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Reintegration of Licensed Practical Nurses into the Acute Care Setting: Impact on Patient Perception of Care

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Table of Contents

Introduction 4
Problem Description 4
Available Knowledge 5
Rationale 8
Methods 9
Context 9
Intervention 10
Study of Interventions 10
Measures 11
Analysis 11
Ethical Considerations 12
Results 12
Discussion 17
Summary 17
Interpretation 18
Limitations 19
Conclusions 20
References 21
Appendices 23

Abstract

Background: Licensed Practical Nurses (LPNs) were reintegrated into the acute care setting of a hospital in Florida. The addition of this skill set was implemented in response to the national Registered Nurse shortage, and the need to increase resources at the bedside; with the goal of, maintaining high quality care and not compromising the patient's perception of care received. Research supports that adequate bedside nursing resources has a direct impact on patient outcomes and patient perception as it relates to the quality of care they received during the course of their inpatient stay.

Objective: The objective of this project was the reintegration of LPNs into the acute care space, as well as, the evaluation of patient perception of care related to the reintegration using nursing sensitive indicators.

Methods: Pre and Post study design was utilized to establish baseline data prior to reintegration implementation and to evaluate success and/or opportunities associated with the addition of the LPN skill set. Press Ganey data was utilized as it is unbiased to the implementation and has the ability to provide both qualitative and quantitative data.

Results: There was direct correlation between nursing resources, patient perception of care, and patient outcomes.

Conclusion: The reintegration of LPNs into the acute care setting is an innovative response to the RN shortage. Through the evaluation of the specified nursing indicators, pre and post implementation, there was no compromise to patient perception of care and patient experience results continued to meet the organization's goal of 75th percentile or better. Nursing sensitive indicators showed positive trends; Nurse Communication increased from the 75th percentile to the 77th percentile; likewise, Discharge information increased from the 92nd percentile to the 95th percentile.

Keywords: licensed practical nurses, nursing shortage, model of care

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Introduction

The United States (U.S.) is projected to continue experiencing a nursing shortage with the propensity to impact healthcare for years to come. In 2012, the Bureau of Labor and Statistics estimated the United States would experience a shortage of more than 3.4 million Registered Nurses (RNs) by 2025. The Bureau of Labor also estimates that each year through 2029 there will be 175, 900 vacant Registered Nurses positions (AACN, 2020). Presently, healthcare organizations across the U.S. are experiencing the brute impact of the RN shortage; with little to no relief in sight. According to the American Nurses Association (ANA), a national nursing shortage is approaching that could shut down critically needed care (ANA, 2021). Baby boomers in the nursing profession are retiring, COVID-19 has influenced a number of RNs to leave the profession altogether, and with the increase in life expectancy in the United States population; the need for nursing resources remains paramount.

It has become increasingly evident that nursing resources in the form of Registered Nurses are on target to become scarce, thus raising the need to invest in a particular skill set and/or nursing resource that can serve as a potential solution to the RN shortage. Licensed Practical Nurses (LPNs) have a valuable skill set, and when utilized correctly, this skill set has the potential to be positively impactful to patients, as well as, healthcare organizations.

Problem Description

The American Association of Colleges of Nursing (AACN) reported an enrollment increase of 5.1% in baccalaureate of nursing programs in 2019; however, this increase does not meet the demands needed to replace the number of Registered Nurses exiting the

profession. The number of Registered Nurses leaving the profession has grown from 40,000 RNs a year to more than 80,000 Registered Nurses a year. Likewise, an average of 13% of newly licensed RNs changed jobs after one-year, and 37% of newly licensed RNs reported they were ready to change jobs (AACN, 2020). The lack of nursing resources in the hospital setting can lead to preventable deaths, compromise in the quality of care provided to patients, and RN turnover; further contributing to the nursing shortage. According to the *BMJ Quality and Safety*, "the greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses" (AACN, 2020).

According to the Florida Center for Nursing, by 2025 there will be more than 50,300 RN full-time equivalents (FTEs) needed throughout the state; which equates to about 56,000 RNs that will be in demand but unavailable (Nooney, 2010). The health system that took part in this initiative to reintegrate LPNs into the acute care setting had a total of 271 vacant RN positions at the time of implementation; likewise, this healthcare system is building an additional hospital that will require an estimated 200 RNs. Despite robust RN recruitment efforts, there are not enough RNs to fill the nearly 500 RN deficit the organization imminently faces. However, there are more than 3,200 LPNs in this community and three schools of learning that produce LPNs; however, only roughly 9% of the LPN workforce can be found in the hospital setting (Emsi, 2021).

Available Knowledge

A literature search was performed to ascertain current available knowledge. The keywords used to search included: "licensed practical nurses", "nursing shortage", "Florida nursing shortage", "models of care", and "LPN acute care." The databases the keywords were entered into were as followed: EBSCOhost, MEDLINE, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) with publish dates from 2008-2021.

LPNs have a long history of working alongside RNs that dates back to World War II. Historically, LPNs have been the answer to RN nursing shortages in the acute care setting; however, the shift in acute care settings to have an all RN bedside workforce, led to the phasing away of that model of care, RNs working alongside LPNs; which in turn, led to the phasing away of the LPN skillset from the acute care setting. Nursing models of care come and go, or evolve; moreover, crises such as the RN shortage and even pandemics like COVID-19 cause many organizations to evaluate or re-evaluate their model(s) of care to ensure that is well-matched to respond to the needs of the community it serves. A model of care can be described or defined as the way in which care is delivered, how resources are allocated, and the structure that defines the organization of responsibility of care providers (Modular Nursing – Optimizing RN Involvement in Patient Care and Management, 2021). Two common Models of Nursing Care Delivery utilized in acute care settings are: total patient care/primary care and team nursing. In total patient care, an RN is assigned to the primary care of a group of patients, and in team nursing, a group of care providers with varying skill mix are assigned to a group of patients. Skill mix with LPNs has been found to be a buffer against negative effects of high RN workload; likewise, nurse leaders can use skill mix to enhance nurse and patient outcomes (Havaei et al., 2019). The model of care utilized for the implementation of reintegrating LPNs into the acute care setting for this project was a hybrid model, as it pertains to, total care and team nursing. LPNs were assigned their own patients, practiced at the top of their licensure, and practiced in compliance with the outlined policy and procedures of the organization (Appendix A). Appendix A outlines the scope of practice for the LPNs and the policies for reference that govern the practice of LPNs throughout the organization. In the event, a care item was outside of the LPNs scope of practice, the LPN and the RN would exchange a task. The LPN would perform a task for the RN that was within his or her scope; while the RN performed the task for the LPN that was

outside of his or her scope; this exchange method was utilized with the goal of sharing the workload.

