

LICENSED PRACTICAL NURSES

# TAKING OUR PLACE in modern nursing care



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MAY 2011

# Taking our place in modern nursing care

Health care is changing. And across North America, Licensed Practical Nurses are taking on new roles and responsibilities as part of a modern nursing care team where every member is utilized to their full scope of practice.

In B.C., strong independent advocacy has secured greater respect and recognition for LPNs and their role in improving the quality of patient and resident care.

But if B.C.'s LPNs are to achieve the professional independence afforded their counterparts in other provinces, these nurses must be provided with the education and support needed to take on new roles and responsibilities with confidence.

As part of its ongoing advocacy, the Hospital Employees' Union is continuing to work with its LPN members to help them achieve their professional goals.

## Moving the profession forward

With the movement towards full scope LPN practice in the last decade, it was clear to HEU and its LPN members that there remained significant barriers to ensuring the optimal utilization of these nursing professionals.

In 2006, HEU and its union partners in the Facilities Bargaining Association secured a forum for high-level policy discussions with government and health authority executives to identify progress on LPN utilization – as well as the barriers that stand in the way of this objective.

In addition to providing expanded training and education support to LPNs, this policy process resulted in a shared understanding by all parties involved as to how to move LPN utilization forward. This is contained in the 2010 final report of the Joint Policy Committee entitled “Effectively Utilizing BC's LPNs and Care Aides.” (available at [www.heu.org](http://www.heu.org))

In 2009, the union developed a roadmap for advancing LPN's professional practice. HEU's paper “Moving our Profession Forward,” guided the union's efforts at the bargaining table in 2010. And with ongoing input from LPNs – and from the member-based LPN Advisory Committee – the union continues to advocate for the goals identified in this plan.

- Independence of LPNs' professional practice
- More education, training and support for new roles
- Increased recognition and appropriate compensation

## Recent achievements

LPNs with their union have taken a number of steps over the last two years to protect their independent voice, create more opportunities for professional growth, and secure gains at the bargaining table.

- LPN members protected their independent voice by choosing to remain with HEU and rejecting outside efforts to transfer them into an RN-dominated union.
- As a result of continued work with government, health authorities and other decision-makers, more LPNs are now working in specialty roles.
- LPNs' priorities for collective bargaining in 2010 resulted in concrete gains.
- A new LPN wage increment grid has given the majority of LPNs compensation increases (including adjustments in April 2011) despite a public sector-wide compensation freeze.
- By working in collaboration with B.C.'s health authorities, HEU secured a \$2.5 million training grant in the current budget year for members of the nursing team that will support LPNs in specialty practice roles in acute settings, as well as LPN leadership roles in residential care.
- LPNs, along with HEU's leadership, now have a policy process where they meet directly with senior health authority and Ministry of Health officials to promote positive change in the workplace and support greater utilization of LPNs.
- An expanded network of LPN leaders and stewards has strengthened communication among LPNs across the province.
- The union has increased its capacity to assist LPNs with professional practice and college disciplinary issues.

## Building on our vision for modern nursing care

HEU and its LPN members have worked hard to develop a consensus between government, health authorities, chief nursing officers and other decision-makers on the need to support more effective utilization of LPNs in our hospitals and long-term care facilities.

But there are significant challenges to implementing this vision. For example, there is inconsistent LPN utilization among health authorities, hospitals and even between units in the same facility. Access to education and training along with leadership and mentorship opportunities continues to be a challenge.

And while attitudes in the workplace towards the increased utilization and independent practice of LPNs are changing – more quickly in some places than others – the BC Nurses' Union has remained stuck in a narrower, RN-dominated vision of nursing.



The BCNU leadership has not supported increased utilization, new roles for LPNs in specialty areas, or independent practice. Fortunately, most stakeholders have adopted a more modern approach to nursing practice and the BCNU has become increasingly isolated in its view.

Within this context, HEU and its LPNs continue to advocate for positive changes within the nursing team and to make progress on the key objectives set out in 2009.

In June 2011, the HEU will host a conference of LPN members to build on these objectives and discuss strategies to achieve our vision of modern nursing.

### ***Increased Independence For LPNs Key To Modern Nursing***

LPNs have pride in their profession and want to see it advance. They want to be able to work to their full potential and be more effectively utilized in the health care system, so long as they are supported appropriately.

In recent years, government has agreed that modern solutions to health care's challenges depend on all practitioners working to their full potential. That means training practitioners to provide a wider range of services and expand their scope of practice. Health policy analysts agree – collaborative practice and team building are leading strategies for successful health care reform.

That's why a focus on LPN independent practice is so important. It is an essential element in getting beyond the old-fashioned hierarchies in our nursing units and building true collaboration between interdisciplinary teams of professionals and allied practitioners.

But B.C. lags behind most provinces in the rate at which it utilizes LPNs in a number of key settings. According to data collected by the Canadian Institute for Health Information (CIHI), B.C. is ranked a disappointing eighth in terms of LPN to RN mix on the care team.

The province ranks particularly poorly in LPN utilization rates for psychiatric units, maternity units, and in the operating room.

In the January 2010 report, "Effectively Utilizing B.C.'s LPNs and Care Aides," the current regulation governing LPN professional practice was identified as a significant structural barrier to greater utilization.

