



Canadian
Practical
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Association

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The Untapped Resource:

*Implementing Full
Scope of Practice
for Licensed Practical Nurses*

Licensed Practical Nurses are called Registered Practical Nurses in Ontario. Throughout this paper we have used the term Licensed Practical Nurse (LPN) to represent both Licensed Practical Nurses and Registered Practical Nurses.

When a direct quote from Ontario was used the term Registered Practical Nurse was maintained.



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Executive Summary

The Untapped Resource: Implementing Full Scope of Practice for Licensed Practical Nurses

The Canadian Practical Nurses Association (CPNA) believes it is important to raise awareness with the public, government, politicians and other stakeholders, of the underutilization of and the barriers to practice, which limit the licensed practical nurses (LPN) from achieving their full potential in the delivery of nursing services.

Within the practical nursing community it is well documented that LPNs, in the majority of health care settings in Canada, have been and continue to be underutilized. This long-standing issue has had a negative impact on the LPN profession. However the greater impact is on the public's accessibility to timely care. The public should not have to wait for care from other providers, while appropriately prepared LPNs are restricted by nursing administration from providing certain nursing care competencies.

The CPNA believes that unnecessary cost is added to the health system when Licensed Practical Nurses are required to practice well below their competence level. It also creates a false perception regarding the current "nursing shortage" in Canada. If all nursing categories were utilized to their educational potential it would greatly assist in alleviating existing shortages.

Historically, the registered nursing profession, through nursing administration and registered nursing organizations (union and associations), has been able to regulate, control and limit both the practice and education of Canadian Licensed Practical Nurses.

During the late 80's and early 90's when there was perceived to be an abundance of health care dollars nursing administration changed staffing ratios in most acute care facilities to either a much higher ratio of RNs or to all RN staffing. To what degree LPNs are allowed to practice in many facilities is based on the nurse managers' philosophy rather than the care needs required and the competencies of available nursing resources. The LPNs role and responsibilities often fluctuate based on this philosophy and the availability of registered nurses.

Nursing administration also effectively control access for practical nursing students to obtain clinical practice opportunities in Canadian health care facilities affecting both their employment readiness and the ability to practice to full scope on graduation. Preference is often given to registered nursing students over practical nursing students. Of even greater concern is the practice of nursing administration refusing practical nursing programs clinical experience in specific program content areas. This cannot continue – nursing education is publicly funded therefore all nursing programs must be assured that publicly funded health care institutions provide nursing programs access to required clinical experiences.

It is imperative that these issues be addressed. The CPNA believes that both the Federal and Provincial/Territorial Governments need to change the way health human resource planning is conceptualized in Canada. It is not acceptable to regulate a profession and then permit others to arbitrarily restrict the practice of that same regulated health professional. Limiting the practice of nursing professionals to roles that are less than those enabled by

educational preparation and regulatory authority wastes precious nursing human resources, at a time when the health care system can ill afford it.

Ensuring that the right mix of providers is available to meet the needs of Canadians is everybody's business. Federal and Provincial/Territorial Governments need to ensure that Licensed Practical Nurses are included in local, provincial and national decision and policy-making discussions and committees which effect nursing practice.

Licensed Practical Nurses have an important contribution to make in the delivery of appropriate and effective nursing services in Canada. A concerted effort is required on the part of the Federal and all Provincial/Territorial Governments to eliminate barriers, which limit practical nursing student access to clinical practice experiences and which prevent LPNs practising to their full scope within health care settings across Canada.

Now is the time to take a close look at an untapped resource - the Licensed Practical Nurse.

Keys to Supporting Full Scope of Practice

The CPNA believes that creating a nursing practice environment which recognizes the integral role of all nursing categories and which supports nurses practicing to full scope is a shared responsibility of Federal/Provincial and Territorial Governments, Health Authority Boards, Nursing Administration and nursing organizations.

Government Support and Action

- Federal and Provincial/Territorial Governments, Health Canada and others need to ensure that all nursing categories are at the table and included in health or nursing care discussions or studies. Equal rather than token representation is essential.
- The Federal Government must ensure that Human Resources Development Canada collaborates with both CPNA and provincial LPN regulatory agencies in the development of a LPN NOC sheet, which reflects the role, and scope of practice of Licensed Practical Nurses.
- The Federal Ministry of Health and all departments of Health Canada must publicly support and endorse optimal utilization of all regulated nursing groups.
- Provincial/Territorial Governments should also play a major role in publicly recognizing the issues and articulating the need for maximizing the utilization of all regulated nursing professions.
- Provincial/Territorial Governments must include LPNs on Committees or Advisory Councils related to health policy, nursing research, practice and education.
- Provincial/Territorial Governments must work with LPN regulatory bodies to ensure access barriers to clinical education are removed.
- Provincial/Territorial Governments must work with LPN regulatory bodies to eliminate provincial practice and educational barriers that impact on jurisdiction mobility.

- Provincial/Territorial Governments have a key role to play in removing current legislative or regulatory barriers that prevent LPNs from practicing to full scope.

Development of Structures which Support Change

- Formal structures, which identify existing practice barriers, ensure development of strategies to overcome the impediments and which initiate change need to be established and supported by provincial Governments, Regional Health Authorities, health agency management and nursing administration.
- Examination of current nursing vacancies and the nursing care competencies required for those positions must occur to determine the potential of LPNs meeting those nursing service needs.
- To achieve consensual decision-making and successful change, formal structures such as (facility/agency) nursing councils, which have equal representation of all nursing categories must be established.
- LPNs, like other nursing categories, must be involved in workplace decision-making that impacts on client care, their position responsibilities and their role and relationships with other health care providers.
- Organizational policies and processes need to be developed to facilitate practice change. Clearly defined time lines also must be established and monitored to ensure continued forward progression.
- Support during the transition is critical. Clinical and managerial leadership and support is key component to success.
- LPNs will require support, to refresh their knowledge and competence in areas of restriction.
- Infrastructure, which monitors progress and celebrates success, also needs to be in place.

Educate on the Role and Scope of the Profession

- Federal and Provincial/Territorial Governments must collaborate with both LPN professional associations and regulatory bodies to ensure that the LPN role and scope of practice are accurately reflected in government documents.
- To heighten awareness and ensure that utilization gaps are completely identified and addressed, it is important and will be beneficial, during the change process, to include the LPN Regulatory body and provincial professional associations on Committees and/or Councils.
- The LPN role and scope of practice is not static therefore it is essential that mechanisms to ensure ongoing communication and collaboration with LPN nursing organizations be established.

Dedicated Funding for LPN-Focused Research Projects

- Attention must be given to building and strengthening LPN capacity to conduct research; to explore pertinent LPN practice and policy related questions.
- Merit review panels and nursing research advisory committees, when reviewing submissions on nursing related research, must include LPNs in a meaningful way.
- Dedicated funding must be allocated for projects that seek to fill existing knowledge gaps about the LPN profession.

Eliminate Educational Barriers

- High school guidance counselors need to identify practical nursing as a nursing career choice.
- Dedicated funding is required to support LPN entry-level programming and continuing education needs to be supported and established throughout Canada.
- Health agency barriers which prevent practical nursing programs from securing student clinical placements must be eliminated.
- Access to postgraduate programming and certification should be assessed on the merits of the candidate's academic ability, rather than the professional credential they hold.
- Education institutions must increase transfer credits between practical nursing and registered nursing provincially funded programs.
- Education institutions must eliminate educational barriers and create meaningful learning opportunities that enhance LPN practice and career progression.

Supportive Policies/Removal of Barriers

- Governments, regional health authorities and agency nursing departments must adopt a vision of health human resource planning that includes all health care practitioners working to their full, legislated scope of practice.
- Policy decisions affecting health human resources must include input from all health care providers, including LPNs.
- Health care agencies must work with LPN regulatory bodies to amend LPN position descriptions to reflect current legislation and competencies.

Mentoring

- Collaboration and ongoing communication between LPN regulatory bodies, educational institutions and health care agencies is essential in order to achieve full scope of practice.
- Establishing mentors in each of the above areas is critical to supporting LPNs who are both new to practice and for those whose roles are evolving to assume new challenges.

