

# Chapter 1: Role Differentiation — RNs and LPNs in LTC



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## What You Will Learn

- RN and LPN roles and responsibilities
- The importance of a multi-disciplinary team approach in caring for the LTC resident

## Key Terms

**Licensed Practical Nurse (LPN)** — A person licensed pursuant to the provisions of Chapter 335 of the Missouri Revised Statutes to engage in the practice of practical nursing

**Practical Nursing** — The performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes; requires substantial specialized skill, judgment, and knowledge; care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse

**Professional Nursing** — The performance for compensation of any act that requires substantial specialized education, judgment, and skill based on knowledge and application of principles derived from the biological, physical, social, and nursing sciences, including, but not limited to: (a) Responsibility for the teaching of health care and the prevention of illness to the patient and his or her family; (b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured, or experiencing alterations in normal health processes; (c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments; (d) The coordination and assistance in the delivery of a plan of health care with all members of a health team; (e) The teaching and supervision of other persons in the performance of any of the foregoing

**Registered Professional Nurse (RN)** — A person licensed pursuant to the provisions of Chapter 335 of the Missouri Revised Statutes to engage in the practice of professional nursing

The role of the Licensed Practical Nurse (LPN) in long-term care (LTC) is pivotal in the daily operations of the facility. In addition, the LPN assumes responsibility for addressing the complex care needs of the residents. There are key differences in the roles generally assumed by the Registered Nurse (RN) as compared to the LPN in the LTC environment.

**Management positions are often held by RNs.**

**Skilled facilities are required to staff an RN for eight hours per day unless a specific waiver has been made by the state**

Management roles may be titled differently based on the size of the facility and standardized structure of the company or owners. In a Skilled Nursing Facility (SNF), the Director of Nursing (DON) is always a Registered Nurse in compliance with state and federal law. In an Intermediate Care Facility (ICF), the Director of Nursing may be an LPN provided there is an RN available as a consultant. Other key positions, including the Assistant Director of Nursing (ADON), Nursing Supervisor, Staff Development Coordinator and the Minimum Data Set (MDS) Coordinator, may be held by either an LPN or RN. LPNs holding these positions will be supervised by an RN, usually the DON.

LPNs hold the key positions in most facilities for 24-hour charge nurse coverage. In most LTC facilities, the LPN is IV Certified. LPNs become IV certified by successfully completing a Board-approved course on intravenous therapy and completing an eight-hour practicum. This curriculum has been included in the Practical Nursing (PN) programs at all Missouri schools since 1999. Nurses graduating from a PN program prior to that time may become IV certified in Missouri by attending a Board-approved course. LPNs who were IV certified through a program in another state may be able to become IV certified in Missouri as well.

Findings from a comparison study prepared for the U. S. Department of Health and Human Services in 2004 revealed the following information:

- State Boards of Nursing regulate the practice of LPNs. Most States have a single board that oversees both RNs and LPNs. The study found that the scope of practice (SOP) guidelines vary from state to state and many are vague in their description (please see Appendix A for more information).
- State Boards of Nursing leaders are aware of the differences in SOP regulations across states and do not find these differences troublesome. All state boards have disciplinary responsibility and can discipline, suspend, and revoke nursing licenses.
- There are similarities in the nurse practice acts across states, but variations in how the states express the details of the work of practical nurses. Most states have relatively flexible practice requirements and are not specific about the tasks that are permitted.
- The State Boards of Nursing also recognize that employers establish their own internal practice guidelines, which may be more restrictive than the legal SOP.
- Nursing home leaders strongly agreed that LPNs are essential to the provision of care in their facilities. They conveyed that the general SOP of LPNs is perfectly suited to the needs of their residents.

The study also noted that most LPNs and RNs felt they have good working relationships with each other.

As indicated in figure 1.1 at right, the resident is not only the center of the team activity, but his/her family and friends are integral members of the team as well.

The LPN in LTC is frequently responsible for evaluating the residents' illnesses, injuries, or other health conditions and thinking ahead to identify residents who are at risk for a variety of complications.

Any discussion of roles in LTC would be incomplete without mentioning the many other members of the health care team that provide resident care.

