

Promoting Positive Change

BC's LPNs and Care Aides

Promoting Positive Change provides examples of effective utilization of BC's Licensed Practical Nurses (LPNs) and Care Aides. This publication is the first 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_LPN_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. This newsletter provides examples of these strategies “**in motion.**”

Each example in this newsletter involves a planned change. Success is a result of 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

New LPN Role Provides Practice Support for RNs and LPNs

Strategies:

- ✓ Transition to practice
- ✓ Professional development and education opportunities
- ✓ Leadership training and opportunity



Helen Thorne started work as an LPN on 6 South, a 45 bed neurosciences unit at Victoria General Hospital, in 1993. In December 2008, she moved into a newly created role, Practice Support LPN, on the same unit.

In this temporary role, Helen works one on one with over 100 RNs and LPNs to support patient care and promote employee wellness and safety.

As a part of her role, Helen coaches colleagues on her unit about preventing musculoskeletal injuries and the use of mechanical lifts. She demonstrates and provides hands-on training about the best ways to transfer and lift patients. She spot checks and ensures the appropriate availability of equipment.

Helen, in collaboration with her physiotherapy and occupational therapy colleagues, is currently introducing a new bedside card which identifies mobility levels and special needs of individual patients.

"I enjoy the work and can see the benefits for staff. They have someone to go to if they have a question"

*Helen Thorne,
Practice Support LPN.*

Helen works closely with new staff members to assist with their transition to the unit. She is involved in mentoring LPNs to work in a role which utilizes their full scope of practice as it pertains to neurosciences. As a member of the Stroke Collaborative, Helen supports the RNs and LPNs with best practice guidelines for stroke, including the importance of monitoring temperature and blood glucose and effective ways of screening for swallowing problems. If Helen notices a gap in care (e.g., temperatures or blood glucose not recorded

as per the plan), she coaches her colleagues on resolving the gap.

Leighanne MacKenzie, Director of Emergency Services, Trauma and Neurosciences for the Vancouver Island Health Authority, says "the biggest benefit of the role is that support is provided to staff at the ground level." She adds that a key factor for success has been to "get the right person in place to develop the role."

Helen moved into this position with 25 years of LPN experience, with 16 of those years on 6 South. Even with this experience, Helen said "it was challenging to move into this role as it was new and there was no job outline." Now, 4 months into the role, Helen says she "enjoys the work and can see the benefits for staff. They have someone to go to if they have a question." Helen's motto is "if I don't know the answer, I will find out for them."

Mental Health Certification for LPNs

Strategies:

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

Hillside Acute Tertiary Psychiatric Centre opened in 2005 in Kamloops. The centre includes 25 acute tertiary neuropsychiatry and 19 acute tertiary adult and geriatric psychiatry beds. The neuropsychiatry unit is one of two resources in BC available to support this challenging patient population.

Prior to opening the neuropsychiatry unit, the nursing care model was carefully considered in light of the specific patient population. With an expected length of stay of one to six months, and a patient population anticipated to be relatively stable after an initial assessment and settling period, an RN/RPN/LPN mix was selected as the appropriate care delivery model. The LPN curriculum was reviewed as to the degree it prepared LPNs to work with this specialized neuro-

psychiatry population. The review concluded that the level of medical/surgical and geriatrics preparation was sufficient, but that education specific to mental health nursing was lacking in the core curriculum. Working in acute psychiatry would be a new area of practice for LPNs.

“Without the program, I would not have the same understanding about mental health.”

Sue Janzen, LPN

To address the need for mental health specific nursing education, Interior Health (IH) contacted the David Lam Coquitlam Campus of Douglas College. Douglas College was an obvious choice given its successful track record in providing similar education to Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs). The College enthusiastically agreed to a partnership with IH to develop a curriculum that focused on the needs of LPNs working in acute psychiatry areas.

The LPN Mental Health Program consists of four self-paced, distance education, instructor-supported courses. The fifth course, a Knowledge Transfer course, focuses on the transfer/application of the four mental health courses to clinical practice. Intake is continuous and LPNs can remain working while enrolled in the program. LPNs that complete all courses obtain a “Certificate in Community Mental Health.”