- Establishing and recognizing the role of LPN as preceptors for both students and new LPN employees is essential.
- It is essential that LPN mentors model the full scope of their practice in order to best prepare students, graduates and new employees for their role in the health care system.
- Mentorship requires workplace support and recognition, which may include dedicated time, training and/or compensation.



Position Paper

The Untapped Resource: Implementing Full Scope of Practice for Licensed Practical Nurses

CPNA Position

Licensed Practical Nurses¹ (LPNs) have an important contribution to make in the delivery of appropriate and effective nursing services in Canada. Implementing full scope of practice for Licensed Practical Nurses (LPNs) across Canada is a critical part of the solution to the current nursing shortage. A concerted effort is required on the part of the Federal and all Provincial/Territorial governments to eliminate barriers, which limit practical nursing student access to clinical practice experiences and which prevents LPNs from practising to their full scope within health care settings across Canada.

In addition, Licensed Practical Nurses have an important contribution to make in health and nursing service planning. LPNs can and should be involved in determining nursing policy and appropriate staff mix and levels in all health care settings.

Federal and Provincial/Territorial governments need to ensure that Licensed Practical Nurses are included in local, provincial and national decision and policy-making discussions and committees that affects nursing practice.

Background

Restricted practice and the underutilization of the knowledge and competency level of Licensed Practical Nurses (LPNs) in most health care settings across Canada is a long-standing issue which has had a negative impact on both the LPN profession and the availability of nursing services in Canada. It is well documented that Canada is currently experiencing a nursing shortage and there is evidence to say that the nursing workforce will be insufficient to meet the future needs of the health care system. It is also well known within the practical nursing community that in the majority of health care settings in Canada, LPNs continue to be underutilized.

The Canadian Practical Nurses Association (CPNA) believes it is important to raise awareness with the public, government, politicians and other stakeholders, of the underutilization and the barriers to practice, which limit the licensed practical nurses from achieving their full potential in the delivery of nursing services.

The CPNA believes that unnecessary cost is added to the health system when Licensed Practical Nurses are required to practice well below their competence level. Under utilization creates frustration and dissatisfaction within the profession. However, the greater impact is on the public, who may have to wait for care from other providers, while appropriately prepared LPNs are forced to function below their ability.

¹ Licensed Practical Nurses are called Registered Practical Nurses in Ontario. Throughout this paper we have used the term Licensed Practical Nurse (LPN) to represent both Licensed Practical Nurses and Registered Practical Nurses.

LPNs who can practice to their full scope, consistent with their educational preparation and experience, and who are not restricted from evolving to meet the changing needs of the health system offer a solution to Canada's current nursing crisis.² (CPNA 2001) If appropriately utilized the licensed practical nurse can be a critical factor in alleviating the existing nursing shortage and provide the public with more timely access to nursing services.

Licensed Practical Nurse Practice

Licensed Practical Nurses are nursing professionals who form the second largest regulated nursing group in Canada. Licensed Practical Nurses (LPNs) are regulated health care professionals who work in partnership with other members of the health care team to provide nursing services to individuals, families and groups of all ages. Licensed Practical Nurses combine nursing knowledge, skill and judgment when treating health conditions, promoting health, preventing illness and assisting clients to achieve an optimal state of health. They assess, plan, implement and evaluate care for clients throughout the lifecycle as disease progresses and through palliative stages.

LPNs practice in a variety of settings and contexts including hospitals, homes for the aged, nursing homes, public health units, community nursing agencies, private agencies, adult day care centers, clinics, private practices, industry, schools, child care centres and children's camps.³

LPNs are regulated through provincial statutes. As a regulated nursing profession, LPNs practice within the provincially established scope of practice, standards and code of ethics. Like all regulated health care professionals, LPNs are accountable to practice within their scope of practice and their employers' policies and procedures.⁴ Through their regulatory organization the profession works with government and key stakeholders to set education and practice standards and to approve entry-level educational programs.

The parameters of the practice scope are defined by entry-level preparation and postgraduate and/or advanced education. Within this scope of practice, licensed practical nurses are accountable to remain current and increase their expertise and competence level in a variety of ways such as practice experience, continuing education, in-service education, and postgraduate studies. Practice responsibility, accountability and levels of independence are also expanded in this way.⁵

Factors Effecting Utilization

The Canadian Practical Nurses Association is committed to safeguarding the public, protecting and advancing practical nursing and supporting the individual and collective efforts by licensed practical nurses to address and resolve practice issues which impact on their ability to provide care.

² Licensed Practical Nurses: a Practical Solution to the Nursing Shortage, Prepared for the Standing Senate Committee on Social Affairs, Science and Technology, October 2001

³ Definition Licensed Practical Nursing, Canadian Practical Nurses Association 2001

⁴ Toward Increased Integration of LPNs into Health Authority Employment Settings, Four Discussion Papers Prepared by the Health Authorities Health Professions Act Regulations Review Committee, Alberta. July-November 2002

⁵ Practice Advisory Statement, Role & Scope of Practical Nursing, College of Licensed Practical Nurses of Manitoba, 1991, revised 2002.

Historically, the registered nursing profession, through nursing administration and registered nursing organizations (union and associations), has been able to regulate, control and limit both the practice and education of Canadian Licensed Practical Nurses. During the 1980's and early 90's when there was a perception of an abundance of health care dollars, nursing administration was able to change staffing ratios in most major acute care facilities in Canada to a higher mix of Registered Nurses. In some facilities they were successful in completely eradicating LPNs from the staffing mix. During this period nursing administration firstly eroded the role of the LPN by restricting and/or eliminating the competencies they were permitted to practice and then eliminated LPN positions because they no longer met the nursing needs of the unit/facility. Such practices not only impact on the efficiency of the delivery of nursing services but also impacts on client care and overall costs.

Similar to physicians, Registered Nurses are seen to be the gatekeepers, rather than partners in the delivery of facility-based health care.⁶ The degree to which LPNs are permitted to practice within their scope of practice and competence level is dependent on the philosophy and viewpoint of the "nursing administration" of the day. In most health care agencies in Canada LPNs are not consulted nor have any input or say into the nursing services they are permitted to provide. Decisions on their utilization are made by nursing administration and/or through nursing service committees in isolation of the LPN. In those instances where LPN input is sought, it is usually "token representation" with the predominate representation being Registered Nurses, limiting the ability of this provider group to effect change or address issues which impact on their practice.

The Manitoba Nurses Union and the Manitoba Association of Licensed Practical Nurses in a joint position statement in 1998 stated:

"There appears to be a reluctance on the part of some nursing administrators to allow Licensed Practical Nurses to practice their full range of nursing skills. Continuance of this restrictive practice by Nursing Administration affects both the consumer's care and impacts on the cost effectiveness of nursing care delivery."⁷

In 1999, the Canadian Union of Public Employees stated:⁸

"What is frustrating to many LPNs is the fact that in the past they used to perform many of the tasks that they are now not permitted to do. Such decisions are being made by RN managers who are in a conflict-of-interest position of determining the nursing staff mix to the advantage of RNs and the disadvantage of LPNs."

The Canadian Nursing Advisory Committee noted in their 2002 report that:

"Licensed Practical Nurses, whose education includes the administration of medications for example, are prevented by employer policies in many jurisdictions

⁶ Toward Increased Integration of LPNs into Health Authority Employment Settings, Four Discussion Papers Prepared by the Health Authorities Health Professions Act Regulations Review Committee, Alberta July-November 2002

⁷ Position Statement on the Utilization of Licensed Practical Nurses, Manitoba Nurses Union, Manitoba Association of Licensed Practical Nurses. 1998

⁸ Brief Regarding the Utilization of Licensed Practical Nurses in the Saskatchewan Health Care System, The Canadian Union of Public Employee, December 1999

from carrying out that aspect of patient care. These decisions collectively do not make sense.”⁹

A concerted effort is required on the part of Provincial/Territorial Governments, regional health authorities and health care agencies across Canada to review the professional competencies of LPNs in order to identify current gaps in utilization. As well, a strategy to correct this misuse of nursing human resource needs to be developed and supported. To help optimize LPN utilization and improve patient outcomes strong LPN representation and input is essential during strategy development and implementation.

Nursing administration also effectively control access for practical nursing students to obtain clinical practice opportunities in Canadian health care facilities affecting both their employment readiness and ability to practice to full scope on graduation.

