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9-30-2022

Licensed Practical Nurses Working To Maximum Scope of Practice

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Recommended Citation

Sippel, Lindsey; Sicker, Lauren; Schiffhauer, Jessie; and Aliten, Kristee, "Licensed Practical Nurses Working To Maximum Scope of Practice" (2022). *Nursing Research and EBP Day 2022*. 5.
https://scholar.rochesterregional.org/nursingresearchday/5

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Licensed Practical Nurses Working To Maximum Scope Of Practice

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BACKGROUND

Nurses on 4800, a medical surgical unit, were overwhelmed with increasing patient load due to Registered Nurse (RN) vacancies. Morale was low and staff worried about the impact on patient care. The unit nursing staff consists of RNs and Licensed Practical Nurses (LPNs). Contemplating the high nurse:patient ratio, we identified that LPNs were not working to their full scope of practice. A literature search revealed little regarding LPNs working in the hospital setting. The team began to redesign the role of the LPN to enable them to work to their maximum scope of practice and created the Free Charge RN position to support the LPN potential.

IMPLEMENTATION

Barriers identified:

Staff knowledge of LPN Scope of Practice

Head to Toe Observation Competencies

EPIC Documentation

Hospital Policies

Steps Taken:

Educate staff LPNs on their full scope of practice and Head to Toe Observations

Educate staff RNs on the LPN scope of practice and Free Charge role

Competency LPNs on Head to Toe Observations

Start LPNs with a modified assignment (3 patients)

Gradually increase the LPNs patient assignment to 5 patients

LPN SCOPE OF PRACTICE

While examining the problem, it was crucial we understood what New York State defines as the LPN's scope of practice. We closely partnered with Clinical Nurse Specialists (CNS) and Rochester Regional Health (RRH) experts to help determine what tasks fall within the LPNs scope. One nursing task that we focused on was the "Head to Toe Assessment." Previously, this fell under the RN's scope, but when researching the LPN scope we learned that LPNs are able to complete this task, but with the verbiage of a "Head to Toe Observation." In addition, we had to determine a plan to complete tasks that fell outside of the LPNs scope of practice. In order to do this, we had to ensure there was a "go to" RN.

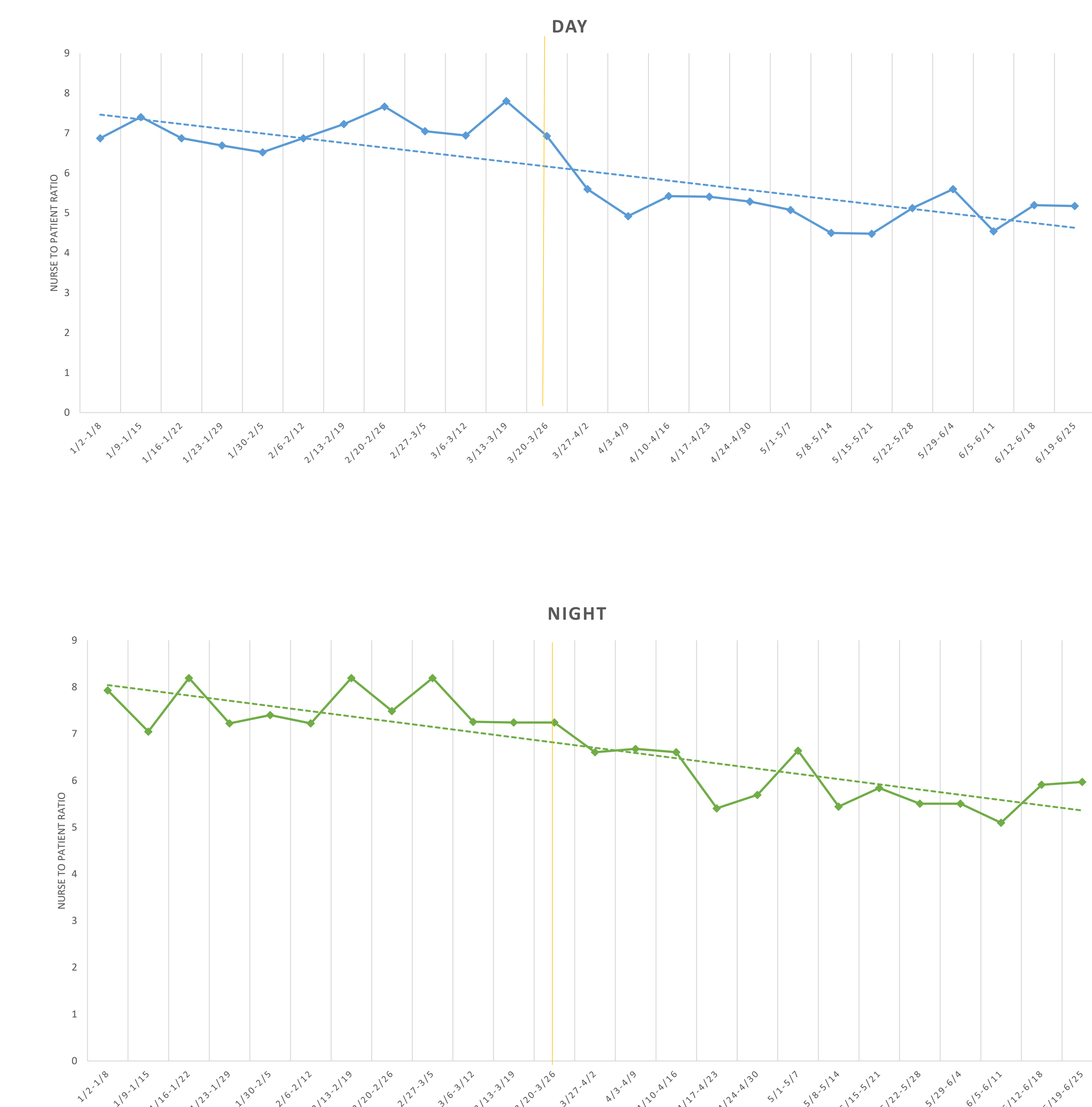
FREE CHARGE RN

As we developed this care delivery model, we discovered it was crucial to have an RN readily available to assist with tasks and documentation that LPNs are unable to complete. To do this we created a "Free Charge RN" role. The "Free Charge RN" is the unit's charge nurse who does not have their own patient assignment. The tasks assigned to the "Free Charge RN" include acknowledging orders, IV push or central line medications, focused assessment documentation on changes in patient condition as well as all other tasks outside the LPNs scope. This role helps by supporting the LPNs and reducing workload for the RNs.

NURSE TO PATIENT RATIO

This new care delivery model helped improve the nurse:patient ratios. Day shift ratios improved from approximately 1:7 to 1:5. The night shift ratios improved from approximately 1:7.5 to 1:5.5. As more LPNs were trained to work to their full scope of practice, the staffing ratios improved. On March 24, 2022 the first LPN took their own patient assignment, which started the decrease in nurse to patient ratio.

RESULTS



DISCUSSION

While developing this care delivery model we learned that the LPNs were not previously working to their full scope of practice, and that the LPNs were able to practice more independently. This care delivery model can be utilized on other medical-surgical units throughout the hospital. This model not only can apply to medical-surgical units in Rochester General Hospital, but it can also be utilized in other hospitals and health systems. In the future, more education should be delivered to medical providers with regards to what falls within the RN versus LPNs scope of practices to streamline patient care.

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