (14 %)

## Primary area of responsibility for three highest areas:

Geriatrics: 1,124

Medical-Surgical 328

Other: 694

Note: This is an increase of 1,000 registrants in the last five years. New Brunswick is currently experiencing a shortage of LPNs.

**Regulatory and Practice Issues**

Entry level competencies and new standards being developed by the New Brunswick Association of RNAs (NBARNA) were expected to be available in 2000. New Brunswick's current use of the registered nursing assistant (RNA) title will change to LPN in the near future.

**Basic Education Program**

New Brunswick's basic education program for practical nurses is 50 weeks long and is offered in four public and six private education institutions. Additional seats have been funded.

A collaborative project in New Brunswick promotes care aides in upgrading to the LPN role. This came about due to the provincial government's decision to change staffing ratios in long term care, which saw the number of LPN positions increase from 20 to 40 per cent of nursing staff. Under this initiative, care aide upgrading was supported to avoid displacement. According to the registrar of the NBARNA, hundreds of care aides have completed the upgrading programs to become LPNs.

\*Numbers are quoted from the September, 1999 LPN Registrars Conference unless otherwise noted. "Psychiatry" includes psychogeriatrics. "Other" is the category chosen when the LPN works in several areas, which is common in smaller institutions, and when the LPN works in more than one agency on a part time or float basis. See the *LPNs in Canada* fact sheet for comparison to other provinces.

### **Post Basic Programs**

Medication administration is offered to practising LPNs. As of September, 1999 this skill became part of the basic education program. An operating room program is also available to the province's LPNs.

### **Distinctive, New and Emerging Roles**

In New Brunswick nursing homes and long term care facilities, the current staffing ratio for RNs, LPNs and care aides is 20:40:40. This ratio is set by government policy and is required in facilities funded by government. In acute care, ratios vary from 50:50 to 100 per cent RN staff. As the government provides global funding to acute care hospitals, it does not prescribe staffing levels as it does for LTC.

One new initiative in LTC is that LPNs are now giving medications in nursing homes. (Nursing home residents are considered "stable" with predictable outcomes.) This new role is an important one for LPNs in New Brunswick, as the majority practise in geriatrics. The Victoria Order of Nurses is also actively hiring LPNs for home care nursing.

Finally, "extra mural hospitals" or "hospitals without walls" (i.e. mainly outpatient and integrated with community or long term care) are considering the role of the LPN in community outreach work.

### **Staffing Models**

There are a number of staffing models employed in New Brunswick's health care facilities. For example, a team model of staffing was described at a Moncton acute care facility. Of three teams on a neurology unit, two are made up by an LPN and an RN, while the third is made up of two RNs. The registrar of the NBARNA reported that these LPN/RN teams are very effective. Both know each other's roles and capabilities and there is minimal overlap and conflict.

Another example is found at Chalmers Hospital, which replaced an older Fredericton hospital in the 1980s. When the new hospital opened, only RNs were hired on acute care units, consistent with the trends of that time. This remained the norm until recently, when LPNs were hired on medical-surgical units, and then on maternity and pediatric units. Those job descriptions are under review.

Finally, the registrar of the NBARNA notes a climate of change for LPNs in New Brunswick. He sees a steady increase of LPNs in acute care and the possibility that this role will be expanded to reflect LPNs' educational preparation. Community is another area offering new opportunities for LPNs in New Brunswick, while long term care is considered to be stable, with no anticipated role changes.

**For further information**, contact Normand McDonald, NBARNA Registrar, at (506) 453-1747.

**FACT SHEET** OVERVIEW OF LPNs IN OTHER PROVINCES

# LPNs in Nova Scotia

**Fast Facts\***

1998 number of registered members: 3,209

**Place of employment:**

Hospital: 987 (38 %)

Nursing home: 867 (33 %)

Other: 754 (29 %)

**Primary area of responsibility for three highest areas:**

Geriatrics: 867 (38 %)

Acute care: 987 (33 %)

Psychiatric: 278 (11 %)

Other: 476 (18 %)

**Regulatory and Practice Issues**

The RN and LPN regulatory bodies jointly list competencies that can be delegated to LPNs.

**Basic Education Program**

Nova Scotia's basic education program for practical nurses is 10.5 months in length, offered over three semesters. Four community colleges teach the program.

**Post Basic Programs**

Post basic education available to LPNs in Nova Scotia include refresher, medication administration, pharmacology and community health programs.

**LPN Role**

There are a number of trends affecting the role of LPNs in Nova Scotia. In acute care, where LPNs have a historical role, working under the direction of RNs, the LPN role is expanding and the number of LPN positions is increasing.

In long term care, especially with the nursing shortage, new models of care are emerging. LPNs are assuming a unit "in-charge" role, working with RNs who have overall

\*Numbers are quoted from the September, 1999 LPN Registrars Conference unless otherwise noted. "Psychiatry" includes psychogeriatrics. "Other" is the category chosen when the LPN works in several areas, which is common in smaller institutions, and when the LPN works in more than one agency on a part time or float basis. See the *LPNs in Canada* fact sheet for comparison to other provinces.

responsibility for nursing care in the facility. LPNs in Nova Scotia's long term care facilities also administer medications.

LPNs are also beginning to work in home care nursing.

It has been identified that discussion and clarification is needed regarding the roles and scope of practice for all members of the nursing team. The RN Association of Nova Scotia and the Practical Nurses Licensing Board have been collaborating on this issue.

### **Care Aide Role**

Training programs for care aides vary considerably in Nova Scotia. There are about a dozen categories of workers in the care aide role. Care aides training ranges from "on-the-job" to programs in private and public educational institutions. The major change related to care aides in Nova Scotia is the increased numbers of these workers. Because programs are not standardized, expectations for the role vary. Therefore, delegation and supervision of the various types of care aides by LPNs and RNs pose a challenge.

Care aides are primarily employed in long term care and other types of residential care (including caring for clients with mental and physical disabilities). Although a few "nurses aides" are employed in acute care, they are not involved in direct care to clients. Personal care workers (PCWs) assist residents with activities of daily living, such as assistance with feeding or ambulation. This role seems to be most consistent with roles in other provinces, such as the care aide role in B.C.

**For further information,** contact Ann Mann, Registrar, Practical Nurses Licensing Board, at (902) 423-8517.