Delegating Across Personnel in Long-term Care

Christine Mueller, PhD, RN, FAAN
Long-term Care Nursing Professor
University of Minnesota, School of Nursing
Overview of session

- Status of delegation in long-term care facilities today
- Barriers/issues related to delegation by registered nurses in long-term care facilities
- New care models in long-term care facilities and implications for nurse delegation
- Priority recommendations
Reminder about definition of delegation and supervision

- **Delegation**: Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains **accountability** for the delegation.

- **Supervision**: The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing task delegated to unlicensed assistive personnel.

(NCSBN position paper, 1995)
Delegation in Long-term Care is...

- the regulatory mechanism which allows licensed practical or vocational nurses (LPNs/LVNs) and nursing assistants to provide over 90% of direct care that nursing homes residents receive.
- the primary mechanism to ensure that professional nursing standards reach the bedside.

Delegation factors in nursing homes

- Staffing
  - Staff mix
  - Number
- Care delivery models
  - Role of RN
- Education background of RNs, including directors of nursing
- Turnover/staff stability
Staffing

Hours/resident day in a 24 hour day (U.S)

- RN: .39 (23 minutes)
- LPN: .82 (49 minutes)
- NA: 2.42
- Total: 3.63

Source: Center for Medicare & Medicaid Services Certification and Survey Provider Enhanced Reporting (March 2011)
Staffing

100 residents

<table>
<thead>
<tr>
<th></th>
<th>Days</th>
<th>Evenings</th>
<th>Nights</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>2.5 (1:40)</td>
<td>1 (1:100)</td>
<td>1 (1:100)</td>
<td>4.5</td>
</tr>
<tr>
<td>LPN</td>
<td>4 (1:25)</td>
<td>3 (1:33)</td>
<td>3 (1:33)</td>
<td>10</td>
</tr>
<tr>
<td>NA</td>
<td>12 (1:8)</td>
<td>10 (1:10)</td>
<td>8 (1:12)</td>
<td>30</td>
</tr>
</tbody>
</table>
Care delivery model

- **RNs and LPNs**
  - Unit manager (days)
  - Supervisor (eves/nights)
  - Charge nurse
  - MDS nurse
- **LPNs and RNs**
  - Medications
  - Treatments
  - Orders
- **RN**
  - Director of nursing

- **Nursing Assistants**
  - ADLs
  - Bathing
  - Meal assistance
  - Weights and Vital signs
  - Get out of bed in a.m. and put to bed in p.m.
  - Turning and positioning
  - Transferring
  - Ambulating
Licensed nursing functions

- Assessment
- Care planning
- Evaluation of care
- Medication administration (Trained Medication Assistants)
- Treatments

INTERCHANGEABLE
Current Study

- Funded by the NCSBN Center for Regulatory Excellence
- Regulating Licensed Nursing Practice in Nursing Homes: How RN and LPN scopes of practice are enacted
- Duke University School of Nursing
  - Kirsten Corazzini, PhD (PI)
  - Ruth Anderson, PhD, RN, FAAN
  - Nancy Short, DrPH, MBA, RN
- University of Minnesota, School of Nursing
  - Christine Mueller, PhD, RN, FAAN
Current study

- Indepth telephone interviews with directors of nursing, registered nurses and licensed practical nurses in Minnesota and North Carolina.
- Research Question: What do RNs and LPNs do, including behaviors and strategies, to enact specific components (assessment, care planning, delegation, evaluation, and supervision) of their scope of practice?
- 45 nursing homes geographically distributed
  - DON and 4 licensed nurses/nursing home
  - 225 interviews
Interchangeable role of the RN and LPN in long-term care

- **Interviewer:**
  - Are there differences in what your RNs and LPNs can delegate?

- **Subject:**
  - No, not to the CNAs.
Interchangeable role of the RN and LPN in long-term care

• **Interviewer:**
  Do you find that there are any differences in what RNs and LPNs can do in your facility?