Colleen McEwan, the Manager at Hillside Acute Tertiary Psychiatric Centre for its first three years in operation, credits Sue Janzen, a Hillside LPN (and BCGEU Steward and CLPNBC worksite liaison) as playing a key role in making this program and the LPN role a success. “Sue worked tirelessly with us on many issues including defining clear scopes of practice within this new area of practice.” Colleen also gives kudos to the staff at Douglas College for responding to the need in a timely manner and developing an excellent and relevant curriculum.

While the initial impetus for the program was to support LPNs working on Hillside’s neuropsychiatry unit, there has been significant uptake by LPNs that work in mental health areas in

other centres such as acute psychiatry and geriatric psychiatry, as well as in other health authorities. Up 50 LPNs have been enrolled in various stages of the program at the same time. Specialty programs like this are critical in providing support as LPNs move into new areas such as mental health.

For more information about the Certificate in Community Mental Health Program, please see the website:

www.DouglasOnlineHealth.com

As the first LPN graduate of the Community Mental



Health Program at Douglas College, Sue Janzen said “the best thing about the program was the ability to complete the courses online while continuing to work in a mental health setting.

The assignments were relevant to my daily work and the program helped me feel more prepared to work in my setting. Without the program, I would not have the same understanding about mental health.”

Professional Development for Residential Care Aides and Rehabilitation Assistants

Strategies:

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

Between October and December 2008, 360 Residential Care Aides (RCAs) and Rehabilitation Assistants (RAs) at Providence Health Care participated in one of nine inaugural PEP Day (Paid Education Program Day) offerings for RCAs/RAs. PEP Days for RCAs/RAs represents an extension of the popular semi-annual or annual PEP Days that have been in place for RNs and LPNs since 2005.

RCA and RA Residential Care PEP Days

Residential Care PEP Days are new paid education days for RCAs and RAs employed by Providence Health Care in Residential Care. You will be paid (7.5 hours) at straight time for attending a PEP day. RCAs are to attend on their day off or have an approved LOA from their leader. RAs are to have the approval of their leader prior to signing up.

Topics for RCA/RA Fall 2008 PEP Days include:

The art of difficult communication
Medication delivery refresher (no testing)
Supporting residents at mealtimes
Update on oxygen delivery
Keeping our residents safe - a focus on least restraint
Infection control updated

Dates:

October 2, 6, 20, 27,
November 3, 6, 17, 20
December 1

Time:

0730-1530

Location:

Mount St. Joseph Hospital
Harvest Room, 3rd floor

Registration:

If you are not scheduled to work:

- Register on the Internet at <http://ccrs.vch.ca/>
- Log in, or create a profile for yourself (you need your employee number)
- Search for 'Residential Care PEP Days' under 'Courses'
- Select your PEP Day and click 'Register'
- If you have put an email address in the system you will receive a message confirming your registration

If you are scheduled to work:

- Submit a 'Change Request Form' to your Operations Leader
- Staffing needs 4-6 weeks to replace you
- Once you have been replaced, register online as above

Seats are limited in each session so sign up early for best choice of dates.



RCAs/RAs attended a full day of education which included a variety of topics, such as the art of difficult communication, medication delivery refresher, supporting residents at mealtimes, update on oxygen delivery, keeping residents safe and infection control update.

"I hope we have more education like this."
A PEP participant

Evaluation comments from one participant describes the benefits:

"I have had a wonderful time and learned lots. Refreshment education is very useful to bring back to our workplace. I hope we have more education like this."

RCA/RA PEP days resulted from the hard work of many. The initiative was led by the Clinical Nurse Specialists in Residential Care, Heather Mack and Tilly Schalkwyk. The Nurse Educators supported the initiative and were among the list of presenters. The Professional Practice/Education Office organized registration and the logistics. While RCAs/RAs were compensated to attend the day, attendance was voluntary. Candy Garossino,

Director of Nursing Education, was pleased to see about 75% of RCAs attend. Candy noted the benefits of such a session in terms of "education related to maintaining and/or improving resident care but also for relationship building amongst RCAs/RAs and between RCAs/RAs and the CNSs and educators." She noted that many RCAs/RAs commented anecdotally that the "PEP Days made them feel valued and supported as a team member and they appreciated the dedicated attention."

