The Role of the Licensed Practical/Vocational Nurse in Infusion Therapy in Long-Term Care

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National Director of Infusion Therapy
Objectives

• Review prevalence of LPNs/LVNs practicing in SNF’s
• Review prevalence of IV therapy in SNF’s
• Describe the conditions in which LPNs/LVNs can practice infusion therapy
• Describe the role of LPNs/LVNs in IV administration
• Review the role of RNs in delegating and supervising LPNs/LVNs in the SNF settings
Total Number of Skilled Nursing Facilities in US

### NATIONAL PROFILE OF SKILLED NURSING CARE CENTERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Centers</td>
<td>15,663</td>
</tr>
<tr>
<td>Number of For-Prof Centers</td>
<td>10,881</td>
</tr>
<tr>
<td>Number of Not-for-Prof Centers</td>
<td>3,849</td>
</tr>
<tr>
<td>Number of Government Centers</td>
<td>933</td>
</tr>
<tr>
<td>Number of Centers Owned by Multi-Facility Ogs*</td>
<td>8,640</td>
</tr>
<tr>
<td>Number of Independently Owned Centers*</td>
<td>7,023</td>
</tr>
<tr>
<td>Number of Urban Centers</td>
<td>10,894</td>
</tr>
<tr>
<td>Number of Rural Centers</td>
<td>4,769</td>
</tr>
<tr>
<td>Average Occupancy</td>
<td>85.6%</td>
</tr>
<tr>
<td>Average Number of Beds per Center</td>
<td>108.7</td>
</tr>
</tbody>
</table>

Prevalence of IV Therapy in SNFs

<table>
<thead>
<tr>
<th>Characteristics of individuals Receiving Services in Nursing Facilities</th>
<th>Medicare Admissions</th>
<th>Non-Medicare Admissions</th>
<th>Long Stay Residents (&gt;12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>6.1%</td>
<td>11.2%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Stroke</td>
<td>14.1%</td>
<td>15.0%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Renal Failure</td>
<td>6.3%</td>
<td>9.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>14.8%</td>
<td>10.0%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>7.7%</td>
<td>4.7%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Medicare Admissions</th>
<th>Non-Medicare Admissions</th>
<th>Long Stay Residents (&gt;12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ventilator or respirator</td>
<td>0.9%</td>
<td>1.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>IV medication</td>
<td>70.0%</td>
<td>30.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Hospice</td>
<td>0.4%</td>
<td>6.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>0.0%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

AHCA Analysis, CMS MDS 2.0 data, 2009

20,000 per day

Nursing Staffing Requirements in SNF’s

• Federal law requires all nursing homes to provide enough staff to adequately care for residents. However, there's no current federal standard for the best nursing home staffing levels.

• The nursing home must have at least one RN for at least 8 straight hours a day, 7 days a week, and either an RN or LPN/LVN on duty 24 hours per day.

• Certain states may have additional staffing requirements.

www.medicare.gov, visited March 2016
## Demographics

<table>
<thead>
<tr>
<th></th>
<th>RNs</th>
<th>LPN/LVNs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Typical Entry-Level Education</strong></td>
<td>Associates, Bachelor's degree</td>
<td>Postsecondary non-degree award</td>
</tr>
<tr>
<td><strong>Number of Jobs 2014</strong></td>
<td>2,751,000</td>
<td>719,900</td>
</tr>
<tr>
<td><strong>Job Outlook 2014-24</strong></td>
<td>16% (Much faster than average)</td>
<td>16% (Much faster than average)</td>
</tr>
<tr>
<td><strong>Employment Change 2014-24</strong></td>
<td>439,300</td>
<td>117,300</td>
</tr>
</tbody>
</table>

# LPN/LVN vs RN Employment

| Industry                                           | Employment (|) |
|---------------------------------------------------|-------|
| General Medical and Surgical Hospitals            | RN 1,560,200 | LPN 101,580 |
| Nursing Care Facilities (Skilled Nursing Facilities) | RN 148,970 | LPN 212,760 |
| Home Health Care Services                         | RN 168,970 | LPN 78,810 |
| Psychiatric and Substance Abuse Hospitals         | RN 35,090  | LPN 8,850 |
| Offices of Physicians                             | RN 183,400  | LPN 91,870 |

The Patient Protection and Affordable Care Act-PPACA

- Accountable Care Organizations (ACO)
- Bundled Payments for Care Improvement Initiative
- The Hospital Readmissions Reduction Program-2012
- Protecting Access to Medicare Act of 2014
- SNF Value Based Purchasing
- 5 Star Quality Rating
Types of IV Therapies and Procedures in SNF’s