Saint Michael's Hospital in Milwaukee, Wisconsin reintegrated LPNs into their organization to respond to the nursing shortage in their region. The organization created orientation pathways, outlined roles and responsibilities for both RNs and LPNs, and set outcome measurements for patient experience, patient falls, and medication errors to evaluate the success of the pilot. Upon 90- day evaluation of their LPN pilot, Saint Michael's Hospital noticed no negative effects in patient experience and patient falls and medication errors remained stable.

According to Dickerson and Latina, research affirms that the model of nursing care is critical in defining the work environment and poor nurse satisfaction in the work environment can lead to undesirable patient and quality outcomes (Dickerson & Latina, 2017). An 18-bed high acuity Transitional Care Unit (TCU) implemented team nursing to respond to nursing turnover, influx of new nurses, increase in acuity, poor nursing engagement, and fluctuating staffing needs. The TCU unit evaluated the implementation of team nursing after 90 days and their findings included: zero falls and an increase of greater than 10% in staff satisfaction. For the fiscal year, the TCU experienced a total of 5 falls, which was a decrease over prior year, and the unit obtained a Tier 1 Press Ganey Engagement Survey; the highest rating a nursing unit can receive and the achievement of a Tier 1 rating is reflective of an engaged and patient centered culture. Utilizing team nursing, the TCU was able to optimize its nursing resources to meet the demands of the unit, positively impact patient safety, and improve the nursing work environment (Dickerson & Latina, 2017).

Alberta Health System (AHS) recognized a need to implement a new model of care to meet the needs of the community and allocate human resources efficiently. AHS used pre and post surveys to measure the success of the team nursing model of care approach. The team

nursing model of care was implemented on a Medical-Surgical unit; the team included: an RN, an LPN, and a nursing assistant. The care team was assigned a group of patients, the RN delegated the roles and responsibilities to the members of the care team, and the team would "huddle" throughout the shift to discuss plan(s) of care for their assigned group. Post-implementation, AHS saw gains in employee engagement surrounding: perception of quality of care, collaboration and communication, scope, and autonomy; care providers also reported they had more time to spend with patients and felt they were practicing at full scope of their licensure (Hastings et al., 2016). Likewise, patients felt the care was more patient-family centered based on an 8% top-box increase in the health system's HCAHP scores related to communication; moreover, post-implementation AHS saw a decrease in total length of stay and 30-day readmission rates. AHS reported this model of care to be beneficial in its impact on the nursing work environment, vacancy rate, quality of care, and efficient allocation of nursing resources (Hastings et al., 2016).

Rationale

Reintegration of LPNs in the acute care setting was a model of care implementation that actively responded to the RN shortage. Efficient and effective utilization of nursing resources has an impact on quality of care, perception of care, and patient outcomes, thus the need to ensure nursing resources were readily available to respond to the landscape of the community healthcare organizations serve. This model of care implementation allowed LPNs to contribute their specific skill set and practice to their full scope of practice outlined by the state board of nursing in the acute care setting and the policies outlined by the host healthcare organization. It is important to note this healthcare organization stance on LPN reintegration; the skillset of the LPN is an addition to the workforce, not a replacement of Registered Nurses. Reintegration of LPNs for this healthcare organization was not a short term strategy for the organization; it will become an ongoing effort in response to the nursing shortage.

Methods

Context

The reintegration of LPNs into the acute care setting began with a multi-level nursing leadership meeting to respond to the RN shortage, impacting RN resources at the bedside; this team included: health system Chief Nurse Executive, VP of Education, campus VP of Nursing, System Director of Nursing and Clinical Practice, Director of Recruitment, Director of Compensation, and a campus Director of Nursing. Through this meeting, a team was assembled to review the Florida Board of Nursing guidelines related to LPNs, a team was assembled to establish an orientation pathway for the LPNs (Appendix B), a team was assembled to construct an "open house" as a recruitment tool for LPNs, a team was assembled to investigate LPN compensation, and a team was put together to communicate progress to key stakeholders. Likewise, this team scheduled rounding sessions to ensure communication was disseminated to frontline stakeholders (i.e. RNs, nursing assistants, physicians), and the proposal of this new model of care implementation was shared at the campus shared governance meeting.

The setting of the reintegration of LPNs into the acute care setting took place on a 20-bed medical-surgical unit in Jacksonville, FL. This hospital is the flagship hospital for a Magnet-designated health system with a strong community presence that also highly esteems the voice of the patients it serves. At the inception of the reintegration initiative, the host unit had 16 RN vacancies and had variable performance in the HCAHP domains of "Likely to Recommend; which is the organizations "Patient Loyalty" score, Nurse Communication, and Discharge education. The nurse to patient ratio on this medical-surgical unit is 1:5 or at maximum 1:6. Forty-three LPNs were interviewed by a panel of 3 nurse managers, and 20 LPNs were on-boarded to this specific unit. The LPNs hired to this medical-surgical unit

underwent a 9-week transition program that consisted of unit orientation with a preceptor, didactic training, and simulation experiences.

To further support the need to reintegrate LPNs into the acute care setting, the average time to fill a vacant RN position for this unit was 97.11 days; thus creating the need for RN traveller utilization. The average RN travel nurse utilized to supplement a vacant RN position costed $4235 weekly; whereas, the average LPN cost is $999.36 weekly. To utilize an RN travel nurse for 97.11 days, the organization will spend $58,739.45 compared to $13,861.12 utilizing an LPN; this equated to a 76.4% labour cost savings when utilizing an LPN.

Interventions

The beginning of the first quarter of fiscal year (FY) 2022 marked the start of the reintegration of LPNs into the acute care setting. As previously stated, the LPNs will navigate through a 9-week transition program. The transition program consists of four days a week training, two days were dedicated to didactic and/or simulation experiences; these were 8-hour shifts; likewise, the other two days were unit specific, spent with an assigned preceptor, acclimating to the culture of the unit, and the unit's culture of caring for the patients. At the completion of the 9-week transition program, the LPNs were equipped to assume care of 5 patients, with a six patient maximum. The LPN performed nursing care and tasks at the top of his/her licensure, and the LPN partnered with an Assistant Nurse Manager or a Charge Nurse in the event a task fell outside of his/her scope of practice. Per The Joint Commission recommendations, Policy 7.03.05, upon the end of the LPN's shift, the LPN gave hand-off report to an on-coming RN; as a patient should receive a physical assessment from an RN daily.

