

**LPN Practice Committee Report
Minnesota Colleagues in Caring
Minnesota Board of Nursing**

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September 2011

LPN PRACTICE COMMITTEE REPORT

Introduction

The perception of discrepancies in Licensed Practical Nurse (LPN) practice was noted by groups in Minnesota responsible for practical nursing education and practice. In 2000 a request was made of Minnesota Colleagues in Caring (MNCIC) by the Minnesota Practical Nurse Educators Directors Association (MNPNEA) and subsequently a request by the Minnesota Licensed Practical Nurses Association (MLPNA) to examine the LPN scope of practice in Minnesota. The Minnesota Board of Nursing (MNBN) also received a similar request. Because MNCIC had representation from all interested parties and was considered a neutral group, a work group was established to address the topic.

This workgroup had several meetings in 2000, with no discernable outcome. The MNCIC Collaborative Council reaffirmed the need to address the issue as requested by the LPN groups. While developing a workgroup in 2001, participants learned that a Minnesota Medical Association Task Force was examining specific aspects of the LPN role in the ambulatory care setting (MMA, 2003). Although, it was originally believed that this established team might be able to expand its work to include the broad concept of LPN practice, it was determined that this team's focus was very circumscribed and would likely not be appropriate for the work needed. Hence a new team was formed.

The newly formed LPN Practice Committee began its work on January 30, 2002. The initial committee had seven members and co-chairs Shirley A. Brekken of the Minnesota Board of Nursing and Mary Dee McEvoy of Minnesota Colleagues in Caring. The composition of the committee was important to the outcome of the work. During the initial meetings, members had the opportunity to assess committee membership to ensure the needed perspectives were present. Members were added as required and consultation was sought from individuals outside the group. While membership expanded and contracted over the three year span of the committee's work (Appendix A), the representation of the membership was constant. Organizations representing registered and licensed practical nurses were included as well as nurses from different areas of practice: acute, ambulatory and long term care. Practical nurse educators also participated (Appendix B).

The initial task of the group was to define the parameters of the work to be accomplished (Appendix C). Two outcomes were agreed upon: (a) develop a set of recommendations regarding the congruence of LPN practice, education and regulation, and (b) develop action plans to implement recommendations.

Suggested strategies to accomplish the outcomes included: (a) identify both consistencies and inconsistencies among the current practice, education and regulatory requirement of the LPN role in multiple settings, (b) research current literature and available data, and (c) develop conclusions and recommendations.

The work of the committee focused on a topic that often evokes strong perspectives. The success of the LPN Practice Committee was aided by the leadership of the co-chairs. Respectful dialogue and consensus decision making created an environment conducive for this important work to be completed.

Methods

Three methods were identified to accomplish the work of the committee: literature review, analysis of source documents, and a survey of LPN practice in the state of Minnesota. Each method informed the development of the other. The literature review provided a context for the source document analysis. The source document analysis influenced the development of the practice statements for the LPN sample survey.

Literature review

It was determined that the search terms LPN practice, regulation, competence, and education would be used in EBSCO, Infotrac, CINAHL, PubMed, and Proquest search engines. The search resulted in 18 articles (Appendix D) that were reviewed by committee members. A review of the literature yielded limited information and made the committee aware that there is minimal information published regarding LPN scope of practice.

The review of the literature regarding LPN scope of practice was categorized according to studies investigating practice settings and LPN staffing and skill mix, outcomes of care in relation to LPN staffing, LPN role and scope of practice, and national studies and reviews of LPN demographics and scope of practice. All studies were categorized as level IV nonexperimental studies (e.g. correlational,

descriptive, qualitative studies) using the Agency for Healthcare Research and Quality (AHRQ) recommendations.

LPN staffing and skill mix.

Some studies in this category identified skill mix in relation to RN shortages or effects of utilization of Health Maintenance Organizations (HMOs) but did not address scope of practice of LPNs. A historical study by Grando (1998) included review of documents from 1945-1965. During this period of time documents provided evidence of a shortage of RNs resulting in an increase of hospital employed nurse aides and LPNs.

Buerhaus and Staiger (1997) analyzed telephone interviews of 62 executives of HMOs in 16 states including Minnesota. They identified trends including a decrease in or unchanged employment of LPNs, more RNs employed in home care with a decrease in employment of hospital RNs, and an increased need for advanced practice nurses and unlicensed assistive personnel. Another study of HMOs and skill mix in California (Spetz 1999) provided evidence of a negative effect on hours worked by LPNs but not RNs or nurse aides.

Ingersoll (1995) addressed LPN scope of practice and skill mix utilizing a qualitative research design utilizing 4 focus groups of RNs and LPNs to determine perceptions about reintroduction of LPNs to a critical care unit. Inadequate LPN critical care assessment skills, RN and LPN role confusion, and inadequate preparation of RNs for delegation and supervision were themes emerging from the data.

LPN staffing and outcomes of care.

Data were collected from established and documented national databases of nursing homes and analyzed for the effects of staffing on outcomes of decubitus ulcer interventions (Hendrix & Foreman 2001). Costs associated with care of patients with decubitus ulcers were reduced by a staffing mix of RNs and nursing assistants and increased with added staffing of LPNs. Differences in scope of practice were not identified.

