Changing Roles and Responsibilities of the LTC Nursing Team

Irene Fleshner, RN, MHSA, FACHE
Senior Vice President, Genesis HealthCare
Principal, Reno, Davis & Assoc. Inc
Objectives:

- Understand historical factors
- Review the scope of practice and regulation governing the role of the RN, LPN and CNA
- Discuss the blurring of roles and identify areas of role overlap and conflict
- Review nurse competencies that support culture change
Historical Background

- IOM report – Improving the Quality of Care in Nursing Homes, 1986
- OBRA 87 Nursing Home Reform Act
- Transition from custodial care to increased complexity
- Lack of professional nursing
- Consumer driven de-institutionalization
  - Culture Change, HCBS
IOM Report

- 1986 IOM report – studied government regulation of NHs
- Found serious deficiencies in quality of care & life in NHs
- Called for improvement in quality assessment, monitoring & enforcement
Nursing Home Reform Act of 1987

- Created a national minimum set of standards of care and rights for people living in certified nursing facilities
- Survey and certification system
- Minimum staffing requirements
  - 24-hour LPN care seven days a week,
  - At least one RN on duty at least 8 hours per day, seven days a week
Factors that Influenced Change in Traditional NH Population

- Assisted Living and CCRCs offered more choices to seniors
- Medicaid coverage for NH care tightened – increased frailty
- Extended longevity and improvements in medical care
- Acute care LOS decreased driving more short term admission to NHs
The Professional Nursing Practice in NHs

- Only 6% of RNs work in nursing homes
- Majority licensed care provided by LPNs
- RNs typically do not deliver direct care to nursing home residents
- Confusion over role of RN
- LTC culture does not differentiate licensed nurses
  - Job descriptions
  - Positions – unit manager, charge nurse, supervisor, staff development coordinator
Culture Change Movement

- Move toward deinstitutionalization
- Transforming physical environments, staff roles – empower front line staff, little focus on RN
- Expansion of home and community based services
  - Consumer preference
  - More economical
Nursing Home 2009

- Increased numbers of
  - sub-acute patients with complex medical and rehab needs
  - admissions, discharges and re-hospitalizations
  - medications, treatments, therapies
- Residents more physically frail
- More dementia
Nursing Home 2009

- Regulation and reimbursement have not kept pace with changing population
  - RN required 8 hrs day
  - MDS a chronic care data set
  - Reimbursement insufficient for increased need for professional staff, equipment and medication
- Survey system outdated, custodial care focused
- Outcome measures insufficient - quality indicators lacking for post acute population
Where we are today

- Despite improvements public still does not view NHs as desirable places to live, recuperate or work
- LPNs make up majority of licensed staff
- RNs lack leadership and geriatric competencies
- High turnover of nursing staff
- Outmoded care delivery systems – task based nursing, hierarchical management
- Regulatory and quality of care problems
How we got to where we are today

The words of W. Edwards Deming, a guru of systems theory, come to mind:

“Every system is perfectly designed to get the results it gets.”
Transform the NH through Strong Nursing Practice

- Incorporate best nursing organization structures, care delivery practices & culture change philosophy into everyday operations
- Move from **TASK** to **TEAM** based care delivery
- Clarify and strengthen the role of the RN
- Maximize use of each team members education, training, skills and licensure
The Time for Nursing is Now

- Professional nursing organizations and nursing academia beginning to recognize NH practice
  - Hartford Centers for Geriatric Nursing Excellence
  - The Center for Nursing Excellence in LTC
  - Pioneer Network, CMS supporting culture change and role of RN
John A. Hartford Foundation

Since 1996 – Has invested over $70 million in nursing initiatives to improve the care of older adults
Hartford Centers for Geriatric Nursing Excellence

- Nine HCGNEs - University Schools of Nursing that focus on geriatrics
- Enhance and expand the training of nurses who care for elders
- Promote innovations in the integration and delivery of services for all older people
The Center for Nursing Excellence in Long-Term Care

Formed in 2007 as the “Nursing Home Collaborative,” which included:
- The five original Hartford Centers of Geriatric Nursing Excellence
- Partners from the nursing home industry
- Major nursing long-term care nursing organizations
- The American Nurses Credentialing Center (ANCC)

Support from the John A. Hartford Foundation and The Atlantic Philanthropies

Renamed The Center for Nursing Excellence in Long-Term Care within Sigma Theta Tau in 2009
The Center for Nursing Excellence in Long-Term Care

Purpose:

- To strengthen the professional practice of nursing in nursing homes
- To improve the quality of care and quality of life for residents in nursing homes
Products and Services:

- Knowledge Resources
  - On-line assessments and training for geriatric nursing, pain and dementia

- Leadership Resources
  - Assessment, online & in person training, mentoring

- RN Practice Environment
  - Consultative program designed to help nursing home staff incorporate best nursing organization structures and care delivery practices into everyday operations
Structural Issues

Regulation of Nursing Practice:
The practice of nursing is regulated by state boards of nursing. In each state, the nurse practice act describes the scope of practice for registered nursing, licensed practical/vocational nurses, and advanced practice nurses.

National Council of State Boards of Nursing
Kansas Nurse Practice Act

- KS Nurse Practice Act is broad and does not address specific duties
- Each nurse must determine his/her own individual scope of practice
- To determine one’s scope of practice the nurse must understand the Nurse Practice Act and assess own competencies
- Decision tree provided to aid in decision making
CT Registered Nursing Scope of Practice

The practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist or advanced practice registered nurse.

