



Full Utilization of Licensed Practical Nurses:

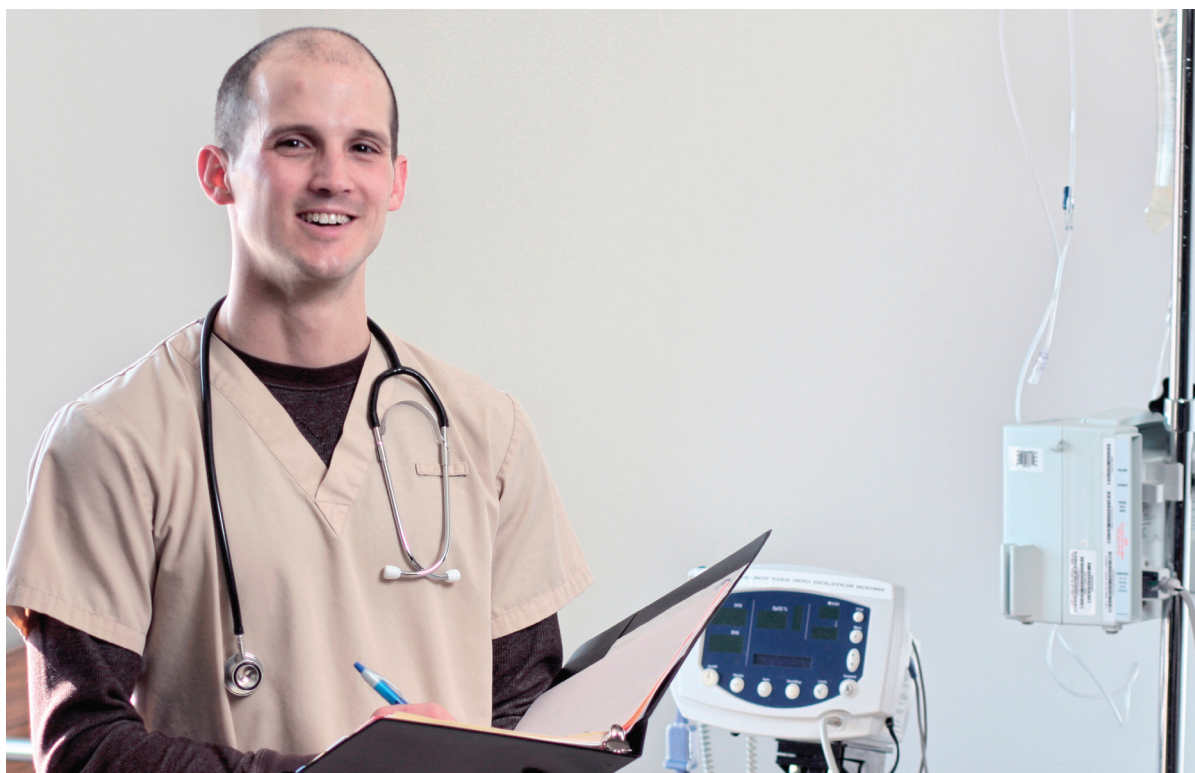
A Practical Solution to the Nursing Shortage

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Cover photo: Nasim, a Licensed Practical Nurse in Regina

Randy, a Licensed Practical Nurse in Regina



Introduction

Licensed Practical Nurses play a critical role in the delivery of health care. They provide hands-on nursing care to patients at the hospital bedside, and to residents in special care homes, home care and community health.

Licensed Practical Nurses (LPNs) are skilled nurses who are trained to perform a wide range of medical assessments and procedures. *The Licensed Practical Nurses Act (2000)* permits them to work independently as valuable members of the health care team.

Over the last decade, LPNs have had to fight to do the job they were trained to do. A 2010 provincial survey of LPNs

by SALPN (Saskatchewan Association of Licensed Practice Nurses) reported that only one half of employers fully utilize LPNs' professional nursing skills.¹ This is like training journeyman plumbers but only allowing them to fix leaky faucets.