Kenney (2001) identified the difference in education and scope of practice of the LPN and RN utilizing Wisconsin Board of Nursing statutes to clarify roles in this pilot study of reintroduction of LPNs

to the acute patient care setting. Number of patient falls and medication errors remained stable during the pilot project with no negative effects on patient satisfaction. Reports from staff indicated conflict occurred with poor communication, role confusion in relation to scopes of practice, and RN insecurities as coordinators and supervisors of care. LPN dissatisfaction was expressed about perceptions of a limited scope of practice.

LPN role and scope of practice

The Idaho Commission on Nursing and Nursing Education (Robinson 1998) surveyed 12.7% of the nurses living and working in Idaho. The response rate was 40% (321 RNs & 86 LPNs). LPNs perceived little difference between their skills and nursing roles from RNs.

Schirm, Albanese, Garland, Gipson, Blackmon (2000) collapsed RN and LPNs into one group and investigated caregiving in nursing and homes from the perspective of licensed nurses (11 LPNs and 36 RNs) and 40 nursing assistants. Licensed nurses were not comfortable and lacked preparation for the supervisory role.

National review of LPN demographics and national studies of LPN scope of practice

The National Sample Study of LPNs (Bentley, Campbell, Cohen, McNeil & Paul 1984) was a probability sample (80% response rate) of all LPNs in the 50 states and District of Columbia who had an active license in 2003. The survey collected demographic data and did not include items related to scope of practice.

Anthony (2001) had a 30% response rate (134 RNs & 14 LPNs) to a survey funded by the National Council of State Boards of Nursing (NCSBN). Participants were from all areas of the country and all major practice settings. The licensed nurses were queried about their abilities to delegate and supervise direct nursing activities. LPNs were included in the sample because in some jurisdictions, they are legally responsible for supervising and delegating to unlicensed assistive personnel. Participants were from all areas of the country and all major practice settings. In general all nurses rated themselves highly in relation to comfort, preparedness, confidence, competence and adequacy of educational preparation. Having a sense of being well prepared to delegate and competence in delegating had the highest average

rating with adequacy of educational preparation to delegate the lowest average rating. When beliefs about delegation abilities were compared by type of education, there were no differences, though the number of LPN participants was too few to warrant statistical analysis.

In general, confusion regarding LPN scope of practice was evident in most of the research studies reviewed. This confusion existed in relation to assessment, developing the plan of care, and delegation. Only one study (Kenney 2001) clarified the role in relation to regulation, practice, and education and used that information to clarify the RN and LPN roles as LPNs were reintroduced to the acute care practice setting. Despite the clarification of scopes of practice in this environment, RNs had difficulty operationalizing the role of coordinator and supervisor and LPNs were dissatisfied with what they perceived as a diminished scope of practice.

No research studies from the review of the literature identified congruence/incongruence between LPN scope of practice and regulation, education, and practice. No research studies were designed to investigate the practice of LPNs and the congruence or incongruence with their legal scope of practice. The committee concluded that the literature did not provide insight into the specific work of the committee. No suggestions for data collection were found in the literature (Minutes, 4/11/2002).

Analysis of Source Documents

In addition to reviewing literature related to LPN education, regulation, and practice the committee analyzed source documents to determine congruence among the practice of LPNs, the education of LPNs, and the rules and regulations governing LPN practice. Documents were collected from sources including: (a) board of nursing laws and rules, (b) NCLEX-PN[®] Test Plan, (c) guidelines published by other state boards of nursing, (d) professional codes and standards, and (e) position descriptions for LPN's in a variety of practice settings. The final analysis included 45 documents (Appendix E). Documents eliminated from the analysis included guidelines from other states (items 3-9, 11) and duplicate content (item 42). Because the focus of this project was related to LPN practice in Minnesota, guidelines from other states were eliminated to account for the potential differences in practice between jurisdictions.

A table was developed based on the NCLEX-PN[®] Test Plan for use in the analysis of the source documents. The table was organized with the integrated concepts and processes from the Test Plan in rows and the three areas of analysis in columns: Regulation, Education and Practice (Appendix G). The format provided for synthesis of each source document according to each topic. Descriptor words from the source document were listed in each column under Regulation, Education and Practice.

Each document was assessed to determine which of the three areas, regulation, education, or practice, it addressed. Only one area could be selected. Each document was then analyzed by a committee member according to topic(s). If the document was found to contain a topic that was not on the table it was added. A second individual independently verified the analysis of each document. If a difference in grouping was identified, the whole committee then decided placement in an area. The analysis process was iterative. After a topic was added to the left column on the table each document analyzed before the addition was reanalyzed for the presence of that topic. The categorization of source documents according to their content area was compiled (Appendix F).

The Committee acknowledged early in their work that there were “Hot Topics” that needed to be addressed through the work of the group. “Hot Topics” was a term used to indicate those topics identified from frequent calls to the Minnesota Board of Nursing (Appendix H). These were also identified by organizations representing registered and licensed practice nurse practice and practical nurse educators. The “Hot Topics” identified were assessment, medication administration, delegation and supervision. These topics were placed in a separate table for analysis.

When all source documents had been analyzed and reanalyzed (if topics were added), the next level of analysis was begun. This level of analysis was to determine the congruence or incongruence across the three areas of regulation, education and practice for each topic. A three step decision making process was used by the group. The questions asked were the following:

1. Is there congruence or incongruence within the topic? Congruence was assessed by these criteria:
 - terminology is consistent across all descriptive phrases,

- phrases are thorough and complete, and
 - all topics addressed in all documents.
2. If there is incongruence, what is the level of importance of the incongruence (high, medium, low)?
 3. What are possible steps for resolution of the incongruence?