The Manitoba Association of Licensed Practical Nurses¹⁰ in their 1999 brief to the Minister of Health states:

“Access to clinical experience for students remains an issue in some settings, especially within Urban Acute Care Facilities. Many urban facilities, although directed by government to provide experience, are providing limited or no clinical experience for LPN students in Acute Care. MALPN questions how publicly funded agencies can continually limit experiential learning to publicly funded nursing educational programs based on their staffing philosophies. It is even more questionable considering the current nursing vacancies within many of those agencies, and the projected long-term crisis in the supply of nurses throughout Canada.”¹¹

The Health Authorities Health Professions Act Regulations Review Committee noted that:

“Nurse managers often encounter a surplus of students who require clinical experience as part of their education. They usually prioritize clinical placements on the basis of level of the students’ education. That is students who have higher education are more often provided with placements.

LPN students require clinical settings where they are able to work to their full scope of practice. If the environment does not offer this opportunity, the student’s education experience will be compromised.”¹²

Such practices are not isolated to these two provinces. Unfortunately, this practice is fairly common in the majority of provinces/territories today. One has to question, how in publicly funded institutions one regulated professional designation is permitted to exert such control and power over the education and practice of another regulated professional. In fact we assert that Governments would not tolerate such practices if they were imposed on other health related professional designations.

⁹ Canadian Nursing Advisory Committee, *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*, Final Report. Ottawa, CNAC 2002

¹⁰ The Manitoba Association of Licensed Practical Nurses received a name change in 2001. Current title is The College of Licensed Practical Nurses of Manitoba.

¹¹ Spirit of Caring, Brief to the Minister of Health, Manitoba, 1999.

¹² Toward Increased Integration of LPNs into Health Authority Employment Settings. Four Discussion Papers Prepared by the Health Authorities Health Professions Act Regulation Review Committee, Alberta July-November 2002

In 1999, the Saskatchewan Licensed Practical Nurses Association (SALPN) became so frustrated by factors related to role restriction and practice barriers they launched a lawsuit against the Saskatchewan Nurses Union (SUN) and the Saskatchewan Registered Nurses Association (SRNA). The SALPN suit alleged that SUN and SRNA acted in various ways to prevent LPNs from practising to their full scope of their practice.¹³ A positive result arising from this action was the Saskatchewan Governments recognition of the issue and the enactment of new legislation in 2000 that eliminated legislative barriers related to the LPN professions practice. Consistent with legislative changes in Manitoba, Saskatchewan and Alberta the definition of practice changed and the requirement to work under the direction of a registered nurse or medical practitioner was eliminated from the legislation. The myth that LPNs only work with stable clients was also clarified.

In a 1997 report to the Minister of Health, The Manitoba Nursing Professions Advisory Council, which was formed in 1994 by Manitoba Health to develop consensual solutions to the issues of role clarification amongst nursing personnel noted:

“The full and appropriate utilization of nursing personnel within their respective areas of practice is sometimes hampered by outdated administrative policies and guidelines.”

The author’s further state:

“Complete utilization of the LPN’s knowledge, skills and abilities has been limited in many setting for a variety of reasons but primarily due to the philosophy of the management.”

“The limits and boundaries around the practice of the various categories of nursing personnel often seem to shift or change according to factors other than competencies.”

The Advisory Council, which was, comprised of representatives from the three regulatory organizations (LPN, RN, RPN), Manitoba Health, and the Council of Health Care Unions, recommended, to the Minister of Health, that all nursing categories be represented on decision making committees and that strategies be developed to ensure that all nursing personnel are full and appropriately utilized.¹⁴

Another factor impacting on the utilization of LPNs is the lack of understanding or knowledge of the current education, role and scope of practice of LPNs.

In 2001, a survey of managers at one Ontario multisite health care facility identified that 47% of managers were not familiar with recent changes to LPN¹⁵ education and 60% were not familiar with the practical nurse curriculum.¹⁶

Toronto Western Hospital (TWH), in 2001 found that “RPNs across the TWH are not currently practicing all skills within their scope of practice” and that “TWH are underutilizing its nursing resources”¹⁷

¹³ SUN Spots, Official Newsletter, Saskatchewan Union of Nurses, January 2000 Vol. 26 No. 1

¹⁴ Shared Values & Recommendations Related to Nursing Resource Planning, Manitoba Nursing Professions Advisory Council, 1997

¹⁵ In Ontario, the title Registered Practical Nurse (RPN) is used.

¹⁶ Rouge Valley Health System, Internal Management Survey, 2001

Bergeron et al. in a 2002 pilot study *Managers' Perceptions of and Attitudes Towards the Role of the Registered Practical Nurse* concluded, "organizational leadership is required to define and implement the expanded RPN role". The study was based on several assumptions including:

1. There is limited literature that describes the Managers' perceptions of and attitudes towards the role of the RPN in the acute care setting
2. Nurse Managers may not fully understand the scope of the role of the RPN in the acute care setting
3. The leadership style of Nurse Managers, based on their prior knowledge and interactions with all levels of nurses, will affect how they utilize the RPN
4. Nurse Managers may not be fully informed of the new Entry to Practice and Ongoing Competencies of the RPN.
5. Nurse Managers are not informed of the educational preparedness of the Practical Nursing student or graduate.¹⁸

In a preliminary report on the findings of a study done by Miller and Shimoni 2002 *On "What Do Undergraduate RN Students Learn About the LPN Role – An Exploratory Research Study"*¹⁹ the authors reported "there are few references to LPNs in the 15 texts reviewed and those we did find were often inaccurate...Further, none of the three Canadian texts published after 1997 indicated that LPNs were accountable for their own practice and one indicated that while LPNs provide care in peoples homes, RNs assume responsibility for that care. Often references to the LPN role were made in the context of deskilling or replacing nurses who are more highly qualified (RNs) with those who are less qualified (LPNs, NAs). The relationship portrayed in the texts was predominately hierarchical and supervisory in nature. There was no mention of a collaborative relationship between RNs and LPNs."

In any profession the practice and scope develops and evolves in response to the health care needs of society, technological advances and the expansion of scientific knowledge. This is another example where nursing management and the registered nursing profession has played a major role in attempting to limit and/or block the expansion or potential evolving role of the practice of licensed practical nurses.

Arbitrary and unfounded restrictions to the practice of LPNs, prevents them from practicing to their full scope and consistent with their education and experience. This contributes to a lack of availability and access to nursing services. Clients should not be forced to wait for care from other providers, due to facility-imposed restrictions that prohibits appropriately prepared nurses from practicing to full scope. Such practices impact on the public access to care, adds unnecessary cost to the system and creates frustration and dissatisfaction within the profession.²⁰

Ontario's Joint Provincial Nursing Committee, during a review of the Nursing Task Force Recommendations it noted that:

"under-utilization of nurses in role that maximize the use of their knowledge and skill remains an issue, as well as the lack of recognition by some providers of the

¹⁷ Balatbat, Y & Willems, J. (2001) *RPN Skills Assessment*. Toronto Western Hospital, University Health Network.

¹⁸ Bergeron, C., Seeley, J. & Spadoni, M. (2002). *Pilot Study on Manager's Perceptions of and Attitudes Towards the Role of the Registered Practical Nurses*. Partners in Research.

¹⁹ Miller and Shimoni 2002, *What Do Undergraduate RN Students Learn About the LPN Role – An Exploratory Research Study*

²⁰ Facing Forward: Current and Future Health Care Trends and Issues and the Implications for Canada's Practical Nurses, CPNA, 1999.

potential health and economic benefits associated with appropriate utilization.”
(JPNC, 2001)

Looming nursing human resource shortages, nursing work life concerns and increasing health care costs point to the need to reflect on current resource utilization practices, especially the way health care personnel are enabled or prevented from practicing to their full professional scope.