Connecticut Board of Nursing
The practice of nursing by a licensed practical nurse is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician or dentist.

Connecticut Board of Nursing
Nursing Process and Scope of Practice

- **RN**
  - Assess, collect data, analyze data/nursing diagnosis, outcome/goal identification, care planning, implementation, evaluation

- **LPN**
  - Contribute to assessment through collecting reporting and recording data, contributes to setting goals, care planning, delegates to C.N.A
  - Provides direct care within scope defined by State Board of Nursing
  - Documents and communicates to all members of the team
Nursing Process and Scope of Practice

C.N.A.

- Under direction and supervision of a licensed nurse:
  - Collects certain objective and subjective data
  - Reports changes in conditions to licensed nurse
  - Provides care to meet basic, human needs and activities of daily living
Transformational Change

You can transform the system through redesigning care delivery processes

Exercise – Blurring of Responsibilities

- Match task with position
- Consider regulation, cost, availability of staff
- Maximize use of each team members education, training, skills and licensure
- Think outside the box
Bringing it all Together Through Team Work

- Maximize each individual’s contribution
- Practice to the limits of licensure and certification
- Establish effective communication methods
- Bring the nursing team members back to the bedside
Evidence: Teams in the American Workplace

- 60% prefer to work in teams
- Adult workers spend 61% of time working in teams
- 90% have exposure to teams, 50% receive team training
- 72% say that working in teams makes the job less stressful
- 67% say it makes them feel better about their jobs
- 66% say it improves quality, productivity and profitability
Evidence

Nursing homes that emphasize the importance of staff, communication, teamwork, and standards of care tend to have higher quality of care and to initiate and sustain quality improvements (Scott-Cawiezell et al. 2005a; 2005b).
Future Direction - Enhanced Culture Change

- Empowered front line workers in the absence of the professional nurse will not create sustained organizational and culture change.
- Need empowered nursing teams led by professional nurses.
Nursing and Culture Change

- Nursing philosophy supports resident dignity, independence and autonomy;
- Conflict between resident autonomy, and nursing routines of care and sense of control;
- Conflict when RNs not included in the team.
Nurse Competencies that Support Culture Change

Staff Focused:

- Assists with and facilitate team members in problem-solving, decision-making and planning. Works to create empowered, self-directed teams; helps team evaluate its own performance.
- Advances the value that the resident comes first.
- Supporting and valuing direct care workers to provide person-directed care.
- Views self as part of team, not always the leader.
Nurse competencies that Support Culture Change

Resident Focused:

- Creates systems and adapt daily routines and person-directed care practices to accommodate resident preferences.
- Develops plans of care in partnership with residents, families and team.
- Supports shared responsibility and decision making with residents, families and other team members.
- Provides professional guidance about physical care needs, medical information and the risks and benefits of choices and approaches.
Vision of the Future – You can Make it Happen

- Individuals in nursing homes will have high quality of care, be satisfied with this care, and have opportunities to achieve a high quality of life
- Families will be satisfied with the care their family members receive
- Nursing team members education, training, skills and licensure will be maximized
- Registered Nurses will assume and be valued for their individual and collective accountability for quality of care and quality of life
- Nursing homes will be valued by the public and embraced as a desirable care and living option
Thank you

For more information contact:

Irene.Fleshner@genesishcc.com

Kansas State Nurses Assoc, *KS Guidelines for the RN in Determining Scope of Practice*, April 2002


# Blurring of Responsibilities Worksheet

<table>
<thead>
<tr>
<th>Task</th>
<th>RN</th>
<th>LPN</th>
<th>C.N.A.</th>
<th>Admin/Clerical</th>
<th>Universal Worker</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist resident with ADLs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New admission assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transcribe orders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracking practitioner visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS review and submission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating change of condition with practitioner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booking appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placing lab/x-ray orders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication ordering (faxing pharmacy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain medical record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make unoccupied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restorative Nursing Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>RN</td>
<td>LPN</td>
<td>C.N.A</td>
<td>Admin/Clerical</td>
<td>Universal Worker</td>
<td>Other</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>-------</td>
<td>----------------</td>
<td>------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Assessing change of condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident and family teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident transport to therapy and activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of care plan with hospice, dialysis and other outside providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change of shift report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care plan development/evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer meds and treatments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyze outcomes data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>RN</td>
<td>LPN</td>
<td>C.N.A</td>
<td>Admin/Clerical</td>
<td>Universal Worker</td>
<td>Other</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>-------</td>
<td>---------------</td>
<td>------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Practitioner rounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNA/Nurse assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab/x-ray follow up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident/Incident follow up investigation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS data entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing units, filling vacancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordering supplies and OTCs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocking supplies/par levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing resident/family complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes data collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QI committee leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation tracking and reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead nursing team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee health program oversight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>RN</td>
<td>LPN</td>
<td>C.N.A</td>
<td>Admin/Clerical</td>
<td>Universal Worker</td>
<td>Other</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>--------</td>
<td>----------------</td>
<td>-----------------</td>
<td>-------</td>
</tr>
<tr>
<td>Pre employment health testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre employment background checks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee evaluations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hiring and firing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing staff education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing competency evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribute linen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribute meal trays</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translate evidence into practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist with feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty trash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timecard and Payroll verification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>