Study of Interventions

Beginning the first month of the second quarter, January 2022, the measurement of the impact of the reintegration of the LPN workforce on patient perception of care began. The

goal of this implementation was to determine if the reintegration of LPNs into the acute care setting impacted the perception of care from a patient's viewpoint. It proved to be imperative to evaluate sustainable trends in patient experience scores, positive trends in patient experience scores, and/or any negative impacts to patient experience scores and patient perception of care. Patient experience data from the previous quarter (October 2021-December 2021); was compared to the quarter of implementation (January 2022-March 2022).

Measures

The outcome measurement for the LPN reintegration was collected from Press Ganey; domains monitored was "Likely to Recommend", "Nurse Communication", and "Discharge Education"; these domains are considered nursing sensitive indicators; which can be defined as, the reflection of structures of care in which nursing has direct impact. Press Ganey was chosen to be the point of data collection, due to the fact, Press Ganey was blind to the implementation, and Press Ganey not only captures numerical data; the system has the ability to capture the direct quotes from the patients regarding their experience.

Analysis

The Press Ganey system was able to capture qualitative and quantitative data. To measure the success of the implementation, the specified HCAHP domains were compared; pre-implementation versus post-implementation. From a numerical standpoint, assessment of success was measured by "top-box" score improvement; top-box refers to the percentage of survey participants that respond "always" or give the rating of "9" or 10"to the questions asked. We were also able to quantify the number of positive and negative comments, as well as, obtain direct quotes from the patients that participate in the survey. The results from Press Ganey were evaluated monthly for 90-days. To communicate the success of the

implementation, the outcome scores were communicated in percentile rank. The organization has a goal of 75th percentile or better in the domains evaluated in the implementation.

Ethical Considerations

Reintegration of LPNs into the acute care setting was implemented to respond to the need for nursing resources at the bedside. There was no compromise to the safe care of patients upon implementation of this quality initiative. The LPNs on-boarded, that participated, in this model of care change are licensed by the state board of nursing; likewise, the LPNs did complete a 9-week transition program in which competencies were assessed and validated. The pre and post surveys that were utilized to collect data were unbiased, and the results, both quantitative and qualitative did remain anonymous. The plan to reintegrate LPNs into the acute care setting has been communicated to all levels of the organization, from senior executive leaders to frontline team members. In addition, as a Magnet organization, this initiative was vetted through our system and campus shared governance groups.

Results

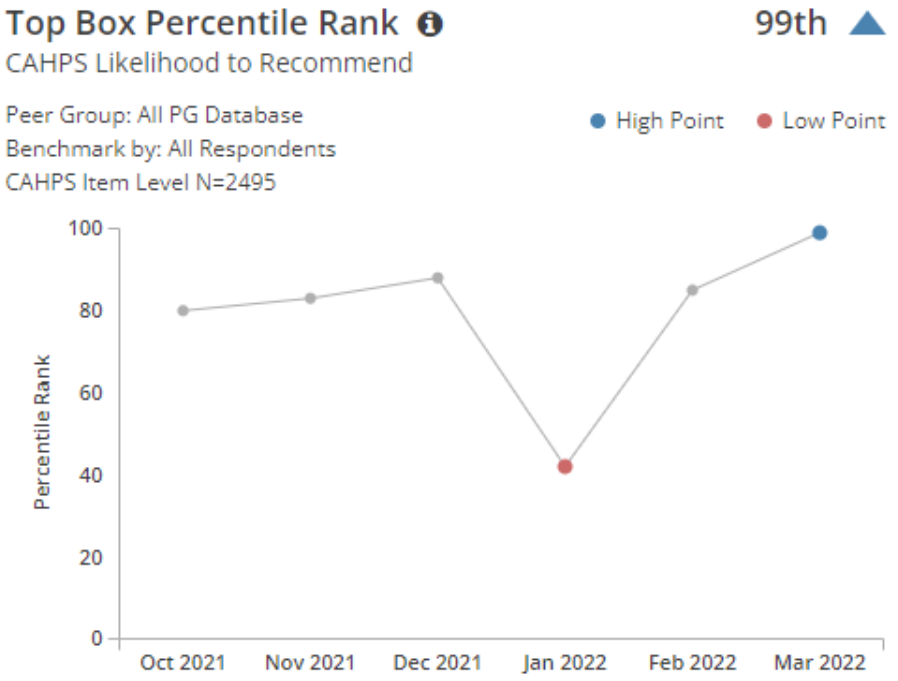
The intervention period, spans the timeframe of 90 days, in which the LPNs were assigned their own patients and provided direct patient care. The domains evaluated during the pre and post implementation were: “Likelihood to Recommend”; “Nurse Communication”; and “Discharge Information.” As depicted below in Table 1, this unit had stable “Likelihood to Recommend” scores pre-implementation at 80th percentile rank or better. During the month of initial implementation, January 2022, the unit saw a decline in the “Likelihood to Recommend,” domain. The unit’s final ranking for the month of January 2022 was the 42nd percentile. The following months, February and March, the unit re-bounded and saw an increase in the “Likelihood to Recommend” domain. For the month of February, the

final ranking for the unit was 85th percentile, and the final ranking for the month of March was the 99th percentile. The breakdown of the number of surveyed patients that answered "definitely yes" ; "probably yes"; "probably no" ; or "definitely no" to the question of "How likely are you to recommend this hospital" is also depicted below in Table 1.

For the domain of "Nurse Communication," the unit saw variable results in both pre and post implementation phases. The unit met the goal of 75th percentile or better for the months of November (pre-implementation), January, and March (post-implementation). The results depicted below in Table 2 are patient's responses to the questions: "Did the nursing staff treat you with courtesy and respect," "Did the nursing staff explain things in a way in which you understand," and "Did the nursing staff listen carefully to you?" These three questions create the final rating for the "Nurse Communication" domain. Also depicted below, is the breakdown of the number of surveyed patients that answered "definitely yes" ; "probably yes"; "probably no" ; or "definitely no" to those questions.