The CPNA strongly supports the Canadian Nursing Advisory Committee recommendation that:

“All employers should abandon the practice of regulating nursing practice and should put in place policies that will allow each Registered Nurse, Licensed Practical Nurse and Registered Psychiatric Nurse to function to the maximum of her or his professional practice abilities according to the respective provincial/territorial licensing body.”²¹

Governments have also played a role in providing misleading information regarding the Licensed Practical Nurse. For example, Human Resources Development Canada persists in classifying practical nursing as a non-professional National Occupation Classification (NOC) Code, code 3233. This classification, which is contrary to the description of this nursing professional by provincial regulatory authorities (including provincial legislative statutes), has the effect of creating barriers and misunderstanding about LPNs at a national level. Those who rely on NOC information, such as guidance counselors and career advisors, mistakenly portray LPNs as technicians, not as members of the nursing profession. This is but one example of the need for governments to work with the regulatory bodies and professional association representing LPNs to raise awareness and rectify misconceptions about LPN educational preparation and practice.

Based on the Agreement on Internal Trade (AIT) signed by all Provincial/Territorial Governments in 1996, professional regulatory bodies took the necessary steps to facilitate the mobility of practical nurses in Canada. The Mutual Recognition Agreement (January 2001) describes the conditions under which practical nurses registered in one Canadian jurisdiction will have their qualifications recognized in another. Many provincial governments have supported legislative or regulatory changes governing registration in order to facilitate the implementation of the mobility agreement. What hasn't occurred is the removal of education or practice barriers, which impact on mobility. For example, if practical nursing students in one jurisdiction are prevented from obtaining clinical experience in the administration of medications in their entry-level program then jurisdictional mobility is affected.

Likewise if LPNs are prevented from practising to their full scope in one jurisdiction, they may be required to complete refresher programming prior to obtaining registration in another Canadian jurisdiction, again impacting on jurisdictional mobility. To ensure the spirit of the agreement is realized Provincial/Territorial Governments need to work with LPN regulatory agencies to eliminate these barriers.

²¹ Canadian Nursing Advisory Committee, *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*, Final Report. Ottawa, CNAC 2002

Licensed Practical Nurses are capable of contributing more to the delivery of cost effective nursing services and are a major untapped resource within the Canadian health care system.²²

It is imperative that the issue of underutilization be addressed. Limiting the practice of nursing professionals to roles that are less than those enabled by educational preparation and regulatory authority wastes precious nursing human resources, at a time when the health care system can ill afford it.

A recent article in the Edmonton Journal states:²³

“In less than ten years Canada will start to face its severest shortage of labour ever according to a report released by the federal financial watchdog. The massive amount of retirements from the baby-boom generation combined with fewer replacement entrants will create a pressure on the labour market that has never been seen before. In the past there were always many more newcomers (aged 20 to 24) joining the job market than persons reaching retirement age. This situation is expected to change radically over the next 14 to 25 years.”

Almost 50% of the Canadian nursing workforce is eligible to retire in the next 5-10 years²⁴, and the numbers of students currently entering nursing programs will not be sufficient to fill projected vacancies. Nursing recruitment and retention experts' report that nurses are most attracted by positions that enable them to function to their full scope of practice²⁵. This supports the need to ensure that the positions we offer nursing graduates take full advantage of their educational preparation. This is presently not the case for LPNs in many practice settings.

At present, RNs report that they are overworked and burnt out from doing their work that LPNs can also do. RNs have the highest number of lost workdays and the highest percentage of lost time attributable to illness and injury amongst the major occupational groups in Canada. A recent survey of nurses in the United States indicates health and safety issues may now be the leading recruitment and retention concern for nurses. There is also the potential that deterioration in the health of the nursing workforce could ultimately affect the quality of care they can offer their patients.²⁶ Rethinking the way nursing designs its work and distributes workload across professionals is critical in order to prevent further exits from the profession from those who have simply had enough.

McGillis Hall et al. found that:

“Staff mix was a significant predictor of four of the patient health and quality outcomes (functional independence, pain, social functioning, and satisfaction with obstetrical care) with higher proportions of RN/[LPN's] in the staff mix associated

²² Manitoba Association of Licensed Practical Nurses, Brief to the Minister of Health, December, 1999

²³ Edmonton Journal Article, Young Profit From Lack of Labour, September 8, 2003

²⁴ O'Brien Pallas, L., Are We Measuring What We Think We Are Measuring? Challenges in HHRP for the Future, Presentation to the Joint Provincial Nursing Committee (ON), May 27, 2003

²⁵ Personal Correspondence, RPNAO Career Advisor, June 2001.

²⁶ Kerr, M. and Laschiner, H. et al, Monitoring the Health of Nurses in Canada, NEUORU, 2002

with better health and patient satisfaction outcomes and with lower unit rates of medication errors and wound infections.”²⁷

The current health care system demands a more dynamic and flexible nursing labour work force. Considering that health authorities expend over 80%²⁸ of their budgets on human resources, it makes no sense to underutilize the capabilities of a segment of these resources. Neither does it make sense that one regulated professional group is permitted to unduly influence the education and practice of another regulated profession.

Nursing (both LPN & RN) roles and competencies have and will continue to expand through changes in basic preparation and through access to continuing and/or advanced education. Effective working relationships must be developed to meet the changing system, current nursing shortage and an aging nursing workforce. Maintaining the “status quo” is not an option.

Human and financial resources can be maximized when all nurses practice to their full scope of practice. There is an urgent need to address the underutilization of Canada’s Licensed Practical Nurses and the establishment of mechanisms to fully optimize the competencies of this group of regulated professionals. Health care agencies must consider the current role, responsibilities and future potential of all nursing categories. Strategies need to be developed which ensures each nursing group is supported to practice to their full scope and that all nurses expand their knowledge base through continuing education and/or postgraduate studies.

Licensed Practical Nurses need and should be involved in the planning and implementation of decisions that impact on client care; LPN practice; and their role and relationship to other health care providers. Future planning of nursing services and resources must include structures and processes that are transparent and inclusive of all nursing categories. It is also important that each nursing group has sufficient representation (not token) to ensure adequate consultation, in order to facilitate consensual decision-making.

Keys to Supporting Full Scope of Practice

The CPNA collectively, and its members individually, have become increasingly frustrated by the extent to which practicing LPNs and organizations which represent them have been excluded, at both the Federal and Provincial level, from important decision-making processes related to health care delivery. It has been particularly disturbing to see important issues such as the delivery of nursing services discussed or changed without allowing LPNs the opportunity to have any meaningful input. Exclusion of LPNs at the facility or organizational level from decisions related to staff mix, nursing care policies and nursing roles and responsibilities is pervasive throughout all Canadian health care settings.

Although there are some provincial initiatives addressing LPN utilization issues and other work examining full scope of practice, they are sparse in comparison to the problem. Examples of some of these projects are highlighted in Appendix A.

²⁷ McGillis-Hall et al. (2001) A Study of the Impact of Nursing Staff Mix Models and Organizational Change Strategies on Patient, System, and Nurse Outcomes, Summary Report. Faculty of Nursing, University of Toronto.

²⁸ Toward Increased Integration of LPNs into Health Authority Employment Settings. Four Discussion Papers Prepared by the Health Authorities Health Professions Act Regulation Review Committee, Alberta.. July-November 2002

The CPNA believes that creating a nursing practice environment which recognizes the integral role of all nursing categories and which supports nurses practicing to full scope is a shared responsibility of Federal/Provincial and Territorial Governments, Health Authority Boards, Nursing Administration and nursing organizations.

The practice by nursing administration to underutilize and/or eliminate LPN positions has been long-term therefore; remedies to address the “LPN utilization” issue will entail the use of both short and long-term approaches and will require a concerted effort of all stakeholders. Certain key elements must be put in place to support moving to LPN full scope.

Government Support and Action

There are three regulated nursing groups in Canada: Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs). To date, Health Canada, in reports and discussions related to health care and the delivery of nursing services has focused only on the Registered Nurse. This narrow focus has resulted in decisions or positions being taken, which are based on an incomplete view of the nursing services provided to the citizens of Canada. This also leads to public misinformation on a vital component of health care delivery. This imbalance needs to be corrected.

Although the Federal Government has recently taken steps to collect national data on both the LPN and RPN the inequity of representation or input from both of these nursing groups within Health Canada needs to be addressed and rectified. The Federal Government needs to support the inclusion of the Licensed Practical Nurse within the staffing complement of Health Canada.

