

Enhancing the LPN-RN Collaboration for Optimal Care in Hemodialysis

Fraser Health South (British Columbia)

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Survey analyses

Patients

Majority of patients were unaware of nurse distinctions. They were satisfied with the nursing quality, workflow, & camaraderie with the LPN integration. The improvement in nursing service appears to be occurring.

Registered Nurses

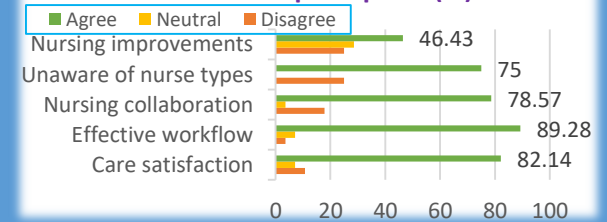


Pre integration of LPNs: Over half of the respondents found the forum significant & less than half had confidence with the LPNs.

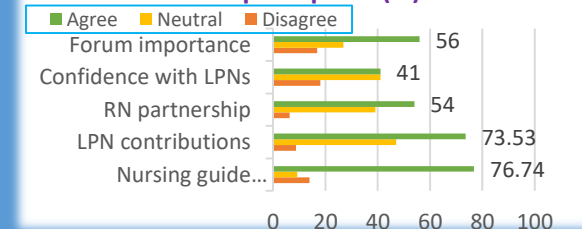
Post integration: More than half acknowledged the partnership. Three-fourths have recognized the LPNs' contributions & the Nursing Acuity Guide was highly valued.



Patients perception (%)



RNs perception (%)



Introduction

The integration of (LPNs) Licensed Practical Nurses into our units primarily focused on building a strong partnership with (RNs) Registered Nurses.

We streamlined the process through pre-onboarding forums, providing a safe space for staff & leadership to address concerns.

LPNs underwent cohort training alongside RNs. We created a Nursing Acuity Guide to clarify responsibilities, promote clear communication or mutual understanding, & to enhance the workflow efficiency.

Our goal is to share valuable insights & strategies embraced by our nurses & patients while adapting to the new care model, maintaining a sustainable workforce & uncompromised care standards.



Future considerations

- Proactive involvement of LPNs with onboarding (peer support group with leadership, new hires orientation, etc.)
- Representation at the Nursing Practice Council.
- Introduction of the Nursing Acuity Guide while on classroom instruction & at clinical.
- Development of sustainable learning or training opportunities for the LPNs along with the RNs.

Conclusion

A genuine partnership has emerged between the nurses & the interdisciplinary team, leading to a seamless transition & delivery of patient care. Additionally, the nursing workforce was expanded.

Acknowledgment

Our gratitude to CNS Sherri Kennall for leading the staff forums; BCIT Nephrology nursing teaching staff; Our patient partners & peers in renal.

Integration process

LPN selection > Cohort classroom & clinical > Preceptorship > Skills evaluation > In-center orientation > Buddy shifts > Skills review > CDU orientation

Challenges	Resolutions	Outcomes
Job displacement & resistance to change	Open communication on LPN employment & creation of positions.	Six of the nine LPNs were re-deployed to Community units.
Workload & skill integration	Allocation to teams with constant RN support	Charge RNs advocated for proper skill mix.
Care transitions & role clarification	Timely access to the Nursing Acuity Guide for streamlined coordination.	Job responsibilities were identified and established.

Acuity Guide for LPNs & RNs

Fraser Health South (Hemodialysis Unit) British Columbia

Care elements	Acuity level	Nursing cues (Partly derived from the BC Renal's Patient Acuity Scale Assessment Tool)						
Hemodynamics	Moderate	Symptomatic but responded to nitroglycerin, O ₂ fluid replacement or rehydration; Stable & predictable conditions (history of hypotension) after the first 3 HDs.						
	Advanced	Difficulty completing HD due to hypo/ hypertension, cardiac issue; Referral to Outreach services (ICU/RT); Code blue						
	Complex	Potentially unstable; With critical lab result/s (↑Troponin) requires transfer to ER or ICU, etc.; Unable to complete HD due to cardiac symptoms or hypo/ hypertension; Escort or assist with patient transfer to ER or ICU, etc. following a Code blue.						
Access	Moderate	Tunneled-Cuffed CVC; Previous cannulation issue; Access-related discomfort; Pre-cannulation assessment with ultrasound; CVC lines reversal; Alteplase administration; Redness on the access; Dual access in use (1:1).						
	Advanced	Exposed Dacron cuff/ CVC migration; Persistently elevated arterial or venous pressure; Prolonged bleeding of the access, intra and/ or post-HD; Assist with CVC insertion or rewiring.						
	Complex	Ultrasound-guided/ Advanced Cannulation; New AVF on Cannulation worksheet or SNDP; Post-thrombolysis patients with sheath/s. Non-tunneled/ Temporary catheter (IJ, Femoral, & Trialysis) for short-term use: Access, removal, & re-dressing; HD was initiated but unable to complete due to VA complications i.e., Non-functioning/ clotted access.						
Treatment	Moderate	Vaccinations; SC, IM, IV (direct/ mini bag unless requires advance monitoring) or HD-related medications: Na thiosulfate, Calcitriol, Antibiotics, Ca gluconate, Epoetin, Fe, MgSO ₄ ; Monitoring of blood/ blood product transfusion, IDPN, or chest tubes output; High-alert medications; Narcotics admin, counting, & resolving discrepancies; Hypoglycemia protocol (no IV push via a peripheral circuit); Blood sampling or CVC flushing; Cytotoxic meds not for chemotherapy.						
	Advanced	All protocols: Anemia, Warfarin, potassium, etc.						
	Complex	IDPN/blood products: Check & co-sign, initiate & complete; Non-HD specific infusions: Heparin infusion, peripheral antibiotic, or D ₅₀ administration; First three HDs of new starts/ newly admitted patients.						
Interventions	Moderate	Nebulization/ inhalation; Low flow O ₂ ; Non-rebreather/Tracheostomy mask; T-piece; Yankauer suctioning; Oral airway insertion; HD CVC flushing; Sutures/ staples removal; Indwelling catheter/ Continuous Bladder Irrigation maintenance & irrigation; Transcribe/ process orders/ telephone & verbal orders within scope of practice; NG tube maintenance, irrigation, removal, placement verification, enteral feeding; Ostomy care; Application of external fecal collection pouch; Continuous Bladder Irrigation: maintain, irrigate, & discontinue; Catheterization, intermittent & indwelling; Basic wound care. Death pronouncement. Nurse Initiated Activities: Acute pain, anaphylaxis, hypoglycemia, suspected opioid overdose, etc.						
	Advanced	Intra-HD complications: blood leak, infiltration, microbubbles, dialyzer reactions; Stable patient with T-piece or tracheostomy mask; Tracheostomy care.						
	Complex	Potentially unstable (post-op); Chest tube assessment & management; High flow O ₂ therapy; NG tube insertion; Oropharyngeal/ Nasopharyngeal insertion or suctioning; Off-unit or On-call HD.						
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Responsible nurse</td> <td style="width: 33%;">LPN</td> <td style="width: 33%;">RN</td> </tr> <tr> <td></td> <td>LPN-RN shared</td> <td></td> </tr> </table>			Responsible nurse	LPN	RN		LPN-RN shared	
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