

# Promoting Positive Change

## BCs LPNs and Care Aides

**Promoting Positive Change** provides examples of effective utilization of BC's Licensed Practical Nurses (LPNs) and Care Aides.

This newsletter is the second of two and is a follow-up to the report *Effectively Utilizing BC's Licensed Practical Nurses and Care Aides* (2008; [www.health.gov.bc.ca/library/publications/year/2008/Effectively\\_Utilizing\\_LP\\_N\\_Care\\_Aide\\_Report.pdf](http://www.health.gov.bc.ca/library/publications/year/2008/Effectively_Utilizing_LP_N_Care_Aide_Report.pdf)).

The report examined the evolving utilization of LPNs and Care Aides across the province and was a collaborative effort of the Ministry of Health Services, the Health Employers Association of BC, the Facilities Bargaining Association and health care employers. The report made recommendations for successful strategies to optimize the utilization of LPNs and Care Aides. The two newsletters provide examples of these strategies "in motion."

As in the first newsletter, each example featured involves a planned change. Success results from skilled leadership, good communication, ongoing staff input and clear roles, responsibilities and decision making processes. Examples align with one or more of the strategies recommended in the report:

- ✓ Transition to practice for newly graduated LPNs
- ✓ Professional development and education opportunities
- ✓ Networking opportunities
- ✓ Leadership training and leadership opportunities for LPNs
- ✓ Collaborative practice opportunities to support participation in clinical practice issues
- ✓ Participation on formal decision-making structures

## An Emerging Area of Practice for LPNs: Maternity Care

### Strategies:

- ✓ Professional development and education opportunities
- ✓ Collaborative practice opportunities to support participation in clinical practice issues

In some health authorities, maternity care is an emerging area of practice for LPNs. While the theory and skills to care for maternity patients is part of the core LPN curriculum, limited opportunities exist to practice those skills. Health Authorities are recognizing the potential of LPNs in maternity settings and are working in different ways to harness this potential.

At Chilliwack General Hospital (CGH; Fraser Health), LPNs were incorporated into the staffing complement on the 20-bed maternity unit in October 2009. The idea arose from a successful summer work experience by an employed student nurse (ESN) who worked the role, scope and functions of an LPN.



The CAPE (Competence Assessment, Planning & Evaluation) tool, developed by FH Professional Practice, was utilized by the LPNs to assess their learning needs.

CGH partnered with BC Women's to offer a one-day "maternity refresher" workshop for LPNs. LPNs were supported to complete the Neonatal Resuscitation Program (NRP). Practical experience was obtained through a one-month mentorship on

the maternity unit with an RN. The LPNs provide care to stable, non-complicated new mothers and their babies. Anita Dickson, FH LPN Consultant, credits Ruth Dueckman and Carol Massie, the Manager and Educator for the maternity unit at CGH for "providing the leadership to move the concept forward."

In Northern Health Authority (NHA), LPNs are a "second pair of hands" on busy days with maternity patients in small and rural hospitals. While LPNs have played this role for many years, their confidence and ability to respond has improved following the initiation of a 2-day LPN specific maternity workshop.

The workshop, offered in Fort St John, Burns Lake, Kitimat and Vanderhoof so far, covers topics such as maternity and newborn assessments, mother/baby care, carepaths/documentation, parent teaching and breastfeeding. According to Leslie Murphy, NHA Clinical Educator, "LPNs are very positive about the workshop and particularly value the "hands on" exercises, learning about the "norms", understanding the carepaths and documentation and learning ways to help RNs during emergency situations.

LPNs started working collaboratively with RNs to care for maternity patients at Shuswap Lake General Hospital (Salmon Arm) in October 2008. After being orientated to maternity, LPNs are assigned to stable, post-partum patients. LPNs also assist RNs in the labour room. While much of their learning is "on the job," LPNs are encouraged to take a 20-hour breastfeeding course and audit the Neonatal Resuscitation Program. Allison New, Patient Care Coordinator, says she "feels very lucky to work with a very talented group of LPNs that are able and eager to assist with maternity patients."