At the Federal level, besides a very strong Registered Nurse Advocacy Organization, there are numerous RN affiliate organizations, representative of educators, researchers, nurse executives and various specialty interest groups, which advocate for registered nursing, nursing policy and health care policy. Licensed Practical Nurses do not have the advantage of the same infrastructure. Health Canada and others need to ensure that all nursing categories are at the table and included in health or nursing care discussions or studies. Equal rather than token representation must also be assured.

The Federal Government needs to understand and portray to the public a clearer picture of the regulated groups that provide nursing services in Canada. Incorrect information on National Occupation Classification Sheets (NOC) about the LPN role and scope of practice contributes to the public misunderstanding of the profession. Although, CPNA and provincial jurisdictions have voiced concern over the professions portrayal on the NOC sheets, little has been done to rectify the issue.

The Federal Government needs to ensure that Human Resources Development Canada collaborates with both CPNA and provincial LPN regulatory agencies in the development of a LPN NOC sheet, which is reflective of the Licensed Practical Nurse, and their scope of practice.

The CPNA also sees an important role for the Federal Government in addressing the under utilization of the LPN. Public endorsement of the optimal utilization of all regulated nursing groups needs to be supported by the Federal Ministry of Health and all departments of Health Canada.

Providing funding incentives to provincial governments for the establishment of projects, that address utilization issues and which will demonstrate movement to full scope of practice for all nursing groups would provide assistance with addressing this long-standing issue and would result in better utilization of Canada's nursing personnel.

Provincial/Territorial Governments have the ability and authority to provide strong leadership in addressing the long-standing issues related to LPN practice and educational barriers. Provincial/Territorial Governments can also play a major role in publicly recognizing the issues and articulating the need for maximizing the utilization of all regulated nursing professionals. The inclusion of LPNs on Committee or Advisory Councils related to health policy, nursing research, practice and education must also be addressed and rectified by the above named governments.

Provincial/Territorial Governments have a key role to play in removing current legislative or regulatory barriers that prevent LPNs from practicing to full scope. The education of all nurses is publicly funded therefore all nursing programs must be assured that appropriate clinical experience is available to complete the educational program requirements. Working with LPN regulatory bodies to ensure access barriers to clinical education are eliminated is essential to both jurisdictional mobility and effective utilization. Further, provincial/territorial governments can ensure mechanisms to foster ongoing legislative/regulatory review and revisions to support evolving nursing practice and enhancing timely responsiveness to the changing needs of their citizens.

Development of Structures which Support Change

Licensed Practical Nurses are frustrated with the restrictions and limitations placed on their practice and education. As well, the CPNA believes that these barriers impact on the public's timely access to nursing care. It also contributes to the ongoing shortage of nurses and ultimately drives the costs of nursing service upward.

Formal structures, which identify existing practice barriers, ensure development of strategies to overcome the impediments and that initiate change need to be established and supported by provincial Governments, Regional Health Authorities, health agency management and nursing administration. A close examination of current nursing vacancy data, which often reflects "RN" vacancies, and the nursing care competencies required for those positions must occur to determine the potential of LPNs safely and competently meeting those nursing service needs.

Licensed Practical Nurses recognize and value the contributions of other health care providers. They also recognize the importance of, and support a collaborative approach in addressing issues related to moving to full scope. However, true collaboration and successful change cannot occur if LPNs are not participants or only have token representation. CPNA believes, to achieve consensual decision-making and successful change, formal structures such as (facility/agency) nursing councils, which have equal representation of all nursing categories must be established.

Nursing Administration's "top-down" decision-making approach is no longer acceptable. LPNs, like other nursing categories, must be involved in workplace decision-making which impacts on client care, their position responsibilities and their role and relationships with other health care providers. Such councils should be charged with identifying gaps in utilization (for all nursing categories), reviewing and revising nursing policy,

promoting/supporting change, encouraging best practices and enhancing nursing team change initiatives.

Practice limitations and barriers to effective utilization do not occur overnight. It is an issue that has plagued the LPN for many years. The pattern of utilization could shift based on the “nursing administration” of the day. Nursing administration has been allowed the freedom to make all decisions on the delivery of nursing care including the model of care used and the skill mix of the staff delivering the care. These decisions have often been made on inadequate or misinformation about current PN education. It will take time to address and reverse this trend. Organizational policies and processes need to be developed to facilitate practice change. Clearly defined time lines must be established and monitored to ensure continued forward progression.

Support during the transition is critical. As well, clinical and managerial leadership and support are key components to success. In particular, LPNs will require support, to refresh their knowledge and competence in areas of prior restriction. Some may need to acquire new knowledge based on changes to their professional role and the entry-level competencies. They will also need support to integrate the new knowledge and roles into practice.

Finally an infrastructure that monitors progress and celebrates successes has to be in place.

The CPNA believes that the active participation of all nursing categories in policy-making will optimize nursing utilization, improve patient outcomes, improve recruitment and retention and positively affect the current crisis within nursing.

Educate on the Role and Scope of the Profession

Inaccurate information about the role and scope of practice has been detrimental to the Licensed Practical Nurse. Misconceptions about LPN education and practice (sometimes perpetuated by registered nursing leaders and nursing management) have led to poor utilization of this nursing professional. The absence of LPNs when governments (federal and provincial) publicly discuss issues related to nursing resources only exacerbates the problem.

Although the primary responsibility for interpreting the role and scope of practice of the LPN rests with provincial regulatory bodies, others, including Federal/Provincial/Territorial Governments have a role to play in accurately portraying the LPN profession publicly. It is key that governments collaborate with both LPN professional associations and regulatory bodies to ensure that the LPN role and scope of practice are accurately reflected in government documents.

To heighten awareness and ensure that utilization gaps are completely identified and addressed, it is important and will be beneficial, during the change process, to include the LPN Regulatory bodies and provincial professional associations on Committees and/or Councils.

Like other regulated health professionals, the LPN role and scope of practice is not static. It will evolve and change in response to social, economic, technological, system and client needs.

Dedicated Funding for LPN-Focused Research Projects

Evidence is key to supporting policy and human resource planning decisions. Evidence about the role of LPNs in Canada is relatively sparse. The Canadian Institute for Health Information (CIHI), in collaboration with provincial registrars, only began collecting national data about LPNs in 2002, thus trend information about the LPN workforce is unavailable at a national level.

In their 2002 report, CNAC recommended that researchers continue to study and refine understanding of nursing workforce information, and focus on LPNs and RPNs as a priority²⁹.

Despite the knowledge gaps that exist about LPNs, there has been little attention given, on the part of granting agencies or researchers, to examining this nursing group in greater detail. Of the \$25 million Nursing Research Fund, administered by The Canadian Health Services Research Foundation (CHSRF), and in part by the Canadian Nurses Association, few dollars have been directed, through co-sponsorship of open grants projects or otherwise, to programs or projects that include LPNs in a meaningful way.

In part, the problem arises because LPN education is not housed in university centres. Thus this nursing group is challenged in its' ability to "grow" its own traditional researchers is very limited. Historically, creating interest among university based nursing researchers to examine LPN related research questions is often very difficult.

Although there has been more recent support for research partnerships that include decision-making groups or individuals, this has not translated into an accessible mechanism for LPN groups to participate significantly in nursing or human resource research. Where research occurs that does examine some aspects of the LPN workforce, consultation with LPNs is usually minimal or non-existent.

Many provincial practice standards for LPNs expect that LPNs will participate in nursing-related research. What is needed is a concerted effort among educators, researchers and grant foundations to build the capacity to make that possible, at a local, provincial and national level. Attention must be given to building and strengthening LPN capacity to conduct research and to explore pertinent LPN practice and policy related questions. Merit review panels and nursing research advisory committees, when reviewing submissions on nursing related research, must include LPNs in a meaningful way. Finally, dedicated funding must be allocated for projects that seek to fill existing knowledge gaps about the LPN. This is critical to ensuring that the available evidence about nursing human resources truly reflects the entire nursing workforce.

Eliminate Educational Barriers

Key to supporting full scope of practice utilization of LPNs, and other health care providers, is the elimination of educational barriers. Along the continuum of LPN education, from the attitudes of high school guidance counselors to the elitism of nursing continuing education programs, barriers exist that discourage practitioners from involvement thereby restricting practice opportunities.