• **Subject:**
  No, our policies are written. The corporation wrote our policies so that any nurse can perform the tasks that are in the policies.
Interchangeable role of the RN and LPN in long-term care

- I would say though, I experience quite often the LPNs that have been nurses for a long time and RNs as well, they definitely don’t possess that same, they tend to think that they’ve been nurses for a long time and that they can just do it regardless of their scope of practice. They think that an RN is just different letters and they think that they should have the same privileges to practice and then you have your RNs who feel as though they’ve been RNs for a long time and I guess they’re kind of tired of delegating. You see that a lot.
Interchangeable role of the RN and LPN in long-term care

Subject:
- The nurse on the floor delegates, if someone needs an extra shower during the week, she will tell either one of the nursing assistants or the bath aide that they have this extra bath. So the charge nurse on the floor monitors all the tasks that need to be done that day and then she will assign them to people as they come up.

Interviewer:
- And these are both LPNs and RNs right?

Subject:
- Yes, either an LPN or an RN can be in that position in our facility.
Interchangeable role of the RN and LPN in long-term care

- We have LPNs that do just the hall. We have RNs that do just the hall. They’re not in a supervisory capacity. They’re just on a cart---meds just like the LPNs, and I don’t treat them any differently than I do the LPNs.
Interchangeable role of the RN and LPN in long-term care

Interviewer
- Do you find that there are differences in what the RNs and the LPNs do in your facility?

Subject
- Yes, we, because we have problems of getting RNs to come into a long term care facility, we do have LPNs functioning in roles that RNs should be filling, but as far as being on the hall, the RN is a charge person, and the LPN is and can also act as a charge nurse in a sense, but if we've got an RN there, she's ultimately responsible.

Interviewer
- Okay and when you say a charge nurse, tell me what you mean by that because different people have different

Subject
- Meaning that she is the head of her unit as far as her hall; she may have like 24-25 residents that are under her care and then her subordinates would be the CNAs.
Interchangeable role of the RN and LPN in long-term care

Interviewer:
- Do you find that there’s differences in what RNs and LPNs do in your facility, and if so, what are the differences?

Subject:
- Really the only difference in my particular building, and this is something new that came about, they mandated that the nurse that developed the care plan had to be an RN because there were three, and they all did their own care plans. So now my two MDS nurses that are LPNs do all the assessments, and then my RN does the actual care planning. That just changed beginning of this year. So other than that, and the position held as the DON, there’s really not any differences in what my LPNs and RNs can do in that building because I’ve got LPNs in supervisory roles. One of my day shift supervisors is an LPN too, so.
Interchangeable role of the RN and LPN in long-term care

Interviewer:
- In your facility do find that there’s a difference in what the RNs and LPNs do?

Subject:
- Well... there is. The nurses who work on the floor, whether they are LPNs or RNs do pretty much the same job, because an LPN can pick up after an RN leaves for her shift, but the biggest difference is when the nurse managers or the charges nurses are doing the assessments. The RNs do assessments. LPNs can gather the information but they can’t actually do the assessment, so that’s the biggest difference.
Interchangeable role of the RN and LPN in long-term care

- “Task-focused” theme
- Lack of understanding of delegation—but more specifically, accountability
- RNs in long-term care seem to be OK with being ‘interchangeable’
## Education of RNs in nursing homes

<table>
<thead>
<tr>
<th></th>
<th>AD</th>
<th>Diploma</th>
<th>BSN</th>
<th>MS</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs</td>
<td>55% (0-90%)</td>
<td>15% (0-90%)</td>
<td>23% (0-90%)</td>
<td>1.5% (0-25%)</td>
<td>38%</td>
</tr>
<tr>
<td>DONs</td>
<td>46.3%</td>
<td>12.3%</td>
<td>31.3%</td>
<td>4.8%</td>
<td>54%</td>
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</table>

N=1174 facilities
2004 National Nursing Home Survey

25% of RNs were educated outside the U.S. (NNHS, 2004)
Other characteristics of RNs in long-term care facilities