## Teamwork: RNs, LPNs and Care Aides

### Strategies:

- ✓ Professional development and education opportunities
- ✓ Networking opportunities
- ✓ Collaborative practice opportunities to support
- ✓ Leadership training and opportunity for LPN's

The medical and the alternate level of care (ALC) units at Campbell River Hospital (CRH) are two examples where LPNs and Care Aides are working effectively as a team with Registered Nurses.

In 2005, education was provided to LPNs on the 11-bed (+ overflow) medical unit to enable them to work to full scope. This allowed LPNs to assume primary responsibility for patients who could be appropriately cared for within the LPN scope of practice (i.e., stable patients with predictable outcomes). A second opportunity was provided in 2008 when the unit was “formally” expanded by 10 beds (total of 21 beds). At the same time, CRH was participating in VIHA’s Care Delivery Model Redesign initiative which collected data on the scope, role and function of care team members, by discipline. The analysis supported the introduction of a permanent care aide position and the adoption of a more collaborative approach to care. This data continues to be used in the daily alignment of care providers and patient needs. The RN/LPN/Care Aide model has been well received by staff, patients and families.

Also in 2008, the staffing mix on the 14-bed ALC unit changed. The previous staffing was an RN/LPN mix, with LPNs working in a limited scope. To more effectively utilize staff, Care Aides were introduced and LPNs were coached to assume full scope responsibilities. The Clinical Coordinator and RNs provide RN support from the medical unit, which is on another floor. The Clinical Coordinator, LPNs and pharmacist carry out weekly rounds where medications are reviewed and care plans updated. The unit philosophy is to

provide best evidence based practice for residential care patients.

Achieving the staffing mix changes on both units required careful planning and opportunity for RNs, LPNs and RCAs to provide input. Education sessions were offered for staff with clarity of roles and scope of practice being frequent topics of discussion.

Susan McCormac, Clinical Coordinator, Medical Unit and ALC Unit said that “While there are still growing pains, staff are rising to the challenge and we are beginning to see the benefits. Weekly pharmacy rounds are in place on both units and care planning has improved.” In terms of lessons learned, she said that the most important thing was “continual good communication, having key players at the table throughout the process, working one on one with staff to support the changes and on going coaching and education to sustain the changes.”

## KEES Series for Care Aides

### Strategies:

- ✓ Professional development and education opportunities
- ✓ Networking opportunities
- ✓ Collaborative practice opportunities to support participation in clinical practice issues

Between September 2008 and May 2009, with funding from the Facilities Bargaining Association (FBA), the Vancouver Residential Practice Team (RPT) offered a 4-part educational series called KEES (Key Educational Elements and Skills) for Residential Care Aides. This series was one of many educational opportunities initiated within Vancouver Community aimed at improving gerontological practice.

Recognizing that Resident Care Aides (RCAs) are the “eyes and ears” of the residents, the series

focused on observing, reporting and recording. Each day covered a variety of topics including:

- Understanding behaviors, prevention/management of agitated and excessive behaviours, and reporting signs of delirium.
- Dysphagia, oral care, palliative and end of life care.
- Enhancing functional mobility with a focus on fall prevention, restorative care, improving ADLs, wheelchair positioning and mobility aids.
- Communication strategies within the team and with residents/families.

Care Aide participants were very positive in their evaluation of the sessions. Comments included: “I would like to have more of this type of education,” “I would like my peers to attend this session,” and “proper care makes a difference in people’s lives.”

After each session, a summary of key messages and tools was circulated to the Directors of Care (DOCs) which enabled them to reinforce the learnings in day-to-day practice. In a survey completed in April 2009, the DOCs indicated that the sessions had improved RCA approaches and outlooks whereby they considered themselves valued as part of the care team.

Building on the success of the first KEES series, the content has been updated and is being offered twice between September 2009 and March 2010.

**Knowledge (LINK)** is a 5-part education series that was developed and offered by the Residential Practice Team and other practice partners to nurses between June 2008 and February 2009. The comprehensive education series supported nurses in implementing best practice standards in gerontological nursing utilizing evidence based Clinical Practice Documents (CPDs), professional practice standards and guidelines.