In the survey development phase, five tables were produced:

- Table I - Overall Table Analysis of Major Concepts (Appendix I)
- Table II - Nursing Process: (Appendix J)
 - Assessment
 - Planning
 - Intervention
 - Evaluation
- Table III - Medication Administration/Delegated Medical Treatment (Appendix K)
- Table IV - Delegation/Supervision (Appendix L)
- Table V - Specific Knowledge Areas (Appendix M)

Three areas were determined to be incongruent: (a) assessment, (b) specificity of language in medication administration, and (c) supervision. Not unexpectedly, these areas had also been identified as “Hot Topics” by the committee. A summary of the conclusions will be described.

Table I – Overall Table - Supervision: The analysis revealed that organizations and individuals sometimes make a distinction between supervising direct patient care (practice) and supervising a group of people (employment). This resulted in confusion about what is the LPN scope of practice related to supervision.

Table II – Nursing Process: A general consensus of the committee was that the LPN contributes to patient assessment rather than having total responsibility for it. The term “assessment” was listed only in the Practice Column; it was not included in the regulation and education columns. When used, it was found in documents related to long term and ambulatory care. Phrases in some documents seemed to imply “assessment” without actually using the term. Statements of “data collection” and “plan of care” were consistent. No statements indicated the LPN is responsible to establish the Plan of Care.

The Committee concluded that Medication Administration documents in Table III within the education column were more specific than documents in the regulation or practice columns. All

documents refer to “administer”. Inconsistency related to “establishing an IV” as it was found only in the practice column. Although there were differences in specificity, they did not appear to be incongruent with one another.

Documents in Table IV did not demonstrate any areas of concern. Table V (Delegation/Supervision) documents indicated some sources used the phrase “delegate responsibility” and others “delegate activity”. Overall the committee concluded there was more congruence among the documents than incongruence in this area.

The source documents, literature, and expertise of the committee shaped an initial understanding of LPN practice. However, the committee identified that a critical element needed to inform their understanding of LPN practice in Minnesota was input from LPNs themselves, as it was clear from the analysis of “Hot Topics” that variations in practice might be occurring. Additionally, source documents alone were not sufficient to fully describe the “Practice” column in the source document analysis table.

To determine a course of action regarding the need for data collection for the practice area an initial consultation was held with Joanne Disch, PhD, RN, FAAN from the Densford International Center for Nursing Leadership at the University of Minnesota Minneapolis, MN and Ann Jones, PhD, RN from Bethel University St. Paul, MN. Both were members of MNCIC. They concurred with the findings of the committee that additional data would be needed to complete the practice column of the analysis table and suggested survey methodology.

Survey

A determination was made to work with the Minnesota Department of Health, Office of Rural Health and Primary Care (ORHPC) to assist with survey development and analysis. As the Department of Health was also a collaborating institution of the MNCIC, there was a foundational understanding of this group’s purpose which would facilitate the work. Also, in 2001, this office had completed a statewide survey of the nursing workforce. Their resources and expertise were deemed useful in expediting the committee’s progress toward development of a similar survey.

Instrument development

The 2001 ORHCP survey had been targeted to RNs; the survey instrument this committee developed was targeted to Licensed Practical Nurses in Minnesota and was based on the RN survey tool. During the summer of 2001, an advisory committee composed of nursing workforce experts had convened to make recommendations on the scope of the survey instrument. The 2001 RN survey contained seven sections: demographic background, education and licensure, current employment, previous nursing employment, future plans, job satisfaction, and additional comments.

The LPN Practice Committee was actively involved in the development of the 2003 LPN survey. In addition to the 2001 ORHPC RN survey, five other documents were used to assist the committee in the development of the survey (Appendix N). Several key changes were made to the 2001 survey, including the elimination of the previous nursing employment section and the inclusion of a section devoted to nursing practice. Other minor survey changes included question refinement and enhancing the educational section to include nursing certification information.

The section devoted to nursing practice was a major focus for the committee. Statements were developed around four sections: (a) observation and assessment, (b) delegated medical treatment, (c) directing activities, and (d) institutional policies that were representative of the “Hot Topics” in the source document analysis. The statements were reflective of both RN practice and LPN practice in order to determine if LPNs were able to determine the specific activities that described the scope of LPN practice. The structure of the nursing practice section and practice statements were modeled after the National Council of State Boards of Nursing Practice Analysis of Newly Licensed Practical/Vocational Nurses in the U.S. (NCSBN, 2000). Questions were divided into three areas that were considered by the committee as “Hot Topics”. These “Hot Topics” include observation and assessment, delegated medical treatments and directing actions. Because organizational policies may facilitate or inhibit the ability of any individual to perform specific care-related activities, four questions related to institutional policies were also included.

How the statements were developed and the identification of RN or LPN practice bears further discussion. When determining if an activity reflected the practice of registered nurses or that of licensed practical nurses, full committee consensus was required. Each committee member had to identify if a question reflected RN practice or LPN practice. Committee members at times agreed or disagreed as to the degree to which a specific draft survey item was reflective of RN or LPN scope of practice, or if it reflected an aspect of practice common to both levels of nursing practice. For those questions in which there was disagreement, discussion ensued until consensus was reached or the question changed. Ultimately there was full consensus agreement on each practice question included in the survey (Appendix O).