²⁹ Canadian Nursing Advisory Committee, Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses, Final Report. Ottawa, CNAC 2002

High school guidance counselors regularly fail to sell practical nursing as a career of choice, recommending it only to students who they deem unable to manage in university. Practical nursing educators report tremendous challenges securing clinical placements for PN students, particularly placements that permit students the opportunity to practice the full range of competencies they are learning in their educational programs. Employers exacerbate the problem by restricting access to clinical spaces in their facilities. For example, one regional health centre in Windsor, ON, recently removed all RPNs (LPNs) from acute care practice and began restricting access to clinical placements for PN students. The facility was the only one in the region to providing clinical opportunities in pediatrics and obstetrics, for students in the PN program at the local area community college. Eliminating the clinical placement opportunities will have a negative impact for program graduates by restricting these clinical settings.

When students have no opportunity to gain clinical experience in caring for clients in certain care areas they are severely limited as graduates from practicing in those areas. Further the mobility of such graduates to move freely to other Canadian jurisdictions is impeded, as their limited experience may leave them without the required competencies to obtain registration, without further education, in their new province/territory.

Although there are numerous examples of financial support for LPN basic and continuing education across the country, where such supports are not in place, CPNA urges provincial/territorial governments to implement them. Practical nursing attracts numerous mature and immigrant students, many of whom face financial barriers to professional education.

Finally, restrictions on nursing continuing education programs need to be examined. In many instances, post basic nursing education programs are offered only to RNs, despite evidence that LPNs have the academic competencies to meet the requirements to successfully complete such programs. Access to post-basic programs and certification should be assessed on the merits of the candidate's academic ability, rather than the professional credential they hold.

Appropriate prior learning assessment recognition can facilitate nursing continuing competency and support nursing recruitment and retention. This may also include appropriate recognition of LPN education for nurses interested in pursuing registered nursing studies. In many provinces, experienced LPNs are required to enter registered nursing programs in the first year, just as high school graduates with no prior nursing education or experience. These examples point out the failure of our present educational facilities to recognize LPN education and experience and create meaningful learning opportunities that enhance LPN practice and career progression. Career progression should be supported by enabling all nurses to undertake additional education with recognition for prior learning through education and experience.

Supportive Policies/Removal of Barriers

At the policy level, there are a number of critical actions that must occur to facilitate full scope of practice utilization. Foremost is the need for governments and agency boards to adopt a vision of health human resource planning that includes all health care practitioners working to their full, legislated scope of practice. Such a vision is key to maximizing the current, and at times scarce, supply of health human resources and effectively assessing needs for the future. In partnership with such a vision is the need for an accountability

framework that justifies the expenditure of public dollars on health human resources. No longer is it acceptable to make the public pay for management philosophies or staffing preferences that are not grounded in evidence. The College of Licensed Practical Nurses of Alberta, in a 2000 public education message, succinctly highlighted this concept by asking “what employer do you know would pay someone to do 50% of their job”? This is exactly what LPNs historically have struggled to overcome. It is also probable that if the LPN is underutilized then it is probable that the Registered Nurse is also being inappropriately utilized.

It is critical that policy decisions affecting health human resources include input from all health care providers, including LPNs. All too often, decisions are made that impact the practice of LPNs, without ever asking them. In recent years, employers have made staffing decisions based on research about patient acuity. In several instances, employers have removed LPNs from practice settings, citing increasing patient acuity. These employers give no consideration to the knowledge and expertise LPNs acquire through experience and continuing education. The fact that LPN entry education has advanced, driven directly by those same patient needs, is also not considered. In some of those same settings, LPN position descriptions have not evolved or kept pace with provincial legislation. It is unacceptable that an employer will, on the one hand, restrict LPN practice, while at the same time lament that the LPN cannot carry out the necessary patient care, and use this as justification to eliminate LPN positions, in favour of more costly all-RN staffing. Such biased and arbitrary health human resource decisions should not be paid for by the public purse. The actions taken by some employer’s highlights the need for an accountability framework that justifies health human resource expenditures.

Mentoring

Full scope of practice requires support at a foundational level; within LPN education programs, clinical placements and workplaces. The role of mentors in each of these areas is critical to supporting LPNs who are both new to practice and who are evolving in their roles to assume new challenges.

Few PN programs have LPN instructors. While the debate over the credentials required to teach in a community college environment continues, PN students get limited exposure to LPN role models, unlike any other health care professional. In the small number of programs that have LPN instructors (ON, MB, AB) students report a solid understanding of their role and find the exposure to LPN faculty to be value added. They also gain a clear understanding of the importance of mentorship in the LPN profession.

In the clinical setting, the role of LPN preceptors for both students and employees is key. It is essential that LPN mentors model the full scope of their practice in order to best prepare their preceptees for their role in the health care system. New students need the opportunity to learn by doing and watching the full range of LPN competencies. Workplace mentoring also supports the transfer of knowledge and the development of resource staff, which help to foster continuing competence. LPNs who undertake additional education can mentor colleagues in new techniques, such as advanced wound care, and become valuable resources to a work setting. Mentorship requires workplace support and recognition, which may include dedicated time, training and/or compensation. Mentorship need not be specific to one profession. Indeed the cross-pollination of ideas between professionals, achieved by providing opportunities for intraprofessional mentoring can enhance understanding and collaboration and enrich the practice setting for both providers and clients.

Conclusion

The time has come to change the way health human resource planning is conceptualized in Canada. No longer is it acceptable to regulate a profession and then permit others to arbitrarily restrict the practice of that same regulated health professional. No longer is it acceptable to prepare a health professional through publicly supported, formally approved, comprehensive education programs and then fail to provide practice settings that ensure the public gets access to all the competencies of that provider that it paid for. Further it is also no longer acceptable to deny the public timely access to services, simply because management philosophies prevent the appropriate utilization of regulated health care providers.

Ensuring that the right mix of providers is available to meet the needs of Canadians is everybody's business. Input into health human resource planning is required from a wide variety of sources including the public and all health care providers. LPNs can provide client-focused information from their perspective as direct care providers and must be part of planning and policy discussions. And they can speak for themselves about key areas for action. As the second largest regulated professional nursing group in the country, the LPN voice must be heard at all health human resource planning and policy tables.

CPNA urges LPNs, employers and governments to work towards removing barriers to LPN practice and support the full participation of LPNs in health services delivery. Given the challenges that the Canadian health care system faces, we cannot afford to overlook opportunities to maximize our system's resources. Now is the time to take a close look at an untapped resource - the Licensed Practical Nurse.

Appendix A

Supporting Full Scope of Practice

In some provinces initial steps have been taken to address the underutilization issue resulting in positive changes in the practice of Licensed Practical Nurses. There are a number of examples of care delivery models that facilitate full LPN scope of practice utilization. LPNs working in such environments demonstrate professional commitment, leadership and clinical excellence.

British Columbia

In the spring of 2001, the Vancouver Island Health Authority (VIHA) launched the LPN Full Scope of Practice Project. The project represented a beginning step in providing an environment supportive of Licensed Practical Nurses moving from a task-oriented to a competency-based practice by providing education and supporting transitional activities to assist currently employed LPNs to obtain the competency level now required of new graduates. Key to the projects success was creating environments, which supported the projects initiative of moving LPN practice forward. The overall goals of the project were to improve client-focused care and increase job satisfaction for both RNs and LPNs.³⁰

It is anticipated that this initiative will promote both nurse retention and recruitment. It is believed that the expanded role of the LPN will create more job satisfaction and will result in promoting recruitment of new graduates.

Alberta

The Royal Alexandra Hospital in Edmonton, Alberta implemented the LPN full scope of practice on one of its inpatient medical units. The pilot project was designed to ensure quality patient care, ensure patients were being cared for by appropriate levels of staff, improve job satisfaction for both RNs and LPNs and maximize utilization of all nursing staff. LPNs and RNs hired for the new 18-bed unit were made fully aware of the expectation that they function to the full scope of their practice.

The project found that the number of incident reports decreased, as did the utilization of sick time compared with comparable units. The project was deemed to have successfully improved patient care without increasing staffing levels.³¹

Saskatchewan

In December 2001 the Saskatchewan Government released “The Action Plan for Saskatchewan Health Care” (The Action Plan). One of the key elements of the report was aimed at developing strategies related to the recruitment, retention and education of nurses and improving health workplaces. In July 2003 “A progress Report on Saskatchewan’s Nursing Strategies” was released.