Overlooking the skills of LPNs is unacceptable. Our health care system needs to maximize the skills of all professional nursing staff. By fully engaging LPNs, our province will be able to address the nursing shortage and ensure quality patient care. Progress has been made but much more work needs to be done to maximize the use of LPNs' professional skills.

Melissa, a Licensed Practical Nurse in Prince Albert



Licensed Practical Nurses (LPNs)

Licensed Practical Nurses are the second largest group of regulated health professionals in the province, and their numbers have been growing. There were 2,925 practicing Licensed Practical Nurses in Saskatchewan, as of December 31, 2010.² This represents a 20 percent increase over 2008 when there were 2,436 LPNs practicing in the province.

The increase in LPNs was also reported in *Regulated Nurses: Canadian Trends 2005-2009*, published by the Canadian Institute of Health Information (CIHI) in December 2010.³ That report noted a 19.8% increase in LPNs in the province from 2005 to 2009.

According to the CIHI report, LPNs in Saskatchewan are more likely to work in acute care than LPNs in other provinces. The majority of LPNs in Saskatchewan (66.9 percent) work in acute care, and 20.8 percent work in long term care. LPNs in the province are younger on average than other nurses: almost 32 percent of LPNs in the province are under the age of 35, compared to 21 percent of Registered Nurses and 5.3 percent of Registered Psychiatric Nurses.⁴

The CIHI report also shows that 49.7 percent of practicing LPNs in Saskatchewan have worked for ten years or less since graduation, suggesting a long career for LPNs in health care.⁵ In contrast, only 23.7 percent of Registered Nurses have been in the workplace for ten years or less since graduation.

The educational requirements to become a Licensed Practical Nurse have become more demanding over the years. LPNs must complete a 65-week Practical Nursing Education Program in order to receive a Diploma of Practical Nursing. This two-year academic program was expanded from a 58 week program in 2006 to include IV therapy, among other competencies.

LPNs have a comprehensive array of nursing skills and often perform the same duties as registered nurses. In fact, CIHI reports that 62.2 percent of RNs in Saskatchewan have a two-year diploma as their highest education in nursing while just over one-third (35.4 percent) of RNs have their BA in nursing.⁶

LPN competencies include: monitoring blood glucose, oxygen therapy, changing simple and complex dressings, patient assessments, catheterization, administering medications, removing sutures, updating care plans, tube feedings, initiating patient care, calling for and processing doctor's orders, IV management, IV therapy, wound care, removing drains and team leading.

LPNs can also take additional training for specialized positions or work, such as Operating Room Technician, perioperative nursing, advanced foot care, immunizations, emergency triage and rapid primary assessment, interpretation of cardiac monitor and ECG, among other competencies.

in Saskatchewan

LPNs in CUPE

The Canadian Union of Public Employees (CUPE) represents 1,500 LPNs in five health regions in Saskatchewan: Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Sun Country and Sunrise. More than half of LPNs in the province are members of CUPE.

Through the CUPE Health Care Council, the LPN Committee advises the union on issues and concerns affecting LPNs. The committee is made up of one LPN from each of the five health regions represented by CUPE, a member of the Health Care Council executive and a staff advisor.

For over a decade CUPE has been a strong advocate for the full utilization of LPN skills. Since the year 2000, our union has presented several briefs to health regions and Health Ministry officials. In 2003 our research highlighted five case studies where LPNs were working to their full scope of practice leading to positive outcomes in patient care and work satisfaction. We held news conferences in several communities in 2003 and 2008 to raise public awareness of how LPNs were under utilized in health care. Employers and Ministry of Health officials acknowledged our concerns at the time and committed to make progress.