- 75% of facilities have 6.5 RN FTEs who are responsible for the personal, health and medical care of a group of residents (direct care). (NNHS, 2004)
- 21% of facilities had all of their RNs employed for more than a year. (NNHS, 2004)
- RN annual retention rates: 48% Staff RN; 62% DON (AHCA, 2008)
- RN turnover rates: 42.8% Staff RN; 18.1% DON (AHCA, 2008)
- RN vacancy rates: 7.9% staff RN; 1.8% DON (AHCA, 2008)
Implications for RN delegation

- Accountability
  - Volume of residents and unlicensed personnel
  - Organization of care delivery
  - Task oriented approach to care
  - RN’s knowledge of LPN and NA capabilities (turnover)
Results from a study on delegation and supervision of Licensed nursing staff in nursing homes

Kirsten Corazzini, PhD (Duke University)
Ruth Anderson, PhD, RN, FAAN (Duke University)
Christine Mueller, PhD, RN, FAAN (University of Minnesota)
## State Nurse Practice Act Regulations of LPN Delegation and Supervision

<table>
<thead>
<tr>
<th>State</th>
<th>Can Delegate</th>
<th>Can Supervise</th>
<th>Permissiveness</th>
<th>Cannot Delegate</th>
<th>Cannot Supervise</th>
<th>Restrictiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>Yes</td>
<td></td>
<td>Moderate</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>AL</td>
<td>Yes</td>
<td>Yes</td>
<td>High</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>CO</td>
<td>Yes</td>
<td></td>
<td>Moderate</td>
<td>Yes</td>
<td></td>
<td>Moderate</td>
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<tr>
<td>DE</td>
<td>Low</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>MN</td>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>OH</td>
<td>Yes</td>
<td></td>
<td>Moderate</td>
<td></td>
<td>Yes</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

**Permissiveness**
- High = permits both delegation and supervision
- Moderate = permits delegation or supervision
- Low = silent

**Restrictiveness**
- High restrictiveness = restricts both delegation and supervision
- Moderate = restricts delegation or supervision
- Low = silent
### Summary of State Nurse Practice Act Regulations of LPN Delegation and Supervision

<table>
<thead>
<tr>
<th></th>
<th># States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Permissiveness</strong></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>24 (47%)</td>
</tr>
<tr>
<td>Moderate</td>
<td>11 (21%)</td>
</tr>
<tr>
<td>Low</td>
<td>16 (31%)</td>
</tr>
<tr>
<td><strong>Restrictiveness</strong></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>Moderate</td>
<td>11 (21%)</td>
</tr>
<tr>
<td>Low</td>
<td>36 (70%)</td>
</tr>
</tbody>
</table>

**Permissiveness**
- High = permits both delegation and supervision
- Moderate = permits delegation or supervision
- Low = silent

**Restrictiveness**
- High restrictiveness = restricts both delegation and supervision
- Moderate = restricts delegation or supervision
- Low = silent
OLS regression models of state composite quality measure performance on regulatory *permissiveness* in LPN delegation and supervision (N=51)

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permissiveness</td>
<td>.028 (.014)*</td>
<td>.028 (.013)**</td>
<td>.020 (.012)</td>
<td>.0063 (.012)</td>
</tr>
<tr>
<td>Mean state nursing home resident acuity</td>
<td>.039 (.013)***</td>
<td>.039 (.012)***</td>
<td>.024 (.012)*</td>
<td></td>
</tr>
<tr>
<td>Proportion of nursing homes in state meeting state staffing standards</td>
<td></td>
<td></td>
<td>.0036 (.0012)***</td>
<td>.0028 (.0011)**</td>
</tr>
<tr>
<td>Proportion of nursing homes in the state that are chain-owned</td>
<td></td>
<td></td>
<td></td>
<td>.22 (.07)***</td>
</tr>
<tr>
<td>Constant</td>
<td>5.42 (.020)</td>
<td>5.03 (.14)</td>
<td>4.71 (.16)</td>
<td>4.83 (.16)</td>
</tr>
<tr>
<td>F</td>
<td>4.03*</td>
<td>6.66***</td>
<td>8.28****</td>
<td>9.38****</td>
</tr>
<tr>
<td>Adjusted R-squared</td>
<td>.057</td>
<td>.18</td>
<td>.30</td>
<td>.40</td>
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</table>