Each section of “Observation and Assessment”, “Delegated Medical Treatment”, and “Directing Activities”, included statements of nursing activities that reflect the practice of LPNs and statements that reflect the practice of RNs. These items reflected the “Hot Topics”, (i.e., areas in which questions regarding LPN scope of practice had been raised with the Board of Nursing), and were referred to as “targeted questions. The section “Observation and Assessment” included 17 statements, 6 of which were targeted. “Delegated Medical Treatment” contained 14 questions, 4 of which were targeted, and “Directing Activities” contained 13 questions, 7 of which were targeted. Respondents were asked if the activity “Applied” in their institution, the frequency they did the activity and the priority the activity held. In the ideal setting, an LPN would respond that none of the targeted questions “Applied” to their practice.

A pilot of the survey was conducted with five LPNs. Minor changes which were made to instructions to improve clarity as a result of the pilot. The final version of the Minnesota Licensed Practical Nurse Workforce and Practice Survey (Appendix P) contained seven sections:

- Section A: Background
- Section B: Education, Training and Licensure
- Section C: Current Employment
- Section D: Future Plans
- Section E: Nursing Practice
- Section F: Job Satisfaction
- Section G: Additional Comments

Data Collection

Survey and Sampling Methodology

The 2003 Minnesota Licensed Practical Nurse Workforce and Practice Survey was a random stratified mail-response sample survey. The data were collected through one full survey mailing, one follow-up letter, and a final full survey mailing by the ORHPC at the Minnesota Department of Health between March 2003 and July 2003. A cover letter from the Director of the Community Health Division, Minnesota Department of Health requested the LPNs participation (Appendix Q). The ORHPC survey was partially funded through MNCIC and the Minnesota Board of Nursing

The LPNs selected for the Minnesota Licensed Practical Nurse Workforce and Practice Survey were randomly chosen from the Minnesota Health Workforce Database administered by the ORHPC. Employment and training data found in that database is based on the survey conducted every two years at the time of licensure renewal with assistance from the Minnesota Board of Nursing.

According to data from the Minnesota Board of Nursing there were approximately 25,000 LPNs eligible to renew their licenses during the two year period from August 2000 to July 2002. Of those, 16,226 (64.3 %) responded to the ORHPC practice survey. Of those that responded to the survey, 13,497 (83.2 % of those responding to the survey) indicated that they actively use their license for their current employment and have their primary practice in Minnesota. LPNs that identified “other” practice settings (not acute care, long term care, or ambulatory care settings) were excluded from the population, leaving 12,983 nurses eligible for the survey population. It is this final portion of the LPN population that was used to select respondents for the random representative sample.

Two criteria were used to stratify the sample: geography and practice setting. LPNs were selected for participation in the survey by the county and health care setting of their primary nursing practice (Table 1).

Table 1: Population Stratification Criteria	
Geography	Practice Setting
1. Urban Minnesota Counties (Seven County Metropolitan Area, Benton, Olmsted, Saint Louis and Stearns) (6,820)	1. Acute Care (Hospital-inpatient) (2,550)
2. Rural Minnesota Counties (All Other 76 Counties) (6,163)	2. Ambulatory (Hospital-outpatient, Clinical/Provider office) (4,364)
	3. Long Term Care (LTC facility, Home health agency, Rehabilitation facility/clinic) (6,069)

Because respondents could choose from more than one option for describing their practice setting in the LPN practice survey, the total number of setting options chosen was higher than the number of actively employed LPNs (14,660 and 13,497 respectively for the entire population). In other words, there are several hundred LPNs who identified their primary practice setting in multiple ways. Therefore, the 12,983 survey population figure only consists of 12,226 individual licenses (5.8 % fewer LPNs). For this survey, the survey population used included over 700 duplicates in order to allow for all LPNs to have an equal chance of being selected.

A list for each geography/practice location combination was constructed and random numbers assigned to each individual license holder. Using a standard sampling equation, a survey population figure was calculated for each list. In order to adjust for bad addresses, potential survey sample bias, and, given the size of the survey, low response rates, an additional 20 % was added to each list to create an enhanced survey sample (Table 2).