- Hydration
- Anti-infectives
- Cardiac/Inotropes
- Blood/Blood Products
- Iron Agents
- Immune Therapies (SCIG, IVIG)
- Parenteral Nutrition
- Pain/Palliative Care
- PICC/Midline Insertion
- Non-tunneled Central Vascular Access Placement
- Non-tunneled Central Vascular Access Removal
- Clearing Thrombotic Occlusions
- IV Push
IV Therapy in SNF’s Transition of Care Gaps

Barrier:

Transition of care process surrounding infusion therapy

- Transfer of information
  - Appropriate orders
  - Appropriate access device
  - Appropriate information about the device

Solution:

- Communication to the next provider of care
- Collaboration between both providers of care
- Vascular Access Device Transfer Form
IV Therapy in SNF’s Vascular Access Challenges

Barrier

• Limited staff with expertise in peripheral vascular access
  – Fewer opportunities to develop expertise
• Lack of PICC/midline insertion services
  – May not be available in remote areas

Solutions

• Skills workshops to improve peripheral access skills
• Collaboration with referring institute to ensure appropriate device is placed prior to discharge
IV Therapy in SNF’s Staffing/Staff Education/Staff Competency

Barriers

• Is there adequate staffing to manage the infusion therapy?
  – Look at staffing throughout the anticipated length of therapy
  – Has all staff been educated and competency assessed?

Solutions

• Pre-admission screening tools
  – Assess for appropriateness of admission based on level of IV care needed and facility’s level of expertise

• Provide patient/therapy specific education as needed for new admits (e.g. TPN, Inotropes, PCA)
INS Standard 3
Scope of Practice

3.1 The role, responsibilities, and accountability for each type of clinician involved with infusion delivery, according to the applicable regulatory boards, are clearly defined in organizational policy.

3.2 Clinicians involved with infusion therapy practice within the boundaries of their legal scope of practice.

3.3 Clinicians delivering any type of infusion therapy and vascular access device insertion, use, maintenance and removal are qualified and competent to perform identified functions.

INS Standard 3
Scope of Practice

3.4 Members of the health care team collaborate to achieve universal goals of safe, effective and appropriate infusion therapy.

3.5 Infusion therapy tasks are delegated by the registered nurse (RN) to unlicensed assistive personnel (UAP) in accordance with rules and regulations promulgated by the state’s Board of Nursing and within the policies and procedures of the organization. The RN and the organization are responsible and accountable for the tasks delegated to UAP and licensed practical/vocational nurses (LPN/LVN).

Standard 3, Practice Criteria 6a LPN/LVN

• Complete an organized education program including supervised clinical practice on infusion therapy, as required by many states

• In states without such requirements, completion of an infusion therapy educational program is recommended prior to performing infusion therapy procedures

Scope of Practice per State Regulation

• The role of licensed practical/vocational nurses (LPNs/LVNs) in long-term care (LTC) to provide infusion therapy is determined by each state’s nurse practice act

• Education requirements are outlined in each state’s nurse practice act
<table>
<thead>
<tr>
<th>State</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>30 hours</td>
</tr>
<tr>
<td>FL</td>
<td>30 hours</td>
</tr>
<tr>
<td>KS</td>
<td>38 hours</td>
</tr>
<tr>
<td>CO</td>
<td>60 hours</td>
</tr>
<tr>
<td>MS*</td>
<td>80 hours</td>
</tr>
<tr>
<td>ME</td>
<td>20 hours</td>
</tr>
<tr>
<td>MO*</td>
<td>40 hours</td>
</tr>
<tr>
<td>ND</td>
<td>34 hours</td>
</tr>
<tr>
<td>NH</td>
<td>30 hours</td>
</tr>
<tr>
<td>OH</td>
<td>40 hours</td>
</tr>
<tr>
<td>NV</td>
<td>30 hours</td>
</tr>
<tr>
<td>WY</td>
<td>32 hours</td>
</tr>
<tr>
<td>PA*</td>
<td></td>
</tr>
<tr>
<td>IA*</td>
<td></td>
</tr>
<tr>
<td>NE*</td>
<td></td>
</tr>
<tr>
<td>DC*</td>
<td></td>
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</tbody>
</table>

*LPNs who graduated after a BON identified date are IV “certified” based on the addition of IV education in the LPN core curriculum.
INS Standard 5
Competency Assessment and Validation (all clinicians)

5.1 As a method of public protection to ensure patient safety, the clinician is competent in the safe delivery of infusion therapy and vascular access device (VAD) insertion and/or management within her or his scope of practice.

5.2 The clinician is responsible and accountable for attaining and maintaining competence with infusion therapy administration and VAD insertion and/or management within her or his scope of practice.