Concerns of LPNs

In the winter of 2011, members of our CUPE LPN Committee held 16 roundtable discussions with LPNs in five health regions to hear about their current concerns. Common issues that came out of the roundtable discussions were:

- LPNs love their jobs but often feel their professional skills are not recognized in the workplace
- LPNs want to be valued and respected as members of the health care team
- LPNs are continually taking courses or upgrading their skills and appreciate the educational funding provided through the CUPE/SAHO Employment Strategy Fund⁷
- LPNs strongly feel that their professional licensing fee should be fully paid by the employer, as it is for other professionals in health care
- Registered Nurses, managers and the public need to be educated on the professional skills and competencies of LPNs
- LPNs want their union to continue to lobby employers and the government to implement full scope of practice for LPNs

Based on the feedback from these meetings, our LPN committee has initiated another campaign to educate the public, employers and the government on the need for achieving full scope of practice for LPNs in the province.

Trends in the Utilization of LPNs in



Judy, a Licensed Practical Nurse in Regina

Despite the fact that the LPN education program has expanded and LPNs are bringing more skills with them, the advancement of LPNs in the workplace has been inconsistent across health regions. In 2003, CUPE conducted the first survey of CUPE LPNs in the province to assess the extent to which their skills were being used in the workplace. Since then, SALPN has conducted two surveys of LPNs in the province with similar questions.

At a provincial level the number of LPNs who say their skills are fully utilized in the workplace has improved — from 44 percent in 2004 to 50.1 percent in 2010. An additional 26.8 percent of LPNs said their employer “sometimes” allows them to work to full scope of practice.

Nonetheless these results are disappointing. In 2010, 20 percent of LPNs — or one out of five — in Saskatchewan say their employer does not allow them to work to their full scope of practice, illustrating a waste of valuable human resources in health care.

In terms of the competencies that LPNs are *most likely* allowed to practice, the SALPN survey⁸ identified the following:

Patient assessment

(77 percent can always perform this task)	
Administering medications	(74.3 percent)
Admissions	(66.4 percent)
Catheterization	(65.5 percent)
Complex dressing changes	(60.1 percent)
Primary nursing assessment	(58.9 percent)

Saskatchewan

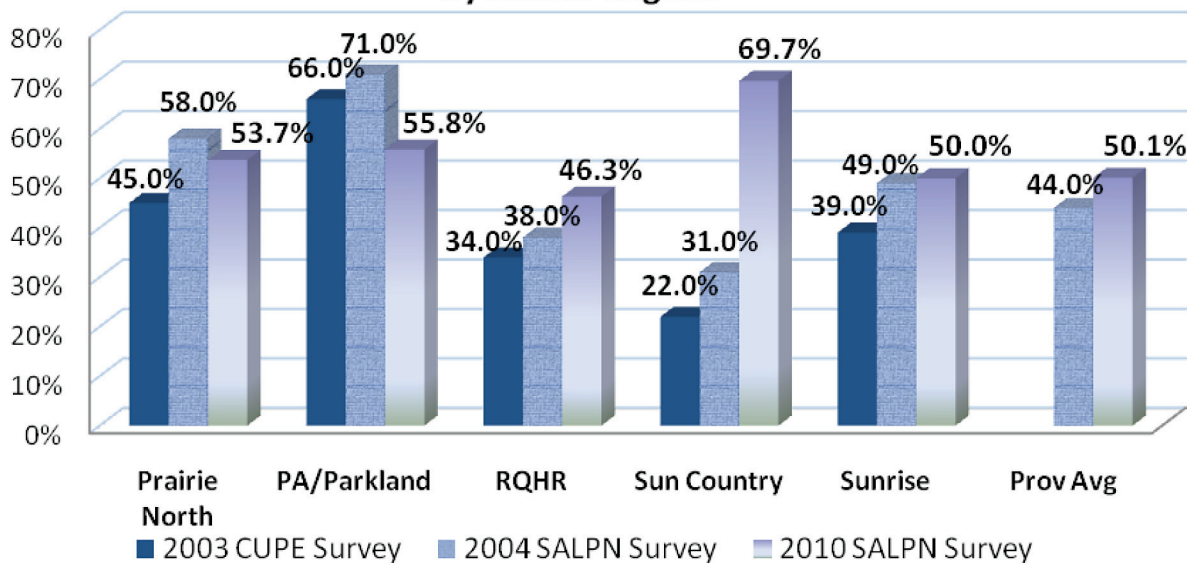
All of the above are core competencies that all LPNs must have to be licensed and practice in Saskatchewan. The survey results to this question should be showing 100 percent compliance.