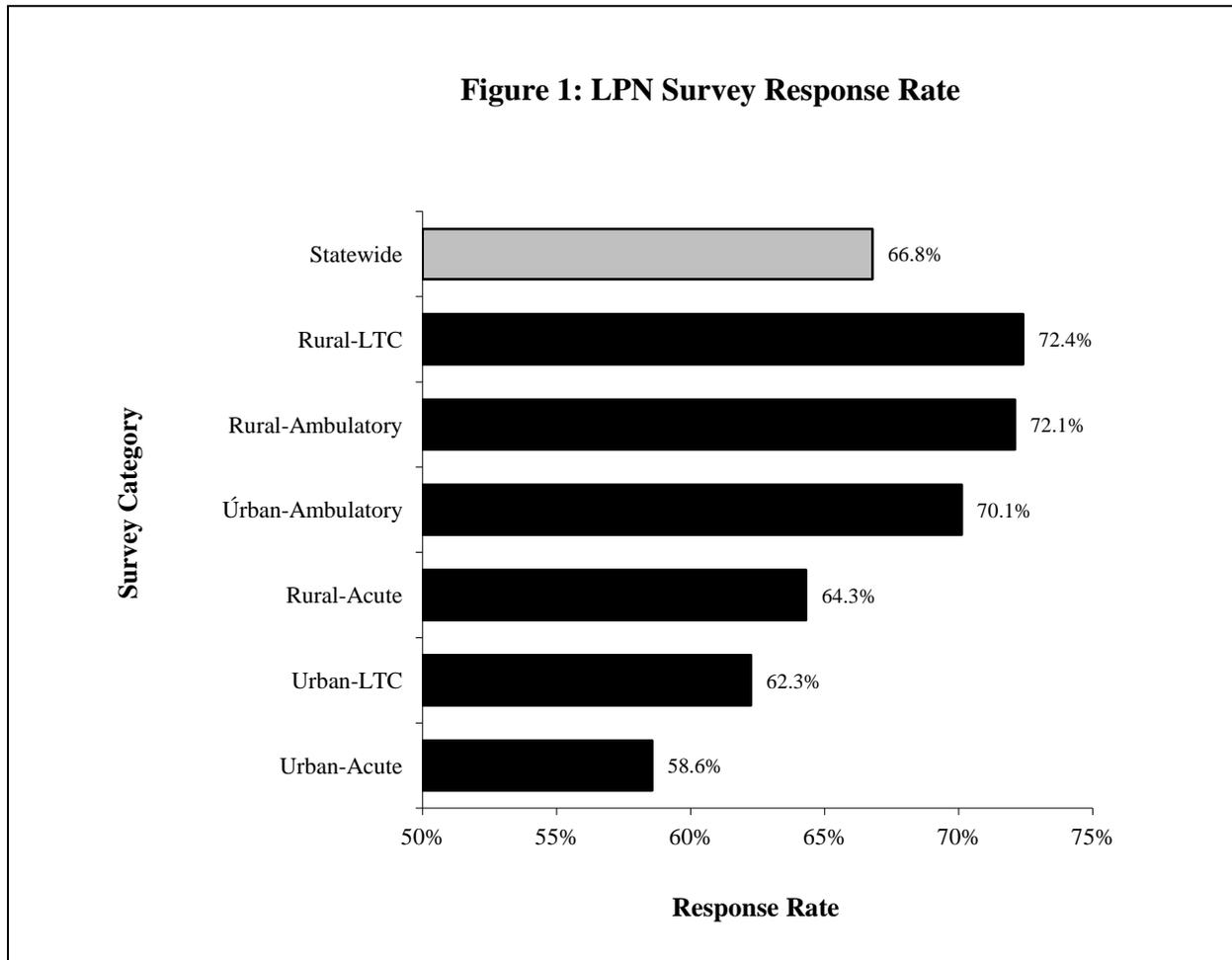
Since some nurses identified multiple practice settings for their primary practice, those LPNs who were randomly chosen for more than one geography/practice location combination were excluded from the final sample, since they could not reside in more than one geography/practice location combination. A replacement for each duplicate was randomly chosen for each one that was excluded. A total of 216 LPNs were excluded and subsequently replaced through this process.

Table 2: Final Population, Sample and Respondents Numbers					
Region/Setting	Population	Original Sample	Enhanced Sample	60% response rate (orig. sample)	70% response rate (orig. sample)
Urban Setting 1	1,445	434	520	260	304
Urban Setting 2	2,363	472	566	283	330
Urban Setting 3	3,012	487	584	292	341
Rural Setting 1	1,105	407	489	244	285
Rural Setting 2	2,001	460	553	276	322
Rural Setting 3	3,057	487	585	292	341
Total	12,983	2,748	3,297	1,649	1,923

Surveys were sent to the enhanced sample list during the week of March 24 to March 28. On March 31, 2003 ORHPC began to receive completed surveys from respondents. A follow-up letter encouraging non-respondent LPNs to fill out the survey was mailed out on April 18. A final third mailing that contained the survey instrument was sent out to non-respondents in late June. In order to guarantee the privacy of the individual each survey returned to the ORHPC did not list a survey number. Survey numbers did appear on the return envelope and were used to track responses. Upon receipt, the envelope and survey were separated and stored in separate locations.

Response Rate

By the end of July 2003, a total of 1,835 surveys deemed usable were received for a response rate of 66.8 %. Survey response rates were not uniform and varied by practice setting and geographic location (See Figure 1). Overall, response rates for LPNs in rural practices tended to be higher than those for urban-based nurses. The highest response rate was for rural LPNs practicing in a long term care setting (72.4 %), while the lowest was for urban LPNs practicing in an acute care setting (58.6 %).



Data Analysis and Results

Weighting of Survey Responses

Researchers and planners using the data for health workforce research paid close attention to the likelihood of small frequencies in specific cells. Due to the survey design, which asked for an extensive amount of detailed information, idiosyncratic responses exist in the data. Statistical weights were constructed to give researchers and planners the opportunity to analyze the broad social and demographic characteristics (e.g., age, gender, and marital status) and labor market experiences (work hours, wages, and job satisfaction) of the LPN workforce.

Statistical weights for the 2003 Minnesota Licensed Practical Nurse Workforce and Practice Survey were constructed to adjust for survey non-response and probability selection error. Statistical weights

were constructed using the age distribution for the six geographic-practice settings groupings used to stratify the survey sample. Since the population of LPNs (12,226) could select more than one way to describe their practice setting, those that did (701 LPNs) were excluded from the calculation of survey weights. This exclusion was necessary since each of the six geographic-practice category needed to be distinct from one another.