INS Standard 5
Competency Assessment and Validation (all clinicians)

5.3 Competence assessment and validation is performed initially and on an ongoing basis.

5.4 Competence validation is documented in accordance with organizational policy.

The Role of the LPN/LVN in Infusion Therapy

- Restriction on age of patient
- Flushing and locking of vascular access devices (VADs)
- Insertion and removal of short peripheral access devices
- Administration of medications/fluids through peripheral VADs/central VADs
- Restriction on type of fluid/medication
- Additives
The Role of the LPN/LVN in Infusion Therapy

• Administration of medications/fluids through Peripheral VADs/Central VADs
• Blood sampling/Blood administration
• Central vascular access device dressing changes
• Accessing implanted ports
• Initiate/monitor TPN
• IV push medication administration
• Clearing thrombotic occlusions
Standard 3
Scope of Practice

• No regulatory agency includes insertion of midline catheters or CVAD within the scope of practice of an LPN/LVN.

*** EXCEPTION  MA  BON Advisory Ruling  9204

Consistent with organizational policy and procedure, Licensed Practical Nurse (LPN) practice may include:

• Short and midline peripheral intravenous device insertion and removal


Individual Accountability for Delegation

- When an LPN/LVN is involved in the administration of infusion therapy, the supervising registered nurse (RN) retains the ultimate responsibility for the administration and clinical management of infusion therapy.
Organizational Accountability for Delegation

• Organizational accountability for delegation related to providing sufficient resources, including:
  – Sufficient staffing with an appropriate staff mix
  – Documenting competencies for all staff providing direct patient care
  – RN has access to competence information for the staff to whom the RN is delegating care

• Organizational policies on delegation are developed with the active participation of all nurses, and acknowledge that delegation is a professional right and responsibility
What is Delegation?

• ANA and NCSBN both defined delegation as the process for a nurse to direct another person to perform nursing tasks and activities.
• NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility.
• Both mean that a registered nurse (RN) can direct another individual to do something that that person would not normally be allowed to do.
• Both papers stress that the nurse (RN) retains accountability for the delegation.
American Nurses Association
Five Rights of Delegation

The RN uses critical thinking and professional judgment when following the Five Rights of Delegation to be sure that the delegation or assignment is:

1. The right task
2. Under the right circumstances
3. To the right person
4. With the right directions and communication
5. Under the right supervision and evaluation

NCSBN, Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN), www.ncsbn.org, visited March 2016
National Council of State Boards of Nursing Algorithm on Delegation

Step One – Assessment and Planning

- Are there laws and rules in place that support the delegation?  
  - NO
    - Is the task within the scope of the delegating nurse?  
      - NO
        - Do not delegate
      - YES
        - Has there been assessment of the client needs?  
          - NO
            - Assess client needs and then proceed to a consideration of delegation
          - YES
            - Is the delegating nurse competent to make delegation decisions?  
              - NO
                - Do not delegate until can provide and document additional education, then reconsider delegation; otherwise do not delegate
              - YES

- If not in the licensed nurse’s scope of practice, then cannot delegate to the nursing assistive personnel (NAP). Authority to delegate varies; so licensed nurses must check the jurisdiction’s statutes and regulations.
National Council of State Boards of Nursing Algorithm on Delegation

Is the task consistent with the recommended criteria for delegation to nursing assistive personnel (NAP)? Must meet all the following criteria:
- Is within the NAP range of functions
- Frequently recurs in the daily care of a client or group of clients
- Is performed according to an established sequence of steps
- Involves little or no modification from one client-care situation to another
- May be performed with a predictable outcome
- Does not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself, and
- Does not endanger a client’s life or well-being

If the answer is **NO**:
- Do not delegate

If the answer is **YES**:

Does the nursing assistive personnel have the appropriate knowledge, skills and abilities (KSA) to accept the delegation?

If the answer is **NO**:
- Do not delegate until evidence of education and validation of competency available, then reconsider delegations; otherwise do not delegate

If the answer is **YES**:

Does the ability of the NAP match the care needs of the client?

If the answer is **YES**:

If the answer is **NO**:
- Do not delegate
National Council of State Boards of Nursing Algorithm on Delegation

- Are there agency policies, procedures and/or protocols in place for this task/activity?
  - Yes
  - No
    - Do not proceed without evaluation of need for policy, procedures and/or protocol or determination that it is in the best interest of the client to proceed to delegation.

- Is appropriate supervision available?
  - Yes
  - No
    - Do not delegate

Proceed with delegation*

NCSBN, Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN), [www.ncsbn.org](http://www.ncsbn.org), visited March 2016
Supervision

The provision of guidance and oversight of a delegated nursing task.

- Direct/on-site supervision
- Indirect/off-site supervision
Delegation Through the Ages....

But in both [hospitals and private houses], let whoever is in charge keep this simple question in her head, (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?

Florence Nightingale
Best Practices for Successful Infusion Programs in LTC

- Organizational policies related to infusion education/competencies/delegation
- Infusion specific policies/procedures/support tools
- Leadership/Physician/LIP support
- Ensure access to Vascular access placement services
- Improve peripheral access skills
  - Infusion champions
  - Peripheral access skill workshops
  - Anatomical training aids
  - Mentors
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Questions?

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