

Utilizing “Enhanced” RPN/LPNs Working in Homecare



Building Capacity to Maximize Nurses Scope of Practice
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ParaMed Home Health - Context

- Large, Canadian provider of exceptional quality Home Health Care services and Workplace Health and Wellness programs.
- Outcome-based approach to care.
- Focus on delivering healthier outcomes for clients.
- Accredited with Accreditation Canada.
- Have 24 home care centers in Ontario and Alberta.

Environmental Scan & Literature Review

- Scope of practice for RN and RPN/LPNs vary
- Shift from skills to risk assessment
 - Introduction of 3 factor framework to support the practice of working with clients who fall within their scope
- Difficulties in making decisions about who is best provider of care for home care client to ensure positive outcomes

Environmental Scan & Literature Review

- Increased focus on home health care
- Growing acuity and complexity of home care clients
- Home care budgets stretched
- Health human resource shortage

History

- RNs always admitted new clients,
- RNs would transfer client to RPN when they decided the client was appropriate- many factors in making this decision
- RPNs not satisfied, client care not challenging
- Policies and procedures outdated

Issue/Problem

Uncertainty and confusion for everyone regarding Nurse Utilization

Identified core problems

- Nurse Level
 - Confusion at what skills the RPN/LPN could/could not perform
 - Inconsistency in RPN/LPN skill base related to how long they had worked in home care and when they graduated
 - RPN/LPNs were not practicing to full scope of practice
- Client Level
 - need was not being met

Addressing the Problem

Vision

To maximize nursing utilization to a level that is reflective of the home health care environment ensuring that the scope can be managed safely and cost effectively, meets current needs and provides opportunities for growth and development for both the nurses and the organization

Goals

- Ensure that quality client care is central
 - Right person
 - Right care
 - Right skill set
 - Right time
- Clearly identify the scope of each level of nursing

Goals (continued)

- Build relationships between home health nurses
- Provide the right nurse, at the right time and place, with the right skill
- Be a employer of choice
- Increase acceptance rate of new nursing referrals

Steps to Action

- **Pilot Project initiated with multiple phases**
 - Phase 1 (completed December 2008)
 - Identified new scope of practice for RPN"s at ParaMed
 - » Prior Learning Assessment to determine an "Enhanced" RPN/LPN
 - » Initial Visit Education
 - » Implementation of new/revised policies
 - Phase 2 (currently till end of June 2009)
 - Skill Development – use of on-line learning modules
 - » Physical and Health Assessment
 - » Enteral Feeds
 - » Injections - IM
 - » Peripheral IV (no starts or CVAD)
 - » Wound Care – irrigation and packing
 - Phase 3 (pilot in Fall 2009)
 - Nursing Teams

Pilot Project

Phase One - Results

- **Acceptance Rate of Nursing Referrals**
 - Increased by 25%, some refusals existed
 - 27 clients admitted by 7 RPN-ENH over 4 weeks
- **Attrition Rate**
 - Unchanged
- **RN/RPN Ratio**
 - Unchanged
- **High Risk Incidents**
 - None
- **Client Outcome Achievement**
 - Unchanged

Implementation of Phase 1

Use of champions at each site supported by a Care and Service Manager and Clinical Practice Consultant

- Registered Nurses who applied for leadership role
- Received a full day of education
- Lead the initiative at their centre over a set period of time
- Tool Kit provided as a guide

Implementation of Phase 1 (cont'd)

Identifying the new RPN/LPN Enhanced Level

- Successfully meeting Prior Learning Assessment requirements – type of basic education i.e. certificate or diploma, continuing education course in Physical and Health Assessment, recent performance appraisal (satisfactory), in good standing with College of Nurses
- Demonstrating competency in wound irrigation / packing, IM injections, G-tube feeds and IV therapy

Implementation of Phase 1(cont'd)

Educating Staff

- RPN Enhanced for completing nursing history and admissions – review of procedure and documentation forms
- Introduction of revised policies to RN and RPNs
- Inter-professional Collaborative Practice – key concepts of collaboration, communication and coordination
- Determining the Appropriate Nursing Care Provider – use of 3 factor framework

Implementation of Phase 1 (Cont'd)

New Processes

- Use of Referral Review criteria
 - By RN Champion to determine clients who will be assigned to the RPN/LPN Enhanced.
 - Criteria developed based on 3 Factor Framework and to ensure client safety – use of a flow chart to guide decisions made

Implementation of Phase 1 (cont'd)

Determined clients NOT to be assigned to a RPN/LPN for the initial visit.

- There is **not enough information** included in the contractor's referral to make a decision whether the client is RPN/LPN appropriate.
- The client's condition is **unpredictable** and the client is at a significant risk for being in an **unstable** condition.
- The client is **very complex** and the **skills required are beyond the scope** of RPN/LPN practice
- There is a **risk of negative outcomes** because of the client's condition or the ordered treatments.

Implementation of Phase 1 (cont'd)

Based upon our current client mix, typical client referrals that might be applicable to assign to the RPN/LPN for initial visits could be:

- Wound care – delayed closure, pilonidal sinus, pressure ulcers
- Catheter Care – clients with retention, neurogenic bladders, post-op with clear pathways
- Prophylactic anti-coagulant injections – clients who will be undergoing surgery
- Insulin injections – stable diabetics who are unable to prepare / administer insulin
- Medication management – uncomplicated i.e. setting up a dossette
- Blood pressure checks – pregnancy hypertension

Implementation of Phase 1 (cont'd)

Assessment of RPN/LPN-ENH competency

- Co-visit by Champion and RPN/LPN-ENH to client when completing first admission to determine competency – check list completed and put on file

Education for Internal Staff

- Operations Manager, Coordinators and Supervisors
 - For after hours, processes developed with supervisor on-call

Sustainability

- Plans to sustain initiative for new hires and referral review
 - Supervisor and Co-ordinator accountabilities

Next Steps

- Roll out Phase One to all centres by the end of summer 2009
- Complete pilot for phase 2 by June 2009, evaluate the outcomes and plan for implementation in early 2010
- Start pilot for phase 3 in Fall 2009

Thoughts or Questions!!



Contact

Karen Thompson, BScN, MEd, CCHN(C)

Clinical Practice Consultant

ParaMed Home Health

400-140 Fullarton St, London, ON N6A 5P2

519-433-2222

kvthompson@paramed.com

Cheryl Reid-Haughian, RN, BHScN, MHScN, CCHN (C)

Director, Professional Practice

ParaMed Home Health

400-1145 Hunt Club Road, Ottawa, ON K1V 0Y3

613-728-7080

creidhaughian@paramed.com