The eight age categories used were: 20-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; and 60 and over. The weights for each age category of the six geographic-practice settings were calculated according to the total number of practicing LPNs from the Minnesota Health Workforce Database and the number of survey respondents in each category (Table 3). A total of 48 weights were calculated. For each age category, the following calculation was completed: $\text{Weight} = (\text{Total Population} * (\text{Age Category Population} / \text{Total Population})) / \text{Age Category Survey Response}$

Table 3: Example of Sample Weight Calculations						
Category	Ages	Population	Survey Response	Percentage of Population	Percentage of Survey Respondents	Weight
Rural Long-Term Care	20-29	253	18	.02195	.00981	14.0547
Total		11,525	1,835			

Survey Analysis and Results

Descriptive statistics were used to analyze the LPN Practice Survey Sections A, B, C, D, and F. Section E – Nursing Practice was analyzed by several means and will be described in the section below. The comments received in section G were compiled but not analyzed. Results from Sections B (demographic data regarding education, training, and licensure) and G (a section that provided space for additional narrative comments) were reviewed by the workgroup but are not discussed extensively in this report.

Section A: Background

The following data describes the sample of LPN's surveyed. The mean age of the sample was 46.4.

The age distribution of the sample is shown in Table 4. The largest group by is the 50-54 age group.

Age Range	20-29	30-34	34-39	40-44	45-49	50-54	55-59	60 & >	missing	Total
Number	129	138	174	272	336	366	197	188	35	1835
Percent	7%	8%	9%	15%	18%	20%	11%	10%	2%	100

Table 5 shows the ethnicity distribution of the sample. The overall population of LPN's in Minnesota mirrors this sample.

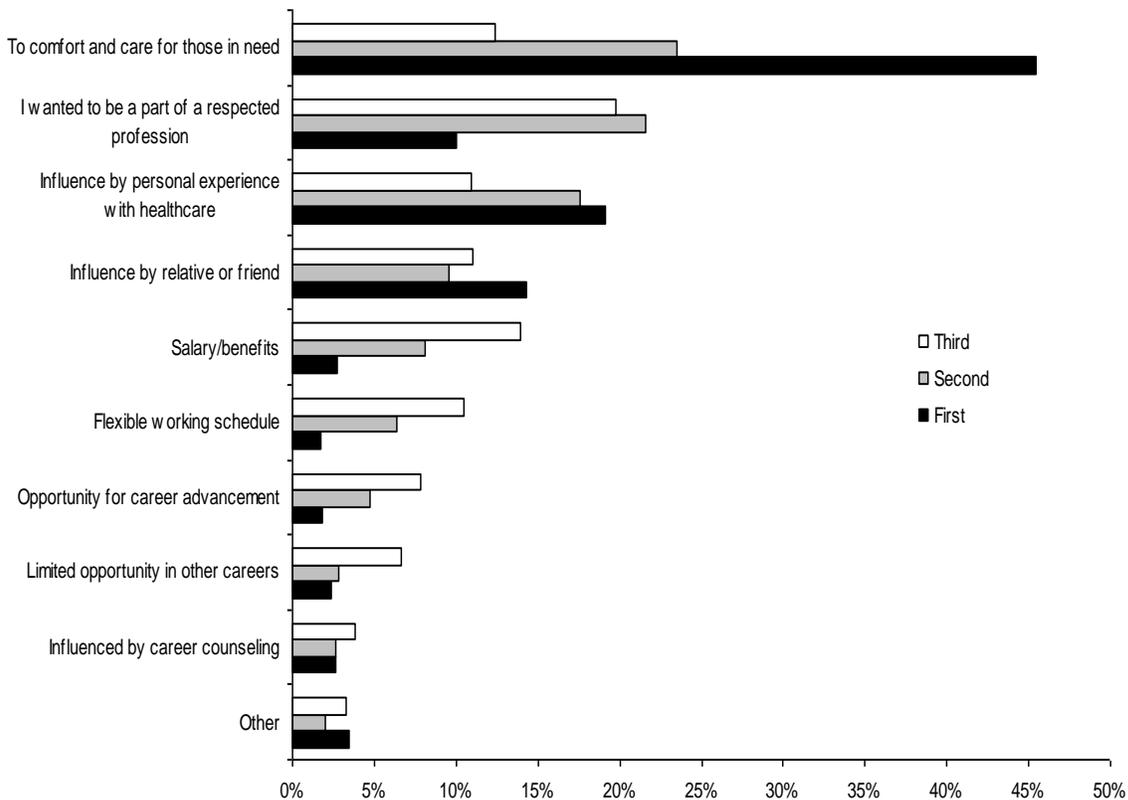
Ethnicity	White	Hispanic	Black	Asian	Native Am	Pacific IS	Multi	Unknown
Number	1742	6	30	12	16	1	3	25

Household income is shown in Table 6. Other characteristics of interest include 94.9% were women. The majority were married (75.1%), and 35.6% are the primary wage earners in their household. Membership in a LPN union garners 26.2%. These were similar to responses in the 2001 RN sample survey conducted by ORHPC.

Income \$	Number	Percent
< 25,000	146	8.0
25-34,999	347	18.9
35-49,999	444	24.2
50-64,999	383	20.9
65-79,000	227	12.4
> 79,000	219	11.9

There were many reasons given for choosing nursing as a career. Figure 2 provides the top three reasons chosen by those who responded to the survey. A desire to care for those in need was a key motivator, but the influence of a personal experience with healthcare was also important to decision making.