An examination of the five health regions where CUPE represents LPNs shows that there were tremendous gains in the utilization of LPNs between 2003 and 2010, but that in some regions those gains had eroded (see chart 1). The greatest gains were made in Sun Country Health Region where the number of LPNs who said their skills were fully utilized jumped from 22 percent to almost 70 percent from 2003 to 2010. Regina Qu'Appelle and Sunrise health regions also saw improvements in LPN skill utilization.

There was a drop, however, in the number of LPNs in the Prairie North and P.A. Parkland health regions who said their skills were fully utilized at work compared to earlier surveys. In the Prairie North health region the full utilization of LPNs dropped from 58 percent in 2004 to 53.7 percent in 2010. The results in the PA Parkland health region are particularly concerning. P.A. Parkland used to be the health region with the highest number of LPNs saying their skills were fully utilized (71 percent in 2004). In 2010, only 55.8 percent of LPNs in that region said their skills were fully utilized.

continued

Chart 1
% of LPNs Working to Full Scope of Practice,
by Health Region



Trends in the Utilization of LPNs in

Inconsistencies in Practice

The SALPN membership surveys show to what extent employers are not using LPNs to their full scope of practice. In addition, there appear to be inconsistencies in the assignment of specific LPN duties across health regions. LPNs in the Regina Qu'Appelle Health Region who have taken additional training for dialysis nursing perform the full range of nursing tasks in the dialysis unit. LPNs in the PA Parkland Health Region with the same dialysis nursing training, however, are allowed to do needling (accessing ports and cleaning blood) but are not permitted to do IV medications.

LPNs in the Prairie North Health Region took the same in-house emergency triage training side by side with RNs. After years of LPNs competently doing triage work, they are now not permitted to do this task.

Across the province there are dozens more examples of inconsistent application of LPN skills.

Mentoring

Maximizing the skills of LPNs is also critical for the development of mentorship and practicum programs for new LPNs.

The Canadian Practical Nurses Association points out that few Practical Nursing

programs have LPN instructors.⁹ They point out the importance of having LPN mentors to prepare practical nursing students for their role in the health care system.

When SIAST approached the Regina Qu'Appelle Health Region and CUPE to second LPN Adjunct Clinical Instructors for the Practical Nurse Program, the Employer had difficulty in identifying medical or surgical units at Regina General Hospital that would qualify as full-scope for the pilot project. A unit was eventually selected and now each six-week clinical practicum will be supervised by a full scope LPN.

We urge health care employers to implement mentoring programs for new LPNs in the workplace, by allowing them to job shadow full scope LPNs.

What Explains the Changes in LPN Utilization?

We would like to believe that our campaign in 2003-04 for full scope of practice had a positive influence on employers and lead to the increased utilization in the five health regions in 2004. We hoped that by pointing out the underutilization of LPNs, health regions would review their practices and develop policies to bring LPNs to full scope of practice.

Although there has been some improvement, we are deeply concerned about the slow progress.

Saskatchewan continued

Our LPNs tell us that the provincial government's partnership agreement with SUN has negatively impacted our LPNs especially those working on a casual basis. The SUN partnership agreement states that health regions cannot allow other health providers to fill RN vacancies. In some cases, LPNs have filled nursing positions for years because the region couldn't recruit an RN. This is no longer allowed.

Some regions have in fact exceeded their hiring targets. The Regina Qu'Appelle Health Region, for example, had a target of 1,813.81 FTE RN/RPNs and exceeded it by reaching 1,826.76 FTE RN/RPNs.¹⁰

While our union supports the overall increase of nursing staff in health care, we do not believe that this should be done at the expense of highly qualified LPNs already providing excellent care in our health care system.

The Ministry of Health and all health regions need to ensure that a commitment to one nursing group does not displace or negatively affect other nurses working in health care. Instead, there should be a commitment to collaborative nursing and the maximum utilization of all nurses.