Examples of topics included:

- Resident and family centered philosophy of care
- Ethics, abuse, and transitions
- Respectful communication and workplace, leadership, collaborative practice and teamwork
- Chronic disease management such as:

CHAIN Clinical Commitment				
Concern: What is the area of clinical concern that you would like to improve?				
C	Concern			
How will you make it happen? List the necessary tasks.		Person Responsible	When to be Done	
H	How will you make it happen?			
Actual results... What was the end result of implementing your plan?				
A	Actual Results			
Investigate what happened... What did you learn?				
I	Investigate – what did you learn?			
Next steps: Based on what was learned, what will your next step be?				
N	Next steps			

hypertension, continence, dementia care, hydration, diabetes, chronic obstruction lung disease, and renal disease.

In order to imbed and sustain practice change, VCH facilities were encouraged to support staff to attend all 5 sessions in the series. Facilities in which at least 25% of regular RN/RPN/LPN staff attended all 5 LINK sessions were invited to join as CHAIN (Comprehensive Health Assessment In Nursing) Gang members. Being part of the CHAIN Gang required staff to identify a clinical concern and to make a commitment to improve clinical care in a

## LINK Series for LPNs

### Strategies:

- ✓ Professional development and education opportunities
- ✓ Networking opportunities
- ✓ Collaborative practice opportunities to support participation in clinical practice issues
- ✓ Leadership training and opportunity for LPN's

large or a small way on their unit. Teleconferences with the CHAIN Gang were organized to share their commitment and experience with colleagues. One-third of residential care facilities in Vancouver Coastal Health rose to this challenge.

Participant examples included:

- Identification, management, and support of resident's behaviors after moving into RC.
- Education of staff on prevention of constipation and implementing a bowel protocol.

The LINK Series is being offered again in 2009/10 with some modifications. The CHAIN Gang is continuing to recruit!

## Teamwork: RNs, LPNs and Care Aides

### Strategies:

- ✓ Transition to practice for newly graduated LPNs
- ✓ Professional development and education opportunities
- ✓ Leadership training and opportunity for LPNs

At Lion's Gate Hospital (North Vancouver) and Providence Health Care (Vancouver), LPNs are helping their colleagues in new ways – as mentors. While the day-to-day functions at the sites differ, the goal of supporting LPNs in their day-to-day clinical practice is the same.

At Lion's Gate Hospital (LGH), the LPN Lead provides direction and guidance and acts as a clinical mentor to LPNs and Acute Care Aides in the LGH acute care float pool. The role assists LPNs to work collaboratively with RNs in developing and maintaining patient care plans. The role also assists Acute Care Aides in providing nursing care according to established plans. Without this support, working in the acute care float pool can be very stressful especially for newly graduated LPNs and Acute Care Aides. Many of the LPNs

and Acute Care Aides that work in the float pool at LGH are new graduates. The position was created in early 2009 and was filled in March by Charlene Kobitzsch, an LPN with 35 years (25 in the float pool) and a broad base of LPN experience.

According to Joanne Dickie, an LPN that works in the float pool, "LPNs and Acute Care Aides feel more supported and less overwhelmed since the introduction of this position. The role provides recognition and respect for LPNs and Acute Care Aides and creates future opportunities for LPNs to move into leadership roles."



Charlene Kobitzsch describes her move to the LPN Lead role as "exciting, challenging and very rewarding." The new role provides her with "an opportunity to pass on the knowledge and skills she has learned over the past 35 years to other LPNs and Acute Care Aides."

At Providence Health Care, the LPN Education Coach Supervisor, a member of the professional practice team, responds to requests from clinical nurse leaders, managers or LPNs themselves to provide one on one education/support for LPNs that work in acute or residential care. Requests are received by e-mail, telephone or face-to-face contact. The Coach may spend an hour or a shift with an LPN, depending on the LPNs needs.

The LPN Education Coach Supervisor position, filled for the first time in August 2009, was based on the success of using unit coaches to support the implementation of "collaborative practice units." Candy Garossino, Director of Nursing Education, describes the work of the LPN Education Coach Supervisor as providing "in the moment support to LPNs." She says that "staff and managers have been very appreciative of the role" and credits this to "the knowledge, experience and attitude of the incumbent – Steven Roth."