Figure 2: Reason for choosing a career in nursing



Section C: Current Employment

The employment situations of the sample were important to the study. The stratified sample was instrumental in determining if there were differences between practice settings or areas of the state. The results were reported in Figure 1. The acute care setting had the lowest response rate with the long term care the highest. The primary activity the respondents performed are represented in Table 7. The vast majority of LPNs work in direct patient care (79.9%). Other settings represented were administration, supervision, utilization review, case management teaching and a variety of other areas.

Table 7: Primary Work Setting						
Patient Care	Administration	Supervise	Utilization Review	Case Mgt.	Teaching	Other
79.9%	2.0%	9.0%	0.7%	1.0%	1.4%	6.1%

The patient care area where LPNs in the survey were most frequently employed was the medical-surgical area. Table 8 displays the settings identified by survey participants.

Table 8: Patient Care Area								
Medical-Surgical	OR	ICU	Pediatrics	Psych	OB/GYN	ER	Float	Primary Health
45.1%	6.4%	2.9%	8.9%	12.3%	12.6%	4.1%	6.5%	1.3%

Survey respondents were asked to give percentage amounts to the various aspects of their work. Table 9 shows how many of the respondents indicated they engaged in a specific activity. The table further depicts the number of individuals and the calculated percent spent 100% of their time in that activity. The majority of the sample were involved in patient care, but other activities that may not typically be associated with LPN practice were also present.

Table 9: Percent of time spent by activity				
Type of activity	% Yes	% No	Percent at 100% time	Individuals at 100% time
Administrative	17.2	82.8	0.5 %	9
Direct Patient Care	88.1	11.9	22.6%	414
Indirect Patient Care	59.1	40.9	1.1%	20
Research	5.2	94.8	0.2%	4
Other	12.5	87.5	0.7%	13

Section F - Job satisfaction

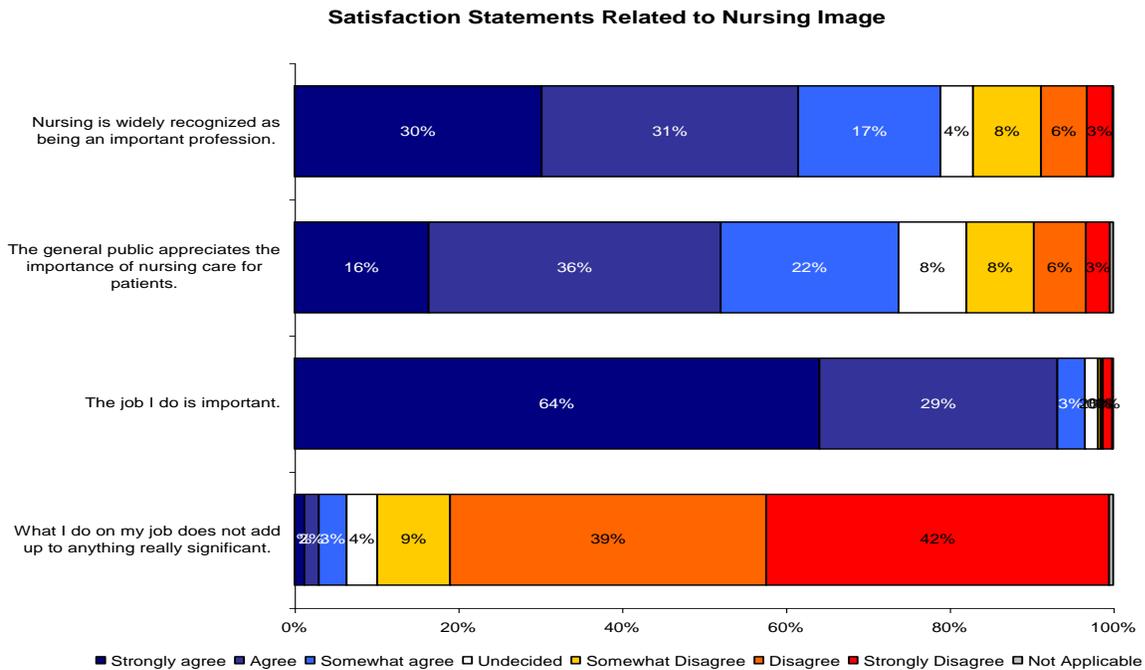
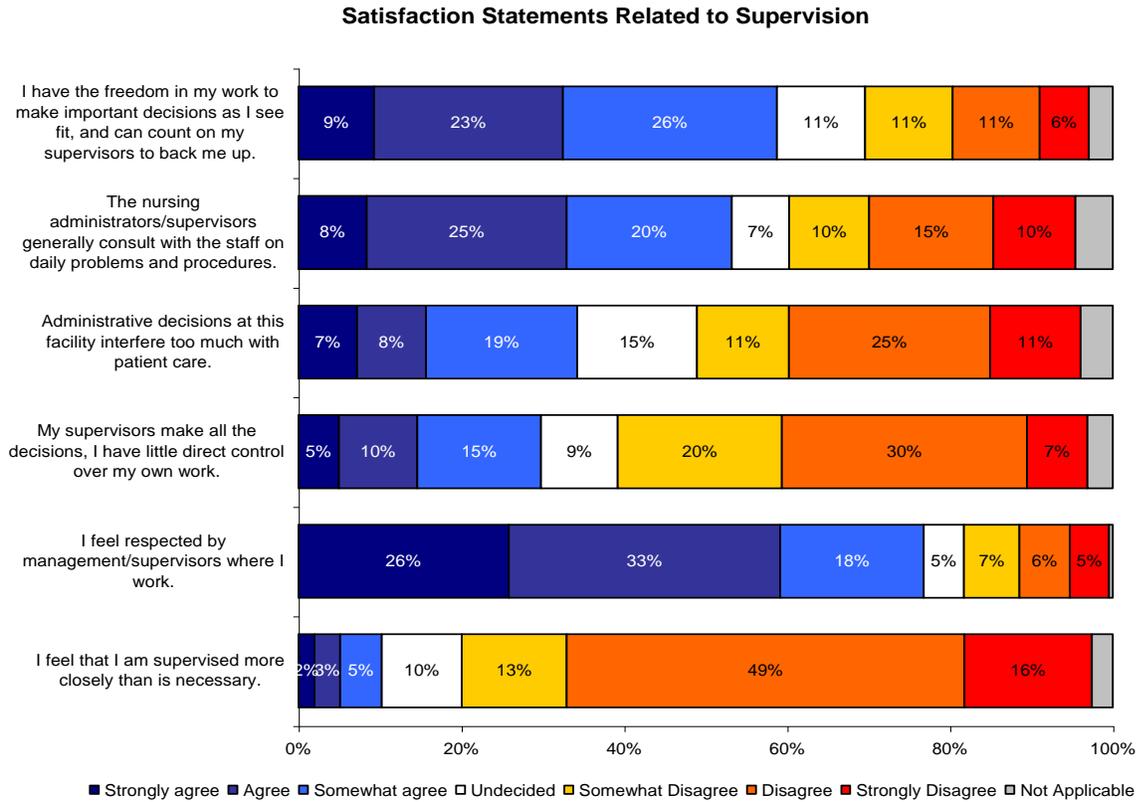
The statements were used in the-2001 ORPHC RN sample survey (and by extension, the LPN survey) were based on an instrument designed by nursing workforce researcher Paula Stamps called the “Index of Work Satisfaction” (Stamps, 1997). That instrument is designed to explore issues related to: supervision, nursing image, wages, job duties and work setting, patient care, and professional relationships with other care providers. The vast majority of LPN’s (92%) responded to the statements in this section.