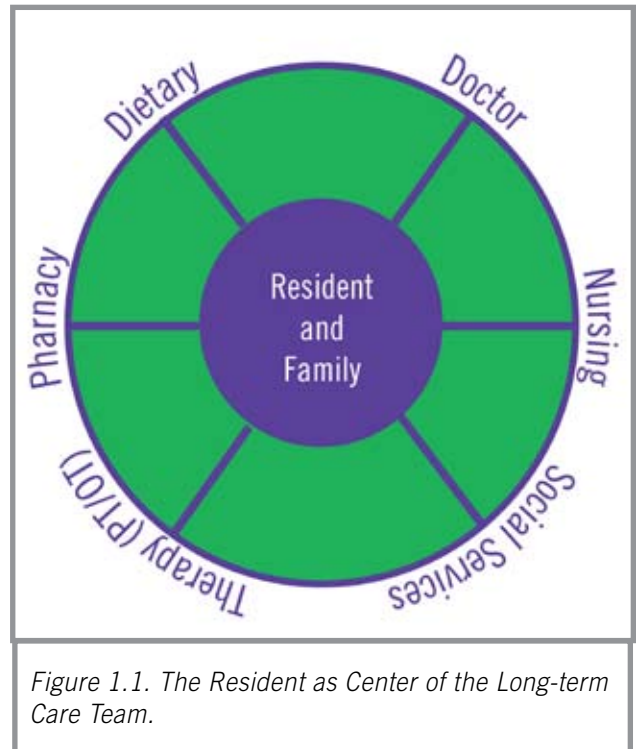
In the **acute care** setting, LPNs work under the supervision of a licensed professional (usually an RN) as they provide hands-on care that helps to improve the health of generally stable patients. The RNs have a greater level of responsibility as they direct the care of LPNs and nurses' aides in addition to developing plans of care that they and others follow. In acute care, it is usually the RN who evaluates how patients' illnesses, injuries, or other health conditions affect them and those close to them,

and think ahead to identify and help people who are at risk for a variety of health conditions. RNs also provide hands-on care, typically caring for patients whose conditions are not stable, or patients whose needs are more complex than those cared for by an LPN.

The role of the LPN in **long-term care** is significantly different than it is in acute care. In the LTC setting the LPN is frequently responsible for evaluating the residents' illnesses, injuries, or other health conditions and thinking ahead to identify residents who are at risk for a variety of complications. The LPN serves as a team leader, working with and supervising Nursing Assistants, Certified Nursing Assistants, Certified Medication Technicians and Restorative Aides. The LPN may also communicate with the resident's provider and may arrange to transfer an unstable resident (unless otherwise noted in the record) to the emergency room for evaluation. Therefore, the LPN charge nurse in LTC would benefit from specialized training and sharpening of assessment, critical thinking, and management skills.

Any discussion of roles in LTC would be incomplete without mentioning the many other non-nursing members of the team caring for the resident. These include onsite team members (as indicated in figure 1.2. on the following page) working in administration, dietary, housekeeping, laundry, maintenance, social services, and other activities. In large facilities or continuum care facilities, there are other services provided on-site.