For the domain of "Discharge Information," the unit saw variable results for both pre and post implementation phases. The unit met the goal of 75th percentile or better for the months of October and November (pre-implementation), and the months of January-March (post-implementation), the entire implementation period. Patient's responses to the questions that roll-up to the "Discharge Information" domain are depicted below in Table 3. Patients were asked, "Did staff talk about help when you left" and "Did you receive information regarding symptoms/problems to look for?"

Table 1


Top Box Percentile Rank
99th
CAHPS Likelihood to Recommend
Peer Group: All PG Database
Benchmark by: All Respondents
CAHPS Item Level N=2495
High Point
Low Point
100
80
60
40
20
0
Percentile Rank
Oct 2021
Nov 2021
Dec 2021
Jan 2022
Feb 2022
Mar 2022

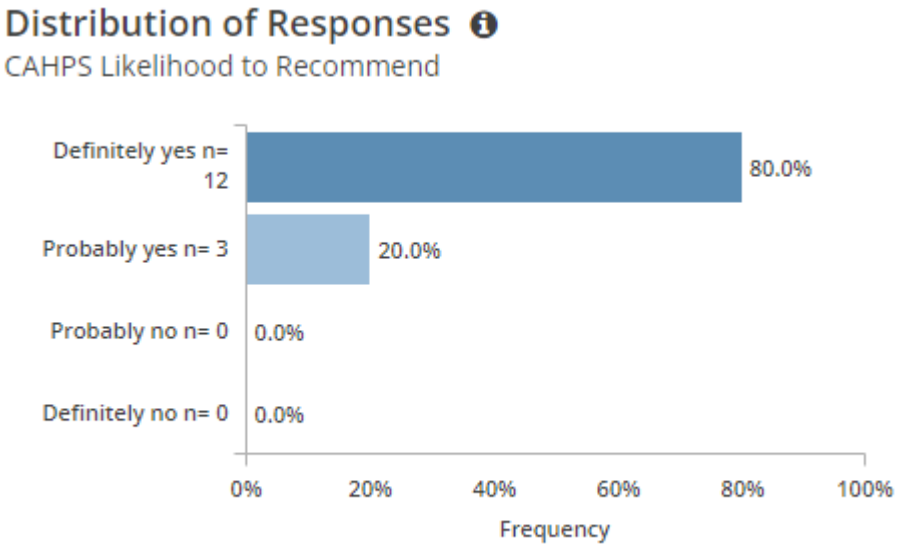
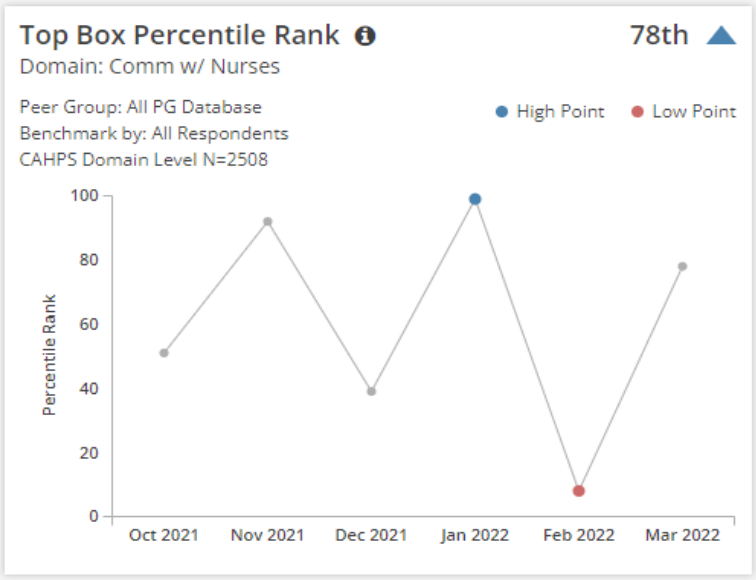

Distribution of Responses
CAHPS Likelihood to Recommend
Definitely yes n= 12
80.0%
Probably yes n= 3
20.0%
Probably no n= 0
0.0%
Definitely no n= 0
0.0%
0%
20%
40%
60%
80%
100%
Frequency

Table 2



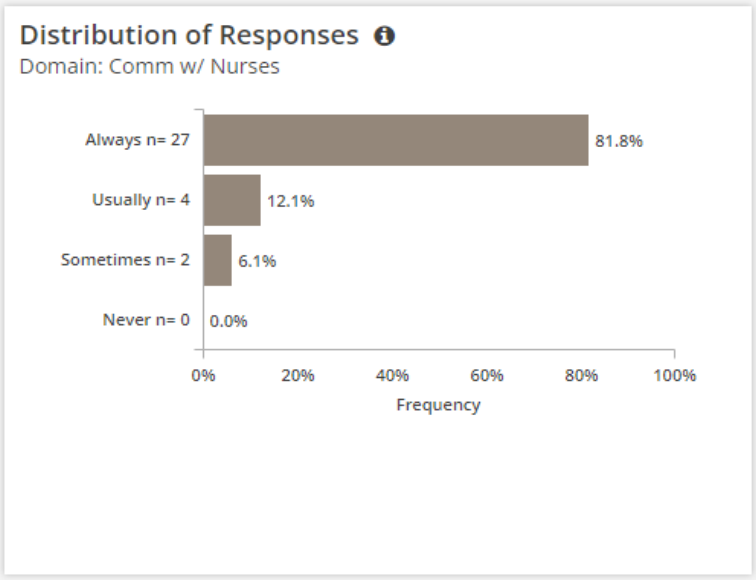
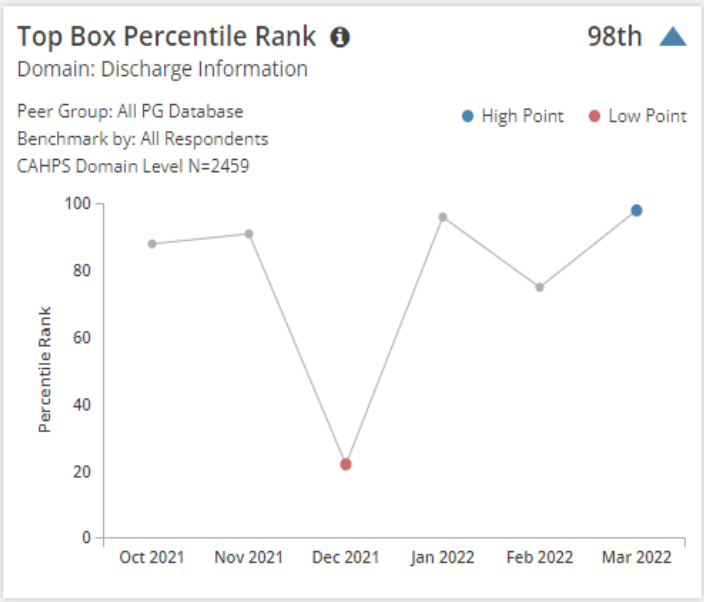
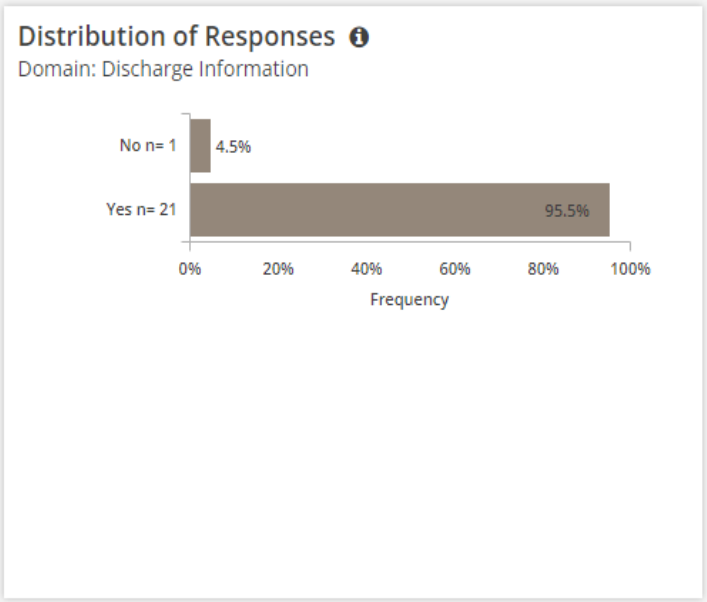


