Consumer Voice May 12, 2015

 Why RN Coverage is so important

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**We have to change the way we think about nursing in order to support the 24 hour RN Bill** The Nursing Home Reform Law makes no distinction between Registered Nurses and licensed Practical Nurses, calling them all licensed nurses; therefore, it is generally accepted by Owners, operators, residents and families and the public that they are interchangeable. Understanding staffing requires that myth to be demolished and I enlist all of you in that project. I’m going to begin our time together by talking about the excellent research supporting Advanced Practice Nurses and describe the differences in various “Licensed Nurses” in nursing homes.

Research tells us unequivocally that Advanced Practice Registered Nurses (APRN) make a difference in the quality of care and life in nursing homes. The APRNs are RNs with advanced education and clinical training licensed as either nurse practitioners or clinical nurse specialists. They may further specialize in primary care roles such as pediatrics, gerontology and more recently care and management of nursing home residents. The most recent review of the literature from 1966 to 2010 found four prospective studies in 15 different papers with positive outcomes that include:

Quality of care: Lower rates of depression, urinary incontinence, pressure ulcers, retraint use and aggressive behaviors.

Quality of life: improvements in meeting personal goals, and greater family satisfaction with medical services.

When talking with one of the leading and most critical of nursing home researchers, Vince Mor, he stated APRN research in nursing homes is solid. You are always safe in advocating for APRNs in nursing homes.

 **Table of Nursing Services Team**

**The Nursing Services Team**

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|  | **Registered Nurse (RN)** | **Licensed Practical Nurses (LPN)** | **Certified Nursing Assistants (CNAs)** |
| **Education** | 4 year Bachelor of Science in Nursing2 year Community CollegePast: Three year hospital school of nursing | 1 year State Approved LPN school  | 75 hours of training |
| **Examination** | National Registered Nurse Exam | State licensure exam | State approved certification exam |
| **Licensure** | By State Board of Nursing | By State Board of Nursing | License required in New Hampshire only |
| **Practice Independently** | Yes | No | No |
| **Scope of Practice- differs in each state according to the State Board of Nursing, State Practice Act** | Assessment, surveillance | Vital signs, medication administration, treatments | Personal care, bathing, eating, toileting, transferring, observation and reporting |
| **Workplace** | Oldest and least educated work in nursing homes | Hospitals use them less and less |  |

**Who are the other RNs?**  One can become an RN by many routes. The term Registered Nurse means the person has completed an accredited program and become eligible to take the national licensing exam. RNs are licensed by the State. In the past, Eligibility for the exam was achieved by attending a two or three year hospital school of nursing. Many of those nurses are still in the workforce today, primarily in nursing homes. This route has been supplanted by the community colleges, which offer a two-year RN program. Unlike nursing homes, most hospital employers require a minimum of a Bachelors of Science in Nursing, which has become the most sought after nursing degree.

**What does an RN do that no one else can do in a nursing home?** Registered nurses are the only nursing personnel with the education and licensure to conduct head-to-toe physical assessments, interviews, and reviews records in order to draw conclusions about nursing diagnoses, appropriate nursing interventions and care planning. They continuously monitor and evaluate interventions; and lead the health care team, including all professionals, in providing care for each resident. Think of the RN as doing surveillance-overseeing everything. AANAC’s information will bring this to life.

**What does an LPN do?** The LPN attends a state approved school for one year and is also licensed by the state. Thus, both RNs and LPNs are licensed by the state, but are licensed to do vastly different jobs. The LPN/LVN monitors health, does treatments, takes vital signs, gives comfort care, listens, keep records and reports to the RN or MD.

**Can LPNs practice independently?** No, without an RN (or an MD) present, the LPN cannot practice legally. The full team of RN, LPN, CNAs in sufficient numbers with the right credentials is necessary to provide care. How does that team carry out care?

Each member of the nursing services team plays a vital role in resident care. For example, the RN is responsible for implementing the individualized interdisciplinary plan of care for Mrs. Janeski who has heart disease, diabetes, osteoarthritis and mid stage dementia. This written plan is discussed by the RN with the LPN where Mrs. Janeski lives. The LPN organizes and supports the CNAs to provide day to day hands on care. The CNA knows how to bathe, toilet, and transfer Mrs Janeski, who likes to get up late when her arthritis is less painful. This timing helps the CNA to care for the early risers in her group of residents. Today, the CNA notices that Mrs. J. is very restless and not making much sense. The CNA knows that this is important information for her to tell the LPN team member, who takes Mrs. J.s vital signs which are normal. The LPN reports this change in Mrs Janeski right away to the RN on duty who comes immediately. The RN suspects Delirium possibly caused by a chest or urinary tract infection. She listens to her chest sounds which are normal and asks the LPN to get a clean urine sample. The LPN reports that the urine has a strong odor. The CNA stays with Mrs. J and the RN calls the physician who orders an antibiotic started immediately. The LPN gives the medication to Mrs. Janeski, treating the cause, an infection, of her behavior.

What would have happened if this had occurred to Mrs.J on evenings or nights with no RN present? The LPN, noting Mrs. Janeski’ behavior, might have called the physician for an antipsychotic to control the behavior during the night or have asked permission to send her to the hospital. Either outcome would have been harmful to Mrs. J.

 **RN Support Slide**

**Support for 24 hour RN Staffing**

* Research on RN staffing in acute care hospitals strongly supports that higher RN staffing is associated with lower adverse outcomes and higher quality of care (Welton)
* These findings have dramatic implications for RN staffing in Nursing Homes
	+ RN staffing in Hospitals is over 10 hours ppd in a 24 hour period (Welton)
	+ RN staffing in nursing homes averages 30-38 mprd in a 24 hour period (Harrington)
* Castle synthesized the research on nurse staffing in nursing homes over a 15 year period and found results consistent with those in acute care settings
	+ Higher nurse staffing levels were positively and significantly correlated with improvements in 40% of the quality indicators studied
* Low numbers of RNs force LPNs to function outside their legal scope of practice (Corazzini et al 2013a,b)
* Three Institute of Medicine reports have recommended 24 hour RNs (2001,1996, 1986)

**This story makes it obvious why we are fighting for the 24 hour RN.**

We know that without more RN oversight, LPNs and CNAs can’t improve care

A patient in a hospital receives 10 registered nurse hours per patient day. Startingly, when he goes across the street to rehab, that same resident gets 30-38 minutes of RN care a day. Hospital nursing research strongly links higher RN staffing with quality, which has dramatic implications for nursing homes.

While there is plenty of evidence showing insufficient RNs lead to poorer quality outcomes, the evidence is inconsistent in methods, measures and outcomes. To counter this, a premier researcher, Nick Castle conducted a longitudinal study of almost 4000 nursing homes examining the relationship between staffing characteristics such as levels of staff, use of agency staff, staff stability, and staff turnover and 4 quality indicators (physical restraint use, catheter use, pain management and pressure sores). He found high RN staffing is associated with higher quality of care. In another study, he found increased nursing staff turnover without an RN.

We also know that low numbers of RNs result in LPNs functioning outside their legal scope of practice (Corizzini 2013)

Finally, the Institute of Medicine has consistently recommended 24 hour RN staffing in 2001,1996, 1986.

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