³⁰ LPN Full Scope of Practice Project, Vancouver Island Health Authority, BC, 2001

³¹ Licensed Practical Nurses: a Practical Solution to the Nursing Shortage, Prepared for the Standing Senate Committee on Social Affairs, Science and Technology, October 2001

Increasing job satisfaction, ensuring opportunities for nurses to work in a collaborative environment and supporting full utilization, the education of nurses and ongoing professional development are seen as important strategies in creating work environments which are more attractive and fulfilling for nurses.

The Action Plan supports teamwork in the workplace and calls for nurses to practice within their full range of knowledge and skills. As well it is recognized that nursing practice has evolved in response to changing needs and more importantly recognizes that underutilizing practitioners is wasting valuable resources.

Many employers are developing new opportunities for LPNs to work to their full scope of practice and are establishing primary health care networks. These networks include teamwork by LPNs, RPNs and RNs – working within their legislated scope of practice together to determine how best to meet the nursing care needs of clients.³²

In addition the Registered Psychiatric Nurses Association, the Saskatchewan Association of Licensed Practical Nurses and the Saskatchewan Registered Nurses' Association partnered to develop a document entitled "Nursing in Collaborative Environments". The three nursing organizations recognized that today's health environment requires providers of health care to increase their ability to deliver safe and effective care that is both accessible and affordable. They also support the view that collaborative practice and appropriate utilization of LPNs, RPNs and RNs is important to ensuring client needs are met. The purpose of the document is to meet the information and decision support needs of their members and other regarding appropriate and best utilization of nursing practitioners.³³

Manitoba

In Manitoba, the provincial government and several regional health authorities have worked with the College of Licensed Practical Nurses of Manitoba (CLPNM) to address practice limitations and to develop strategies to ensure full utilization of LPNs in the province. One strategy was the development and implementation of regional position descriptions based on the CLPNM's competencies document resulting in successful elimination of practice barriers and movement to utilization to full scope. As well, stakeholders unanimously supported legislative changes to the LPN Act, which eliminated the requirement for LPNs to work under the direction of an RN or medical practitioner.³⁴

In addition, the Manitoba Government has encouraged all Regional Health Authorities to utilize more LPNs in acute care settings, including tertiary centers. In 2000 The (WRHA) Health Sciences Centre conducted a pilot project to re-introduce Licensed Practical Nurses to the facilities, surgical units. The pilot was successful and the LPN positions were made permanent in 2001. Since the initial pilot the WRHA currently employs LPNs in all sectors (acute care, long term care and community). Programs of the WRHA which currently employ LPNs include: child health, dialysis, emergency, family medicine, home care, oncology, personal care homes, primary care, rehab/geriatrics and surgery.³⁵

Licensed Practical Nurses in the WRHA Winnipeg Home Care Program, for several years have expressed concern both to the College of Licensed Practical Nurses of Manitoba

³² A Progress Report on Saskatchewan's Nursing Strategies, The Action Plan for Saskatchewan Health Care, Update July, 2003

³³ Nursing in Collaborative Environments, Registered Psychiatric Nurses Association of Saskatchewan, Saskatchewan Association of Licensed Practical Nurses, Saskatchewan Registered Nurses' Association, 2000

³⁴ Manitoba Association of Licensed Practical Nurses Annual Report, 1999

³⁵ Manitoba Nursing Strategy Three Year Progress Report, Manitoba Government, March 2003

(CLPNM) and to government the inadequate use of their knowledge and skills within the Home Care Program.

In 2001 the Winnipeg Regional Health Authority (WRHA) Home Care Program acknowledged that Licensed Practical Nurses, based on their regulated scope of practice were underutilized within the home care program. It was also identified that the job description limited the effective utilization of LPNs as a caregiver. It was acknowledged that this was both frustrating to the practitioner and was not a cost effective use of resources. The Home Care Program identified the need and commitment to move forward to full utilization. The need to provide a structured environment to facilitate optimum practice was also clearly identified.

In order to address these needs, the WRHA established the LPN Scope of Practice Project. This project identified the current LPN Job Description, conducted a gap analysis comparison against CLPNM entry-level competencies and standards; identified components of the future WRHA LPN Job Description, and finally, identified WRHA LPN staff development requirements. The goal of the project was to develop a new LPN Job Description, which reflected the scope of practice as identified by the CLPNM. In addition, an outcome of the project was to develop an Education Plan for the WRHA Home Care LPN.

To ensure the initiative was successful, the LPN Scope of Practice Committee divided into two subcommittees. One group focused on developing revisions to the Nursing Procedure Manual to reflect the new LPN job description. The second group focused on identifying and establishing the learning and educational needs of the LPN to assist them to work within their new role and responsibilities within the WRHA Home Care Program. The WRHA Home Care LPN Job Description which was implemented in the fall of 2002 was changed to: enable LPNs to practice within their Scope of Practice; promote recruitment of LPNs into the program; promote job satisfaction; promote staff retention; promote a cost effective nursing environment and enhance client satisfaction.³⁶

Ontario*

*Note the title RPN is used in this section and refers to Registered Practical Nurses

In the early 1990's, Arnprior District Memorial Hospital Corporation (ON) undertook to expand the role of the RPN to reflect current regulatory expectations. This change was prompted by:

1. The organization's introduction of Quality Management
2. Human resource availability in this small rural setting
3. Fiscal constraints
4. Patient population change (increasing patient acuity)

The organization noted several enablers that facilitated RPN role evolution:

³⁶ Implementing the LPN Scope of Practice: The WRHA Home Care Experience, Canada's Nursing Crisis, Emerging Trends and Opportunities, Starra Slykerman RN, Nursing Resource Coordinator, WRHA Diana Sawatzky RN, Nursing Resource Coordinator, WRHA, September 2002

1. Legislation, specifically the Regulated Health Professions Act (ON)
2. Technological Advances-Broadening knowledge base and skills of RN and changing RN role
3. Regulatory focus on competencies rather than tasks, specifically the College of Nurses of Ontario Health Care Delivery Model Change--focus of care delivery moved from medical model to multidisciplinary TEAM model
Introduction of Care Maps and Clinical Pathways—outcomes clearly identified
There were several barriers to RPN role expansion that were overcome:

1. Lack of clear understanding of the changes brought about through legislation (specifically the Regulated Health Professions Act) by both RN's and RPN's
 2. Fear of job loss by RN's
 3. "Keeper of the Keys Syndrome" by RN's
 4. Fear of change in scope of practice by RPN's
 5. Variety of education/knowledge base among RPN's³⁷
- It is of note that there were no RN jobs lost as a result of the restructuring and the hospital received the highest possible rating in all aspects of patient satisfaction in the 2001 Hospital Report (acute care).³⁸ Feedback from RPN and RN staff has been positive, regarding the enhanced utilization of the RPN. Sharon Sevigny, RN, Unit Team Leader, noted "If anything, it has enhanced the RNs position and freed our time up to do more complex care, more teaching"³⁹.

In 1998, the Brantford General Hospital in Ontario implemented a new patient care delivery model - Total Patient Care. Their decision, following their review of literature, was based on the knowledge that in acute care settings, the implementation of Unregulated Care Providers and reduction of RN/RPN ratio to less than 50% resulted in increased mortality and morbidity. The facility's Model of Care Task Force elected to promote the role of the professional nurse (RN/RPN) at the bedside and selected Total Patient Care as the model for care delivery. The organization defined Total Patient Care as:

"An RN or RPN assumes responsibility and accountability for the complete care of assigned patients. In order to do this, the nurse must be competent to provide all of the care and/or have the resources of a colleague available to ensure all patient care needs are met."

The Brantford model is based on the tenets of professional practice; autonomy, authority and accountability in practice and decision-making.⁴⁰

Woodstock General Hospital in Ontario facilitated the move to full scope utilization of RPNs by expanding the scope of RPNs in their acute care setting to include medication administration. The organization used a systematic approach to planned change, which included extensive education of RPNs and RNs, and ongoing support. Six months after implementation, both RNs and RPNs commented

"I feel like I know my patients better"

³⁷ Townley, K. (2000) The Registered Practical Nurse A Vital Member of Our Team, Presentation to the Ontario Hospital Association Convention, Arnprior District Memorial Hospital.