Table 3



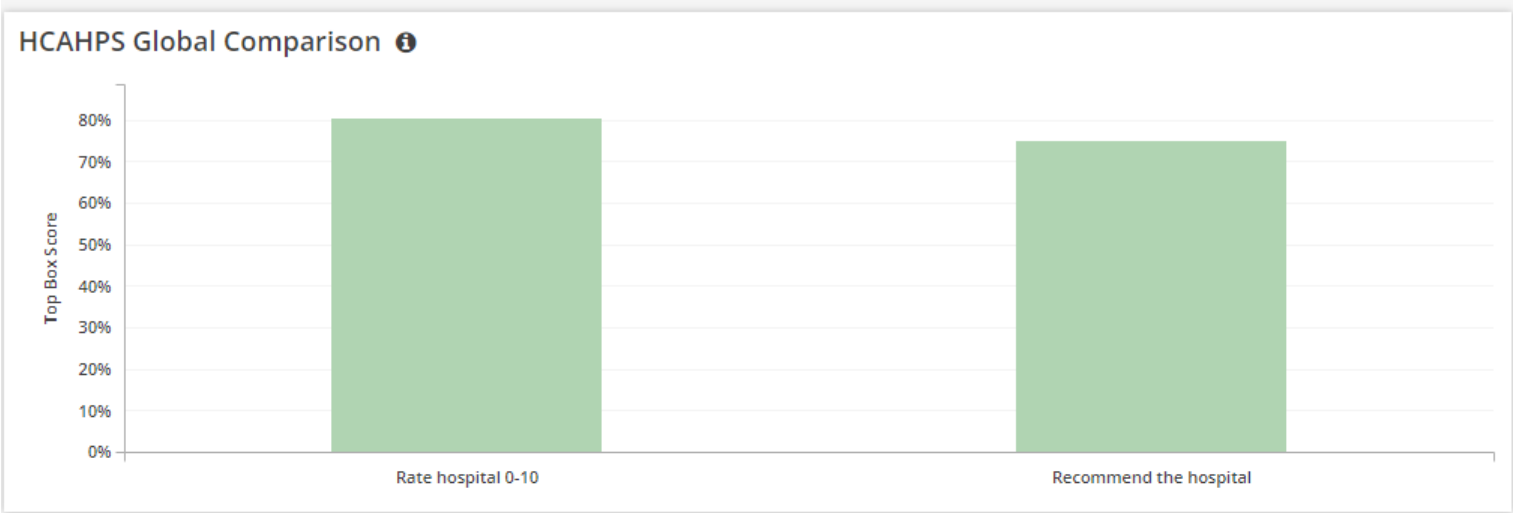


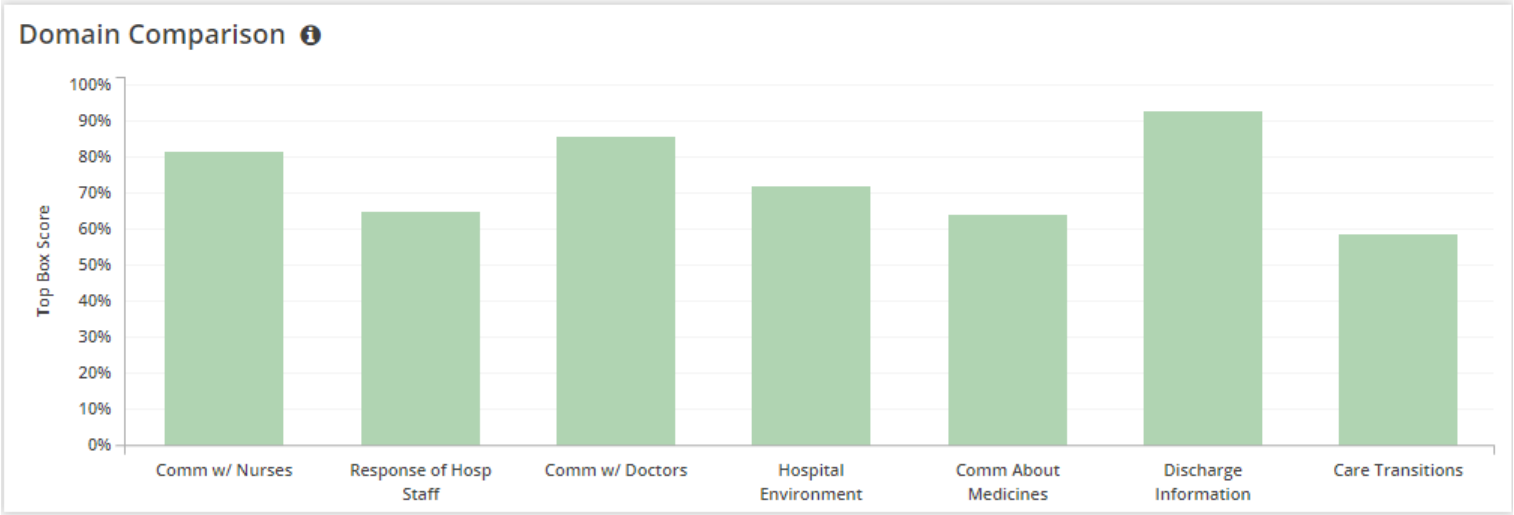
To summarize the pre and post implementation evaluation, Quarter 1 data was collected from Press Ganey. Quarter 1 is depicted below in Table 4; Quarter 1 represents pre-implementation; n-size was 71 respondents. Pre-implementation, "Likelihood to Recommend" resulted at the 85th percentile (80.28% top-box), "Nurse Communication" resulted at the 75th percentile (81.97% top-box), and "Discharge Information" resulted at the