*p<.10; **p<.05; ***p<.01; ****p<.001. Higher scores on the Composite Quality Measure indicate poorer quality care.
OLS regression models of state composite quality measure performance on regulatory **restrictiveness** in LPN delegation and supervision (N=51)

<table>
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<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restrictiveness</td>
<td>-.056 (.018)**</td>
<td>-.058 (.017)**</td>
<td>-.047 (.016)**</td>
<td>-.031 (.017)</td>
</tr>
<tr>
<td>Mean state nursing home resident acuity</td>
<td>.041 (.012)**</td>
<td>.040 (.012)**</td>
<td>.028 (.012)*</td>
<td></td>
</tr>
<tr>
<td>Proportion of nursing homes in state meeting state staffing standards</td>
<td></td>
<td>.0032 (.0011)**</td>
<td>.0026 (.0011)*</td>
<td></td>
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<tr>
<td>Proportion of nursing homes in the state that are chain-owned</td>
<td></td>
<td></td>
<td>.18 (.073)*</td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>5.48 (.013)</td>
<td>5.07 (.13)</td>
<td>4.77 (.16)</td>
<td>4.85 (.15)</td>
</tr>
<tr>
<td>F</td>
<td>9.50**</td>
<td>11.06***</td>
<td>11.09***</td>
<td>10.86***</td>
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<tr>
<td>Adjusted R-squared</td>
<td>.15</td>
<td>.29</td>
<td>.41</td>
<td>.44</td>
</tr>
</tbody>
</table>

*p<.10; **p<.05; ***p<.01; ****p<.001. Higher scores on the Composite Quality Measure indicate poorer quality care.
Proportion of nursing homes in a state that are chain-owned

State LPN restrictiveness in the regulation of LPN delegation and supervision

State prevalence of adverse nursing home care outcomes

Relationship between proportion of chain-owned nursing homes and outcomes.
Previous three slides were from:

## LPN reported activities in MN and NC

<table>
<thead>
<tr>
<th>Activity</th>
<th>All</th>
<th>MN</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DELEGATION ACTIVITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delegate care to UAPs</td>
<td>90.0</td>
<td>90.6</td>
<td>89.3</td>
</tr>
<tr>
<td>• Right task</td>
<td>84.0</td>
<td>82.7</td>
<td>84.9</td>
</tr>
<tr>
<td>• Right person*</td>
<td>66.4</td>
<td>75.5</td>
<td>57.1</td>
</tr>
<tr>
<td>• Right supervision/follow-up</td>
<td>87.3</td>
<td>86.8</td>
<td>87.5</td>
</tr>
<tr>
<td><strong>SUPERVISION ACTIVITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervise unlicensed nursing assistive personnel (UAPs)</td>
<td>95.5</td>
<td>96.2</td>
<td>94.7</td>
</tr>
<tr>
<td>Direct, guide, or oversee UAPs* carrying out a nursing task</td>
<td>85.3</td>
<td>90.6</td>
<td>80.0</td>
</tr>
</tbody>
</table>

*Significant difference between MN and NC LPNs (p<0.05)
### Barriers and Facilitators reported by LPNs that make it difficult or helpful to stay within their scope of practice