We do not know the reasons for the decline in some health regions in the number of LPNs working to full scope of practice that was reported by SALPN in 2010. Many LPNs in our union believe that the number of LPNs working to full



Chantelle, a Licensed Practical Nurse in Prince Albert

scope may be higher than what the SALPN survey suggests. This is the only provincial measurement of LPN skill utilization, however, and we do not have access to any other data.

This highlights the importance of having employers set goals for full scope of practice for LPNs and to report annually on their progress.

Need to Strengthen a Collaborative

In the year 2000, the Saskatchewan Registered Nurses Association (SRNA), the Saskatchewan Association of Licensed Practical Nurses (SALPN) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) produced a document entitled, *Nursing in Collaborative Environments*. The nursing associations received support from the Ministry of Health in the development of the report.

In a description of the purpose of the document, it states that it is important to ensure:

“... that health human resources in general, and nursing human resources in particular, are used in a collaborative manner that maximizes their utilization and is in keeping with their applicable scope of practice.”¹¹

The document lists 14 guiding principles for a collaborative nursing practice, many of which deal with the respective professional standards of practice, scopes of practice and ethical standards of each nursing profession and how they can complement each other.

The seventh principle speaks to the kind of work environment necessary to ensure collaborative practice. It states:

“Agencies that employ LPNs, RNs and RPNs play an important leadership role in creating and maintaining practice environments that foster:

- Quality patient care;
- Satisfying professional practice;
- Collaborative and interdisciplinary approaches to client care;
- Shared decision-making; and
- Participation by all employees in the development and implementation of strategic plans.”

Later on the document discusses the responsibility of employers. It states “employer documents should identify the roles and responsibilities of RPNs, LPNs and RNs within the various practice settings and address how collaborative practice is carried out.”¹² It goes on to say “employers should involve all nursing practitioners in determining appropriate practice models and utilization of competencies.”¹³

CUPE recommends that health employers develop policies on scope of practice and collaborative nursing based on the principles of the collaborative nursing document. It is particularly important that the roles and responsibilities of all nurses be identified in the policy and that all nurses — including LPNs — be involved in determining “appropriate practice models and utilization of competencies.”

Nursing Practice

The workshops on collaborative nursing did not reach as many key decision makers as organizers hoped. The final report noted that fewer staff participated in the workshops than expected, that workshops in some locations had to be cancelled because of no registration and that few managers or senior administrators participated.¹⁴

We support the recommendations from the Collaborative Nursing Practice Project final report which call for more education on collaborative nursing, especially for managers and employers, for the production of documents and resources on collaborative practice and increased communication on the issue.

Policies for Full Scope of Practice

The 2010 SALPN survey asked LPNs who or what determined which tasks they perform in the workplace. It is interesting to compare the responses to this question to the results from the 2004 SALPN survey:

Table 1: Who Determines Which Tasks LPNs Perform in Workplace, SALPN Surveys 2004, 2010

	2010 Survey	2004 Survey
Employer Policy	74.4%	32.0%
Nurse Manager	58.0%	59.0%
SALPN	41.6%	--
Facility Administrator	40.5%	33.0%
RN on Shift	30.1%	34.0%

Source: 2004 SALPN Survey, 2010 SALPN Survey

In 2004, the majority (59%) of LPNs surveyed said the nurse manager was the person who determined which skills LPNs could use in the workplace, followed by the RN on shift. In 2010, the majority (74.4%) said that health region policy was the main factor deciding which tasks they could perform. The nurse manager, however, remained a key decision maker in the 2010 survey results (58%).

We believe that all health care employers should have clear policies to ensure that all nurses are working to their full scope of practice in the workplace. Employer policy should be what determines skill utilization of professionals, and not the subjective or arbitrary decisions of managers or supervisors. CUPE has recommended this many times in the past, and we are surprised to learn that there are still many health regions without a policy on using LPNs or other health professionals to their full scope of practice.