92nd percentile (91.97% top-box). Quarter 2 data, depicted below in Table 5, represents the timeframe of implementation; n- size for this timeframe was 41 respondents. At the end of the 90-day evaluation, "Likelihood to Recommend" resulted at the 75th percentile (86.78% top-box), "Nurse Communication" resulted at the 77th percentile (81.50% top-box), and "Discharge Information" resulted at the 95th percentile (92.68% top-box).

Table 4.

Table 5.





Discussion

Summary

Reintegration of LPNs into the acute care setting called for the host organization to add a valuable skill set to the model of care to increase the number of bedside resources, as well as, respond to the national Registered Nurse shortage. As we added resources to bedside care, improvement in HCAHPS scores were noted in the domains of: “Nurse Communication and Discharge information. The domain of “Likelihood to Recommend” did fall below goal for the month of January, but rebounded for the months of February and March. Likewise, overall, the unit was on its way to meeting the FYTD goal of 75th percentile or better for the

evaluated domains; despite the months the goal of 75th percentile was not met. The months the goals were not met align with the timeframes the unit was impacted by RNs leaving the organization for travel assignments; this further supported that patient's perception of care is directly impacted by the available resources supporting bedside care.

Interpretation

The evaluation of the implementation noted there were no negative perceptions of care related directly to the reintegration of LPNs into the acute care setting. In fact, the unit saw an increase in the nursing sensitive indicators, Nurse Communication and Discharge information; post implementation. Nurse Communication increased from the 75th percentile to the 77th percentile; likewise, Discharge information increased from the 92nd percentile to the 95th percentile. Patient Experience scores met the organization's target and did not largely deviate from pre-implementation results. Likewise, qualitative data from Press Ganey reflected positive verbal feedback from patients when asked about care, and if there was any team member they wanted to recognize (Appendix C). The outcomes of this implementation aligned with the literature review conducted prior to the inception of the LPN reintegration initiative. Saint Michael's Hospital saw no negative impacts to their patient experience scores post-integrating LPNs into their workforce. Also, Alberta Health System saw positive outcomes in their LPN integration as the health system ensured each team member practiced to the top of their licensure; likewise, their allocation of nursing resources was positively impacted, as they had, through LPN reintegration, increased resources to allocate to bedside practice. As previously stated, the host organization did not experience negative impacts to patient experience, the nursing team members had the ability to practice to the top of their licensure and/or scope of practice, and the organization experienced an added skill set and the ability to allocate and/or disperse resources where they were needed most; with the utilization of the LPN skill mix into their model of care.

Limitations

There were limitations noted with utilization of Press Ganey. Press Ganey does not reflect the voice of all patients cared for on the unit. Due to exclusions set forth by The Center for Medicare and Medicaid Service, patients that passed away during their inpatient stay are not included in the data; patients who were discharged to hospice or short term rehab are not included in the data, as well as, patients who were discharged to a long-term care facility. Likewise, Press Ganey information is dependent largely on what patients and/or patient's family recall regarding their experiences. There can also be a lag in surveys being completed and returned to the organization for submission to Press Ganey. However, Press Ganey has the ability to break out scores based on patient discharge date and the received date of surveys. This function does allow one to evaluate the data to assess effectiveness of implementations deemed to be impactful to patient experience. The host organization uses received date to communicate scores and rankings across the health system. Moreover, patients do not have to answer every question on the survey, so scores could be impacted by no responses. COVID-19 also had impact on the implementation. As the organization was adding resources to the bedside, several nursing resources took lucrative travel assignments afforded by the impact the pandemic has had on the nursing shortage. The host unit for the implementation saw six RNs leave the organization for travel contracts during the months of December to January; available resources to backfill those positions was a limiting factor causing an average of six shifts a week that the host unit worked at a maximum budgeted ratio of 1:6-7. Also, pay scale(s) was a limitation for the implementation. Reintegration of LPNs into the acute care setting caused the organization to re-evaluate pay scales to ensure there was competition for recruiting LPNs to the acute care setting, as well as, equity for experience and level of education.

Conclusion

The American Nurses Association (ANA) emphasizes that a national nursing shortage is approaching that could shut down critically needed care (ANA, 2021). Research explained there has been an increase in life expectancy, thus directly impacting the need for utilization of acute care by the population. These reasons alone create a foundational need to investigate and implement creative strategies that increase the number of nursing resources at the bedside. Research supported that adequate bedside nursing resources has a direct impact on patient outcomes and patient perception of care received during the course of an inpatient stay. Evaluation of model(s) of care delivery and skill mixes will continue to be important as RN resources remain difficult to recruit, as well as, the rising need to ensure labor costs remain sustainable in the face of high dollar RN contract labor related to travel contracts.

This project highlighted that there were no negative impact to patient perception of care with the addition of LPNs to the bedside. This implementation was positively perceived by patients and the nursing care team(s); likewise, the organization has decided to spread this work to every campus within the health system.

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Appendices

Appendix A:

LPN Scope of Practice and FAQs

Why?

Baptist Health is expanding the direct care workforce by adding Licensed Practical Nurses (LPNs) to the team. Leadership evaluated data on the nursing shortage and the aging U.S. population and determined we needed to make a change in order to meet the needs of our community. In addition to senior leaders, managers, directors, and Shared Governance chairs participated in the decision. This is not a short-term strategy; we plan to make this an ongoing effort.