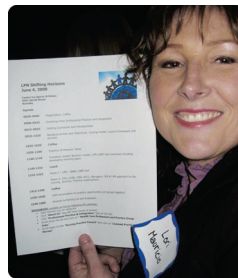
Providence plans to offer PEP days for Care Aides again but the next date has not yet been set. Examples of future topics suggested by participants included ways to improve team communication, deal with conflict, and manage work-related stress such as a challenging or dying resident. Care of residents with wounds and exploring the perceived imbalance in workloads were also noted as possible future topics.

LPNs Mentor LPNs and Other Staff

Strategies:

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

During the past 2 years, LPNs in Fraser Health have been provided an opportunity to participate in two full day workshops. Sponsored by Professional Practice & Integration (PPI), the most recent workshop was offered twelve times in the spring of 2009 on LPN Mentorship. This workshop provided LPNs with a framework to be a mentor to other LPNs as well as other staff. Attendees received practical tips on establishing mentor relationships, sharing wisdom, providing feedback, building confidence and principles of teaching and learning. The workshop was co-facilitated by Anita Dickson, an LPN and Clinical Practice Consultant with



PPI, and was attended by groups of 20 LPNs who worked in both acute and residential care. Evaluations showed that the LPN Mentorship workshop increased the confidence level of participants and helped participants better understand their scope of practice. When asked whether they would agree to be a mentor in the future, the response was an overwhelming “yes!”

One participant summed it up nicely. “I attended your mentoring workshop yesterday. I just wanted to thank you for all your on-going efforts. You are truly an answered prayer. As a fairly new grad, I have experienced many of those emotions you discussed yesterday and have had questions I didn’t even know to ask. I can’t thank you enough for sharing your knowledge and experience.”

The LPN Mentorship workshop was built on the successes of a PPI workshop offered in the spring 2008 called *Shifting Horizons: Collaborative Nursing Practice*.

Fraser Health plans to repeat both workshops in the future.

Education Day for Residential Care Aides and Community Support Workers

Strategies:

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

May 4th and May 5th, 2009 marked the 5th annual conference for Residential Care Aides (RCAs) and Community Support Workers (CSWs) in Northern Health (NH). The conference was sponsored by the Northern Interior Home and Community Care (NIHCC) Education Committee and was attended by 160 RCAs and CSWs, up from 110 the previous year. Three-quarters of the participants were RCAs and one-quarter were CSWs. RCA and CSW students and Community Health Workers from First Nation’s communities were among the participants.

Similar to previous years, the annual conference focused on clinical topics that are relevant to everyday practice for RCAs and CSWs. The key note speaker, Peter Wiebe (from Manitoba), discussed E.M.P.A.T.H.Y. as a method of changing elder care from a task orientation to person centered care. Updates were provided by local experts on infection control practices, prevention and care of pressure wounds, and nutrition.

Five years ago, the first annual RCA/CSW conference was initiated as a way of introducing clinical practice guidelines (CPGs) to a broader audience. Previous efforts targeted RNs and LPNs only. Loretta Jackson, a residential care manager in NH, recognized the potential to increase the uptake of the CPGs and to improve the care of residents/clients through more active involvement of RCAs/CSWs. Her concept of a health authority-wide RCA/CSW conference was enthusiastically endorsed by the Northern Interior Home and Community Care Education Committee, the NH Professional Practice Office and NH administration. The importance of the conference is reinforced in the introductory remarks given by the NH Chief Executive Officer, Cathy Ulrich.

Loretta Jackson said that the best thing about the annual conference is that “it shows RCAs/CSWs that they are appreciated.” She credits Brenda Miller, NIHCC Educator, with taking a lead role in the coordination of the conference. She also notes that “the most common comment in participant evaluations is the desire for more frequent conferences.” About one-third of participants at each conference have attended a previous conference.

The RCA/CSW evaluation comment of one participant reflects the overall excitement of conference participants:

“I would return in the future even if only for a reminder of the importance of the role we all play in caring for our residents.”

NH is planning a 6th annual conference in the spring 2010. Time and budget permitting, an additional conference in the fall 2009 may also be offered.