The report states:

*"The Regulation restricts LPNs to carrying out nursing services 'under the direction of a medical practitioner' or 'under the supervision of an RN' (except in an emergency). This language limits the autonomy of LPNs and is inconsistent with current practice. Legislation in most*

## LESSONS FROM ALBERTA

Alberta provides HEU LPNs with some important insights into how LPNs could be more effectively utilized in B.C.

Nursing regulations in Alberta have been changed. They now focus on activities rather than on hierarchies. LPNs in Alberta no longer work under the supervision or direction of an RN, except in specific circumstances.

Called a '**restricted activities' model**, the regulations group nursing activities into:

- those that LPNs can perform independently
- those LPNs can perform provided an order exists
- those activities LPNs cannot perform

This model is sensitive to different levels of LPN education and experience.

By focusing on activities, rather than hierarchies, this approach has successfully moved the LPN profession forward. The B.C. *Health Professions Act* promotes regulatory changes, based on the restricted activities model, but this change has yet to come into effect for LPNs in B.C.

Alberta has also introduced a longer LPN educational program and many more post-basic specialty programs than currently exist in B.C.

HEU supports additional funding to allow for a longer course that includes more specialty training, and which addresses the new content that will be required in the national LPN exams.

*other Canadian provinces (e.g., Alberta and Ontario) allows LPNs to independently perform specific restricted activities that are taught in the basic LPN program.”*

In B.C., regulatory changes are needed to facilitate LPNs' ability to independently perform specific restricted activities where they are no longer required to work under the direction or supervision of an RN.

Within the HEU, LPNs are developing a vision of what practice should look like under a restricted activities model. This includes identifying the activities LPNs know they are safely able to perform independently, based on their education and current practice experience.

And it includes identifying the support (education, training and mentorship) they need from the system to take on new roles, expand their scope of practice, and become more effective members of interdisciplinary teams.

### ***Training And Education To Support LPNs In New Roles***

Over the past decade, HEU's advocacy for LPNs has expanded the opportunities for hundreds of LPNs to access training and education to enhance and upgrade their skills.

But all stakeholders recognize that more needs to be done to optimize LPN utilization. The January 2010 report referred to above identified the need for:

- Professional development and education opportunities
- Transition to practice opportunities for new graduate LPNs
- Leadership training and leadership opportunities

Stemming from a commitment to joint action at the bargaining table in 2010, HEU worked with health authorities to secure an additional \$2.5 million from the B.C. Health Education Foundation to support training for LPNs in their current roles as well as in new specialty roles in mental health, maternity, renal, emergency room, and operating room settings. In residential care, there will be training for new LPN leadership roles. The Fund will also support training for care aides.

HEU LPNs and staff are part of a provincial-level advisory group, as well as health authority-level working groups, to advise on regional training plans to get LPNs into new roles in the health care system.

## ***Recognition And Compensation***

LPNs were supported by their union to put wage increment steps on the table for 2010 bargaining. The Facilities Collective Agreement now includes a six-step wage grid reflecting years of experience and ensuring wage increases over time.

The settlement also resulted in compensation adjustments to most HEU LPNs over the term of the two-year agreement – as much as seven per cent for the most experienced.

HEU also uses the collective agreement provisions to try and establish pay rates that reflect roles and responsibilities that are qualitatively more complex than entry-to-practice level LPN work.

Currently, LPNs in the operating room and LPNs in supervisory roles receive appropriately higher compensation. The HEU has also gone to arbitration to defend the pay of 251 LPNs working in residential care leadership roles, to ensure they continue to be recognized and compensated at the supervisory rate.

The union took on a difficult arbitration for emergency room LPNs that was not successful in establishing higher rates in this area. Nevertheless, the arbitration award provided clear guidance that when LPNs take on functions that are qualitatively more complex than entry-to-practice level LPN work – and require substantive education and training programs – there may be a case for a new job classifications at a higher rate of pay.

## **Next Steps**

This is an important time for LPNs, and there is great potential to move the profession forward if we work together to advocate strongly for LPN practice.

HEU has been busy talking with LPNs through our outreach and consultation programs. For our advocacy work to succeed, HEU needs to continue to hear from LPNs on important questions such as:

- What practices are best performed independently by LPNs, based on education, training, and experience?
- How will moving to a framework in which LPNs are not always under direct supervision of an RN help the functioning of good team work and improve patient care?
- What supports do you need in the workplace to help this transition to independence? How can we deal with resistance proactively and positively?
- Would the Alberta model of independent practice work in B.C.?
- What new areas do you see LPNs safely and realistically moving into once

independent practice is established? Would you require additional training supports?

- Are there new areas LPNs are being moved into now without adequate training and managerial support?
- Which new work areas that LPNs could move into stand out as having duties that are more complex, and training requirements that are more substantive.

There's much to do this year. Our June conference will engage with LPNs on these questions about independent practice and adequate training supports.

HEU members on the B.C. Health Education Foundation working groups will provide ongoing advice on how best to use LPN training resources.

And this fall HEU begins preparations for bargaining with the patient care occupational conference.

To find out how you can be part of HEU's advocacy work for LPNs, or to learn more or offer your opinions about any of these initiatives, contact Máire Kirwan at HEU Provincial Office 1-800-663-5813 or [mkirwan@heu.org](mailto:mkirwan@heu.org).