- What about Magnet? Magnet does not restrict us from having LPNs on the care team.
- If we are hiring LPNs, why are we still requiring BSNs? LPNs are an addition to the care team. They do not replace RNs. RNs still oversee the nursing process and nursing care. It is still recommended by the Institute of Medicine that organizations strive for 80% of their RN workforce to have a BSN.

How?

Due to the COVID surge, we are starting LPN travelers at the South campus the week of August 30th. Forty LPNs will start on pilot units across the system October 1st, with a plan to bring in 40 more January 1st. Our education team will be working closely with the LPNs over an 8-week period to help acclimate them to acute care nursing. We will be evaluating the implementation and make changes as needed.

- LPNs will take an appropriate patient assignment.
- Any RN can supervise an LPN. Typically, the charge nurse/ANM will be assigned to supervise the LPN.
- The LPN assignments should be rotated so that each patient receives the care of an RN at least once every 24 hours. On the rare occasion an LPN follows another LPN, the supervising RN should document a physical assessment and document to the plan of care at least daily.

What?

Licensed Practical Nurses (LPNs) hold a license to practice practical nursing through the Florida Board of Nursing. The scope of practice for LPNs and RNs is guided by the Florida Board of Nursing, the Florida Administrative Code, the Joint Commission, the Centers for Medicaid and Medicare, and Baptist Health Policies and Procedures.

- An RN is required to supervise the care of an LPN and be immediately available for assistance. An RN must assess the patient on admission, care plan, and oversee discharge planning.
- An LPN can provide nursing care and collect, record, and evaluate data. All LPNs at Baptist Health will have the required education, training, and competency to administer IV medications under the supervision of the RN.
- At Baptist Health, all LPNs will practice under the direct supervision of the RN. This is defined as an RN being immediately physically available (i.e. on the unit).

Important Policies:

- 7.02.01 IPOC
- 7.01.03 Medication Administration
- 7.03.05 Patient History and Assessment (and attachment)
- 7.02.04 Physician Orders (and attachment)

As with every role, the following skills can be performed once the LPN is deemed competent.	
Medication Administration	LPNs can administer all medications (including IV, IV push, and controlled substances) with the exception of blood, blood products, chemotherapy, immunotherapy, biotherapy, or titratable drips.
Central lines	LPNs may access central lines for medication administration or blood draws and change dressings.
Admission History and Assessment	LPNs may collect and record the data. The LPN should save, but not sign the form. An RN should review and assess the data and sign the form within 24 hours of admission.
Two-person independent double checks or skin assessments	Anytime two nurses are required, one of the nurses should be an RN. An LPN should not provide a double-check for medications not in their scope to administer (i.e. blood or chemo)
Cardiac rhythms assessment	An RN should assess and document any cardiac rhythm strips.
Physical Assessments	LPNs can evaluate patients and record physical assessments. The supervising RN should review the documentation. A patient should receive a physical assessment from an RN daily.
Care Planning/IPOC	An RN must do the care planning for patients. The supervising RN should review each care plan for an LPN's patients. At minimum, an RN should review the care plan daily. The LPN can document progress towards goals and interventions. Only RNs should initiate or discontinue problems.
Education	LPNs can educate patient and family members.
Discharge	LPNs can complete the discharge process for patients.
Other nursing skills/tasks	LPNs can place indwelling urinary catheters, start peripheral IVs, collect lab specimens (including blood cultures), perform bladder scans, place NG tubes, etc. The same skills that require additional training and competency for RNs apply to LPNs (i.e. wound vac dressing changes, placement of PIVs by ultrasound)
Physician Orders	LPNs can sign off new physician orders. LPNs can accept telephone orders if it is within their scope (i.e. they should not accept telephone orders for blood or chemo). LPNs can initiate medical protocols.

Appendix B

BAPTIST HEALTH | Changing Health Care for Good.

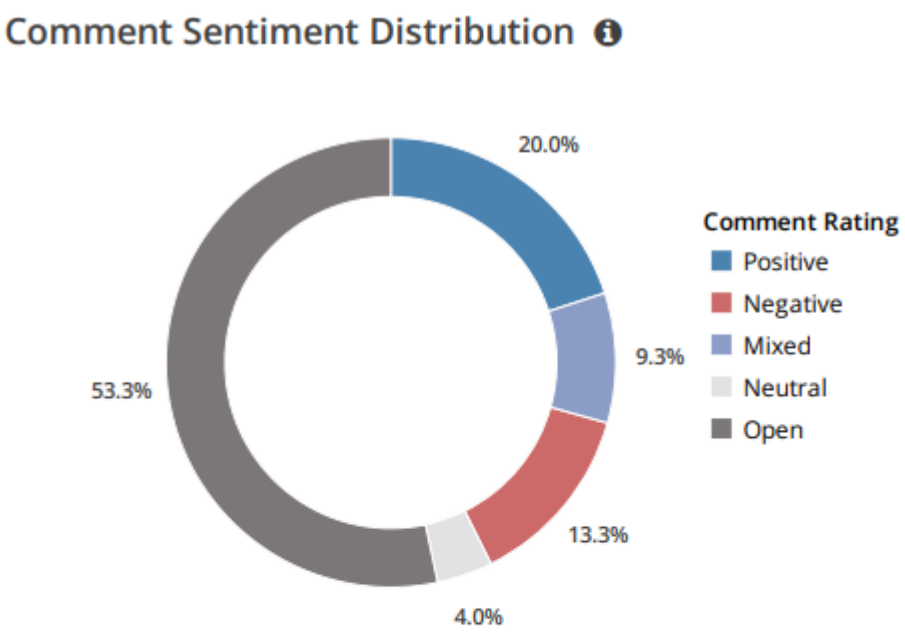
LPN Transition Program Weekly Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
10/4 Location: HOME 0800-1200 Virtual Orientation	10/5 Location: 0800-1600 JAX- DuPont Auditorium South- Azalea/Begonia Classroom Welcome/Campus Tour/Experiential Day	10/6 Location: OneCall 1509 A&B 0800-1600 Medication Safety Test Med/Surg Test NEST Training Pt.1	10/7 Location: OneCall 1509 A&B 0800-1600 NEST Training Pt.2 eLearning	10/8 Location: OneCall 1509 A&B 0800-1600 Kick Off eLearning Medication Safety Retest
10/11	10/12 Location: Schultz Center 62/63 0800-1600 AIDET/HEART Communication Intro to Pharmacology Medication Administration Safety Prework: • Read IV pg 82-112	10/13	10/14 Location: JU Sim Center 0800-1600 Pharmacology, con't. SKILLS: Restraints Vital Signs Head to Toe Assessment Prework: • Read IV pg 112-141 • Review Padlet for skills	10/15
10/18	10/19 Location: Schultz Center Gentry C 0800-1600 Own It Moment: UTI Infection Control/ Quality Measures Wound Care Nuero Physician Interaction Prework: • Read IV pg 10-22, 142-147 • Read PMIE pg 285-317; 381-395	10/20	10/21 Location: JU Sim Center 0800-1600 SIRS/Sepsis GI GU SKILLS: NG Tubes Ostomies CBI Foley/ Foley D/C Purewick/Primofit Prework: • Read IV pg 1-9, 24-41 • Read PMIE pg 191-242 • Review Padlet for skills	10/22