<table>
<thead>
<tr>
<th>Barriers</th>
<th>% Somewhat/Very Much a Problem</th>
<th>Facilitators</th>
<th>% Somewhat/Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion about legal scope of practice</td>
<td>47.7</td>
<td>Having a supportive Director of Nursing</td>
<td>78.4</td>
</tr>
<tr>
<td>Not enough information from Board of Nursing</td>
<td>42.3</td>
<td>Helpful information available from Board of Nursing about LPN legal scope of practice</td>
<td>78.2</td>
</tr>
<tr>
<td>Unclear/confusing information from Board of Nursing</td>
<td>44.0</td>
<td>Having enough unlicensed nursing assistive personnel in facility</td>
<td>78.9</td>
</tr>
<tr>
<td>Not enough licensed nurses in facility</td>
<td>55.9</td>
<td>Having enough licensed nurses in facility</td>
<td>83.5</td>
</tr>
<tr>
<td>RNs in facility not helping with direct resident care</td>
<td>65.7</td>
<td>RNs in facility help with direct resident care</td>
<td>68.6</td>
</tr>
<tr>
<td>RNs in facility spending too much time with administrative work</td>
<td>76.4</td>
<td>RNs in facility spending time on the units</td>
<td>75.2</td>
</tr>
<tr>
<td>Administrators or supervisors do not understand the difference between LPN and RN legal scopes of practice</td>
<td>47.3</td>
<td>Administrators or supervisors who understand the differences between LPN and RN legal scopes of practice</td>
<td>84.2</td>
</tr>
<tr>
<td>Administrators or supervisors tend to ignore legal scope of practice differences between LPNs and RNs</td>
<td>50.9</td>
<td>Having a supportive supervisor</td>
<td>82.9</td>
</tr>
<tr>
<td>Facility policies or job descriptions conflict with legal scope of practice</td>
<td>42.7</td>
<td>Facility policies or job descriptions that match your legal scope of practice</td>
<td>87.2</td>
</tr>
</tbody>
</table>

Additional facilitators:
- Membership in a professional nursing organization (other than a union): 13.4
- Union membership: 14.8
Strategies and processes for delegating care in long-term care facilities

  
  [http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN.aspx](http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN.aspx)
Strategies and processes for delegating care in long-term care facilities

Follow the job description

- Responsible to ensure that nursing staff followed the rules and policies connected to a specific job description:
  - Monitoring
  - Enforcing rules
  - Inservices
- Following chain of command
- Successful completion of tasks is the focus

Scope of Practice

- Required considering multiple factors including job descriptions:
  - Scope of practice
  - Nursing regulations
- Resident outcomes was the focus
New Care Models in Long-term Care Facilities

- Nursing home “culture change”
Nursing Home Culture Change

- A culture change nursing home is defined as an organization that has home and work environments that include:
  - **Care** and resident-related activities directed by residents;
  - **Environments** designed as a home, rather than an institution,
  - **Close relationships** among residents, family members, staff, and community;
  - **Work** that is organized to support and empower all staff to respond to resident needs and desires;
  - **Management** that allows for collaborative and decentralized decision-making;
  - **Systematic processes** that are comprehensive, measurement-based and used for continuous quality improvement

Continuum of Person-directed Care
Creating Home: The Essential Elements of Small Houses. Pioneer Network
www.pioneernetwork.net
Household model

- New environment
Household model

New Roles
Household model

New Ways
Summary

- Lack of understanding regarding accountability on the part of registered nurses in nursing homes
- Nursing homes lack a professional practice environment
  - Promotes/rewards task-based practice
  - Educational degrees not acknowledged
- Professional nursing care needs of residents not a focus for staffing
Implications

Practice
- Different models of care that promote RN/LPN collaborative practice and RN accountability

Nursing Homes
- Job descriptions
- Professional practice models
- Staffing
- Qualifications of RN staff
Implications

Boards of Nursing

- Practice acts and regulations can impact quality of care for residents in nursing homes
- Education regarding RN accountability for nursing home administrators and nurses

State and Federal policy

- RN staffing has to be addressed
Implications

Education

- Education regarding—
  - RN accountability
  - Delegation
  - Scopes of practice

Research

- Test and evaluate care delivery models that facilitate collaborative RN and LPN practice that supports RN accountability
Thank you

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