In addition, there are many team members considered "consulting and



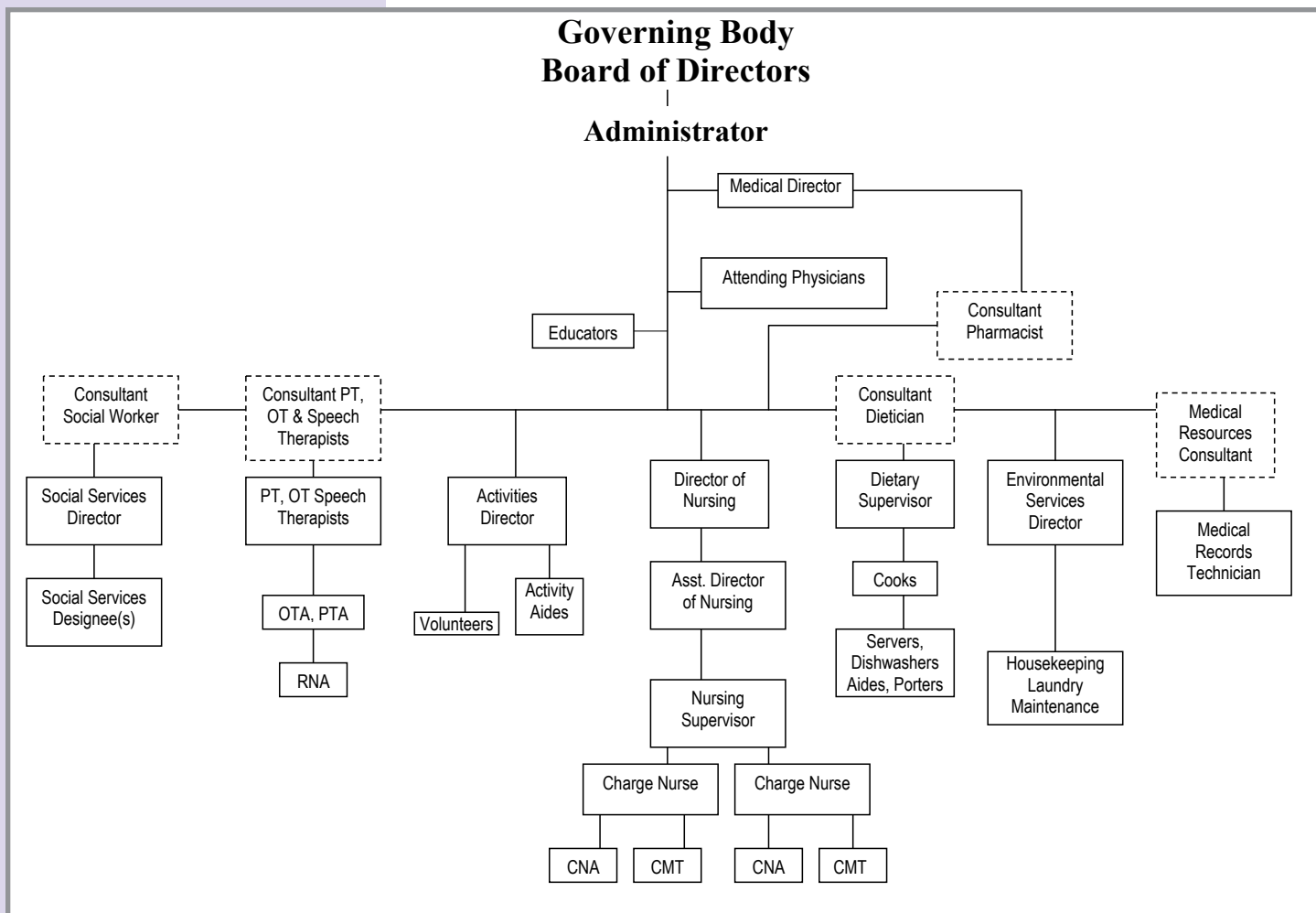


Figure 1.2. Organizational Structure of a Long-term Care Facility.

contracted services,” who are based outside the facility, including the attending physician and team of providers, physical, occupational, and speech therapist, psychiatrists and psychologists or counselors, pharmacists, dentists, podiatrists, and optometrists as well as those providing acute-care (including emergent care), in-patient, and out-patient services. Additional team members include the registered dietician as well as those from hospice care, laboratory services, radiology services, and members of the clergy, volunteers, and community leaders.

The role of the LPN charge nurse is multifaceted and requires many skills and interactions with other team members. The LPN should be familiar with the Nurse Practice Act, facility specific policies and procedures, applicable standards of practice as well as the state and federal regulations that govern practice.

# Chapter 1 Review Questions

## Define the following terms:

1. Licensed Practical Nurse (LPN) —
2. Practical Nursing —
3. Professional Nursing —
4. Registered Professional Nurse (RN) —

## Circle “True” or “False” as appropriate for the following statements:

5. (*True/False*) — The DON in a licensed skilled nursing facility, in compliance with state and federal laws, must be an RN.
6. (*True/False*) — Most facilities utilized the RN for 24-hour charge nurse coverage.
7. (*True/False*) — Medicare Part A requires supervision by an RN for 12 hours a day.

## Answer the following multiple choice questions:

8. The LPN charge nurse should be familiar with:
  - a. The Board of Healing Arts Practice Act
  - b. The members of the State Board of Nursing
  - c. The facility policies and procedures
  - d. The Administrator Standards of Practice
9. The LPN role includes:
  - a. Supervising all facility staff
  - b. Identifying residents at risk for complications
  - c. Diagnosing resident conditions
  - d. Prescribing medication and calling orders to the pharmacy

## Complete the following:

10. List three responsibilities frequently encountered by the LPN in LTC:
  - a.
  - b.
  - c.
11. List five, common, on-site team members:
  - a.
  - b.
  - c.
  - d.
  - e.
12. List four, off-site services contracted by the nursing facilities:
  - a.
  - b.
  - c.
  - d.
13. The practice of the LPN in LTC is regulated by the \_\_\_\_\_ and is supervised in the facility by the \_\_\_\_\_.
14. The center of the multidisciplinary team is the \_\_\_\_\_.
15. A service that is based outside the LTC facility is called a \_\_\_\_\_ service.
16. Management positions are usually held by \_\_\_\_\_ in LTC.