Monday	Tuesday	Wednesday	Thursday	Friday
10/25	10/26 **Location: Schultz Center 62/63** **0800-1600** **Own It Moment: Celiac** **Cardiac** **Delegation** **Prework:** • Read IV pg 42-54 • Read PMIE pg 37-83	10/27	10/28 **Location: JU Sim Center** **0800-1600** **Rhythm Recognition** **Care of the Surgical Patient** **SKILLS:** Heparin Drip Stroke/TIA Code Cart Mock Code **Prework:** • Read IV pg 55-81 • Review Padlet for skills	10/29
11/1	11/2 **Location: JAX- DuPont Auditorium** **0800-1600** **IV Test Review** **CEUFast Self Eval/Reflection** **IV Testing** **Prework:** • Study for IV test • BRING IV book!	11/3	11/4 **Location: JU Sim Center** **0800-1600** **IV Tips and Tricks** **6 hour IV Return Demonstration** **SKILLS:** Alaris Pumps IV Starts Phlebotomy Blood Cultures Central Line Dressing Changes Types of Central Lines **Prework:** • Review Padlet for skills	11/5
11/8	11/9 **Location: Schultz Center 60** **0800-1600** **Own It Moment: Pre-Cardiac Cath Care** **Own It Moment: IV Complications** **Continuum of Care** **Risk Management** **Older Adult/Aging Sensitivity** **Prework:** • Read PMIE pg 399-422	11/10	11/11 **Location: OneCall 1509 A&B** **0800-1600** **ATI:** Dosage Calc Practice Test Pharmacology Made Easy **Cornerstone:** Pain Assessment Heparin Drip TLC Hill Rom Beds Heart Failure	11/12

Monday	Tuesday	Wednesday	Thursday	Friday
11/15	11/16 Location: Schultz Center Gentry C 0800-1600 Own It Moment: Asthma Own It Moment: Compartment Syndrome Legally Defensible Documentation Respiratory Musculoskeletal/Ortho Prework: • Read PMIE pg 85-134	11/17	11/18 Location: JU Sim Center 0800-1600 Own It Moment: Cushings Endocrine SKILLS: O2 Modalities PE Trach Care Chest Tubes Prework: • Read PMIE pg 245-280 • Review Padlet for skills	11/19
11/22	11/23 Location: Schultz Center Gentry C 0800-1200 Crisis Prevention First Behavioral Health	11/24	11/25 HAPPY THANKSGIVING! 	11/26
11/29	11/30 Location: Schultz Center Gentry C 0800-1600 Own It Moment: Parkinson's Hospice/Palliative Care End of Life Post Mortem Care Caregiver Resiliency	12/1	12/2 Location: JU Sim Center 0800-1300  Graduation Day!!!	12/3

Appendix C



Rating	Percent
Positive	20.0%
Negative	13.3%
Mixed	9.3%
Neutral	4.0%
Open	53.3%

Comments Detail

Time Frame: From 01/02/2022 To 03/14/2022

Survey Barcode	Discharge Date ▾	Site	Survey Section	Comment Question	Unit	Specialty	Rating Type	Comment
3146497491	03/08/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	No
3146496423	03/08/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	My Nurses Evonie and Chris were awesome and they had lovely bedside manners. Also, Ms. Marlene the CNA was extremely sweet and nice to me and my family.
3146497491	03/08/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Neutral	No bad experience
3096969614	02/25/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	Betty
3096968796	02/25/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Positive	All the nurses and the nurses and the doctors In ER make me feel so good that thay was not therefor a paycheck but thay really Cared about mel have never received professional care anywhere else like I receive from this hospital
3096968796	02/25/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	All my nurses
3077766868	02/20/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	The entire staff that was a part of my care team
3077766868	02/20/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Positive	I came in for observation with chest pains they went above and beyond to find the issue
3072615324	02/19/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Mixed	Not a bad experience but it was obvious my night nurse was new abs overwhelmed and he gave me a shot of blood thinner in the back of the arm that left an enormous bruise. The charge nurse gave me a similar shot before abs not a single mark.
3072615324	02/19/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	Josh the nurse in recovery
3054478076	02/14/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Positive	Everyone was so kind and helpful every step if the way.

2978773287	01/27/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Negative	Was over 3 hours getting in my bed in a chair for 8 hrs after surgery
2978773362	01/27/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	Larinda, Latoya, Jenna, Omroe and several other PCAs whose name I didn't catch. The team was excellent.
2958926150	01/22/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	Allie, Chris, Ms. Debra
2958926150	01/22/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Mixed	In all honesty, the entire staff that took care of me during my stay was good to me. I had a couple of scary moments, but the nurses that were there, helped put my daughter at ease abs that was important.
2958926279	01/22/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Positive	Everything was handled by the books. Very happy with the care received.
2944931575	01/18/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	Bariatric group on Tower 6
2940821799	01/17/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Negative	Please please please have staff refrain from wearing parfum/ cologne to work! It can be nauseating
2940821799	01/17/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	All of the Drs, nurses, CNA's, transport staff and dietary staff were great!
2936790972	01/16/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Negative	The restroom hot water handle made noise,but did get fixed and attended too!
2936790972	01/16/2022	Baptist Medical Center Jacksonville	Comments	Anyone special to recognize	JAX T6B		Open	The Night Shift Male Nurse!
2922104337	01/12/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Neutral	Very courteous and helpful staff Several lapses in communication Two attempts to give me wrong medication Staff errors in ordering or providing food 55 minute advance notice of release
2897987642	01/06/2022	Baptist Medical Center Jacksonville	Additional Information	Additional Comments	JAX T6B		Positive	Good.