Those health regions that do not have a policy on scope of practice should ensure that LPNs are consulted and involved in its development, that the policy is widely distributed, and that there is a process for implementing and enforcing the policy.

Recommendations for Implementing

CUPE congratulates those health regions, facilities and managers who recognize the valuable skills of LPNs and assign duties that allow LPNs to use their full range of skills in the workplace.

We also commend the nursing licensing associations and the Ministry of Health for leading discussions on the need for a collaborative nursing practice in Saskatchewan.

The results of the 2010 SALPN Membership Survey, however, illustrate that we are still far from the goal of having all LPNs being used to their full ability. This is a waste of valuable human resources in a sector that needs the skills and knowledge of its entire staff. If this government truly believes in “patients first,” then it should issue strong directives that all nursing professionals be used to their full scope of practice.

Concrete actions need to take place to ensure LPNs are working to their full scope of practice.

Health Region Policies on Scope of Practice

We recommend that:

- each regional health authority develop (or update) a policy that ensures LPNs work to their full scope of practice in all facilities in the health region
- the policy reflect the principles of collaborative nursing practice
- LPNs be consulted and involved in the development of the policy, as recommended in the Collaborative Nursing document
- the policy recognizes the continuing education and advanced competencies of LPNs in the workplace (not just core competencies)
- the policy include a complaint/resolution process so that LPNs or supervisors can challenge an assignment of duties that violates the policy
- the health region or employer educate all nursing managers, supervisors, RNs and LPNs on the policy
- the policy be readily available at all worksites

Full Scope of Practice for LPNs

Education on Collaborative Nursing Practice

We recommend that:

- the three professional nursing associations approach the Ministry of Health for financing and support to continue the Collaborative Nursing Project
- the nursing associations approach the Health Quality Council to conduct research on best practices in collaborative nursing practice and develop case studies showing positive outcomes of using all nurses to their full scope of practice
- the project target senior managers and employers for education on collaborative nursing practice
- the project develop FAQs and other documents on collaborative nursing, as recommended in the final report

Support in the Workplace

We recommend that:

- health regions develop mentoring and job shadowing programs for new LPNs in the workplace
- health regions foster a culture of respect and team work among all nursing groups
- health regions lobby SAHO for full compensation for licensing and professional fees of LPNs in the next round of provider union bargaining

Measure Progress on Utilization

We recommend that:

- health care employers establish benchmarks for the full utilization of LPN skills
- health care employers prepare an annual report on their progress toward full scope of practice for LPNs

Endnotes

- 1 *The 2010 SALPN Membership Survey: Final Report*. Points West Consulting Group Inc. April 2010.
- 2 Information provided by SALPN, September 9, 2011.
- 3 *Regulated Nurses: Canadian Trends, 2005 to 2009*. Canadian Institute for Health Information (CIHI). December 2010.
- 4 *ibid.*, page 74.
- 5 *ibid.*, page 80.
- 6 *ibid.*, page 36.
- 7 Between 2004 and 2010, the Provincial Employment Strategy Committee funded over 1,500 applications from LPNs to upgrade their training. Over \$1.9 million in training funds were provided to CUPE LPNs in this time period.
- 8 The 2010 SALPN Membership Survey Final Report, page 4.
- 9 Canadian Practical Nurses Association, *The Untapped Resource: Implementing Full Scope of Practice for Licensed Practical Nurses*. Position Paper. December 2003, p. 20.
- 10 Joint SUN/RQHR Retention and Recruitment Committee minutes reporting hiring numbers as of March 31, 2010. May 2010 Bulletin. www.sun-nurses.sk.ca
- 11 *Nursing in Collaborative Environments*, Registered Psychiatric Nurses Assoc of Saskatchewan, Saskatchewan Association of LPNs and Saskatchewan Registered Nurses Association, 2000, page 5.
- 12 *ibid.*, page 9.
- 13 *ibid.*, page 10.
- 14 *Collaborative Nursing Practice Project Final Report*, SALPN, SRNA, RPNAS. March 31, 2011.