³⁸ Canadian Institute for Health Information and University of Toronto, "Hospital Report 2001: Acute Care" www.hospitalreport.ca (July 17, 2001). Cited in RPN Scope of Practice Discussion Paper (2002) CUPE Research.

³⁹ Sevigny, S. (2001) Personal quote as stated in "Nurses", Video produced by Ontario Council of Hospital Unions.

⁴⁰ Campbell, A., Elliot, A., Kirk, B., et al. (2000) Advancing Professional Practice Through Total Patient Care: Utilization of Registered Practical Nurses (RPN) in a Total Patient Care Model., Presentation for the Nursing Leadership Network of Ontario, Brantford General Hospital

“Less chance for error, more time for caring and compassion”

“Improved communication between RNs and RPNs”

“Patients are receiving their meds more promptly”⁴¹

Balatbat & Willems, of Toronto Western Hospital (TWH), conducted an RPN skill assessment across their acute care facility to identify skills that are appropriate for TWH RPNs according to the regulated scope of practice. Their review recommended the modification of policies and clinical practice to better reflect the valuable skills and contributions of RPNs and achieve full utilization of this practitioner at TWH.

The TWH review noted that RPNs at the time practiced the following skills:

Advanced assessment	Oral suction
Capillary blood glucose monitoring	Order transcription
Catheterization and catheter care	Oximetry
Drain care	Suture or clip removal
Enteral feeds	Tracheostomy care
GRASP (Data collection for nursing workload measurement)	Venipuncture
IV care	Wound care
Monitoring blood transfusion	Wound packing
	Wound irrigation

Balatbat and Willems proposed that the following additional competencies should become part of RPN practice at TWH

- Nasogastric tube insertion
- Oral medications
- Subcutaneous medications
- Intramuscular medications
- IV initiation⁴²

It is of note that all of the proposed competencies are currently authorized to nursing (RN and RPN) in Ontario under the Controlled Acts described in the Regulated Health Professions Act.

New Brunswick

Under the leadership of the New Brunswick Department of Health and Wellness a Steering Committee was established in 2002 to bring together nursing stakeholders for the purpose of addressing Licensed Practical Nurse utilization and to develop mechanisms to maximize the utilization of LPNs in all New Brunswick health care facilities. The Committee submitted their July 2003 report including recommendations to the Departments of Health and Wellness and Family and Community Services seeking support in providing leadership for the standardization and maximization of LPN practice.

⁴¹ Mackenzie, J., Blancher, B., Prescription: RPN Drug Administration, Putting the Pieces Together in Acute Care (2002) Presentation at Clinical Nurses forum, Ontario Hospital Association.

⁴² Balatbat, Y & Willems, J. (2001) RPN Skills Assessment. Toronto Western Hospital, University Health Network.

To assess the current utilization pattern a survey using the Association of New Brunswick Licensed Practical Nurse 2002 competency list was distributed to 359 nurse managers. The results (287 completed surveys) clearly indicated that New Brunswick LPNs are presently working below full scope.

As well the Committee identified barriers that contribute to inconsistent utilization and which need and can be overcome to achieve full utilization of the LPN knowledge and skills. One key issue noted was the lack of awareness among managers, RNs and LPNs about the current competencies and regulatory standards for LPN practice. The professional liability myth was also identified as a barrier. It was noted that some health professionals continue to believe that they are responsible for the LPNs' actions. The lack of management support, job security, and the lack of time to (due to workloads) discuss evolving nursing roles was also seen as a barrier to change.

The Committee made numerous recommendations to effect change including that:

- the Departments of Health and Wellness and Family and Community Services providing clear direction for implementing full scope of practice of nursing care providers throughout the New Brunswick health care system;
- health facility Boards' clearly articulate the vision of maximizing the utilization of LPNs;
- Chief Nursing Officers/Directors of Nursing and Nurse Managers must be held accountable to effectively implement the change;
- the establishment of provincial standards for the utilization of LPNs in the New Brunswick health care system;
- a communication strategy to inform all stakeholders on the utilization of LPNs to full scope be developed and implemented;
- nursing care providers including nurse managers be educated on the role and scope of practice of LPNs.

A key recommendation is reassessing the utilization of LPNs in New Brunswick by repeating the utilization survey in the fall of 2005. This recommendation is essential to the overall success of implementing change - change that the Committee believes is necessary to maintain quality nursing care.⁴³

Nova Scotia

The Nova Scotia provincial government has taken an active role in addressing nursing utilization issues, which has resulted in positive changes in the role and responsibilities of both RNs and LPNs. In April 2001, the government announced the province's first-ever Nursing Strategy, aimed at addressing critical issues facing nurses in today's health care environment.

One key component of the Strategy was funding to support continuing education. In terms of this funding, the government indicated that it would support health care agencies, which provided resources for LPNs (and RNs) to work to their full scope of practice. Funding was only available to those agencies that introduced and supported long-term role and responsibility changes for these care providers.

⁴³ Report on the Utilization of LPNs in NB Health Facilities, Standardization of the Utilization of the Licensed Practical Nurses Steering Committee, New Brunswick, Department of Health and Wellness, July 2003.

Following the government's announcement and once health agencies realized the basis of the funding health care agencies contacted the College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the College of Registered Nurses of Nova Scotia (CRNNS) to obtain information and resources for their staff on professional nursing standards and nurses' scopes of practice.

Both College's were already independently conducting educational sessions for their respective members on these topics but decided, in light of the Nursing Strategy, it would be much more effective and beneficial to make these sessions a collaborative effort. The two organizations jointly developed and delivered sessions that met the educational and practice needs of both RN and LPN. Although, these sessions were intended for both RNs and LPNs, senior nurses in the management level within organizations were invited to attend ... to hear the presentation, as well as the responses and feedback from the nurses.

The sessions generated a great deal of discussion, and challenged nurses to discover barriers that might be preventing them from achieving their full scope of practice, including old policies and practices. During these presentations it was noted that many facilities were unfamiliar with the current educational preparation and scope of practice of LPNs.

Feedback has been extremely positive, with both nurses groups understanding each other's roles, which they believe ultimately, lends itself to a stronger and more positive collaborative practice environment. Registered Nurses indicated more support for LPN role changes within their facilities and were less likely to feel threatened by LPNs "taking over their jobs". The Colleges believe that one of the keys to the success of this venture is that both the RNs and LPNs understand that this is a collaborative practice initiative.

As a result of the overwhelming success of this initiative, both the CLPNNS and CRNNS have been inundated with requests to conduct sessions, to a point that they cannot always commit.⁴⁴

Newfoundland and Labrador

In response to scope of practice issues and the working relationship between Registered Nurses and Licensed Practical Nurses, the Council for Licensed Practical Nurses (CLPN) and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) implemented the Learning Circles Project. Committed to fostering an improved working relationship for nursing team members based on the values of working together, mutual respect, and an enhanced working environment that would benefit clients, the health system and nursing staff, the six-month project started in February 2000. The project received funding from CLPN, ARNNL and the Newfoundland & Labrador Health Boards Association (NLHBA) (NLHBA provided the major portion of the funds).

The mandate included:

- promoting an enhanced collaborative practice environment;
- increasing understanding of RN and LPN professional roles and competencies;
- providing a means of improving clinical practice decision-making skills; and
- enhancing the valuing and respect for RN and LPN contributions to client care.

⁴⁴ Working Together to Improve Professional Practice Relationships, Canada's Nursing Crisis, Emerging Trends and Opportunities, Ann Mann, CLPNNS, Karen Siquin, September 2002

Twenty (20) sessions were provided for 292 direct caregivers over the course of the project (February 2000 to October 2001). The workshop evaluation indicated significant increases in new learning, skills development, and changes in belief and attitudes. ⁴⁵

There is a need to study the common elements of successful models to develop “best practice guidelines” and to support employers to implement practice models that facilitate full scope utilization of LPNs. It is anticipated that such guidelines will contain transferable elements that apply to enhanced scope of practice utilization of other health care providers.

⁴⁵ Association of Registered Nurses of Newfoundland and Labrador and the Council for Licensed Practical Nurses, Learning Circles Project, Final Report October 2001