The data for each of the elements was presented to the LPN Committee without further analysis (Figure 3), however comparisons were made where able to the 2001 ORHCP RN Sample Survey where the same job satisfaction questions were included. The general conclusion was that LPN responses were very similar to the 2001 ORHCP RN survey responses. More LPNs than RNs agreed with the statement “The nursing administrators/supervisors generally consult with the staff on daily problems and procedures”.

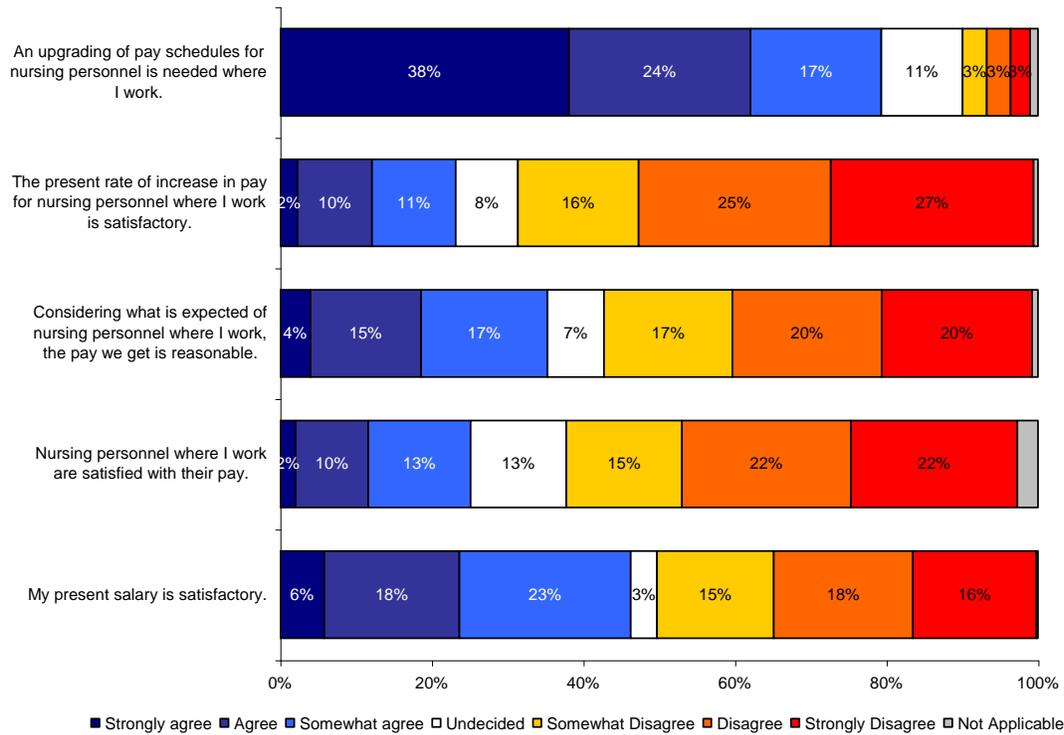
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¹ Stamps, P. *Nurses and work satisfaction* (2nd.ed.). 1997. Chicago, IL: Health Administration Press.

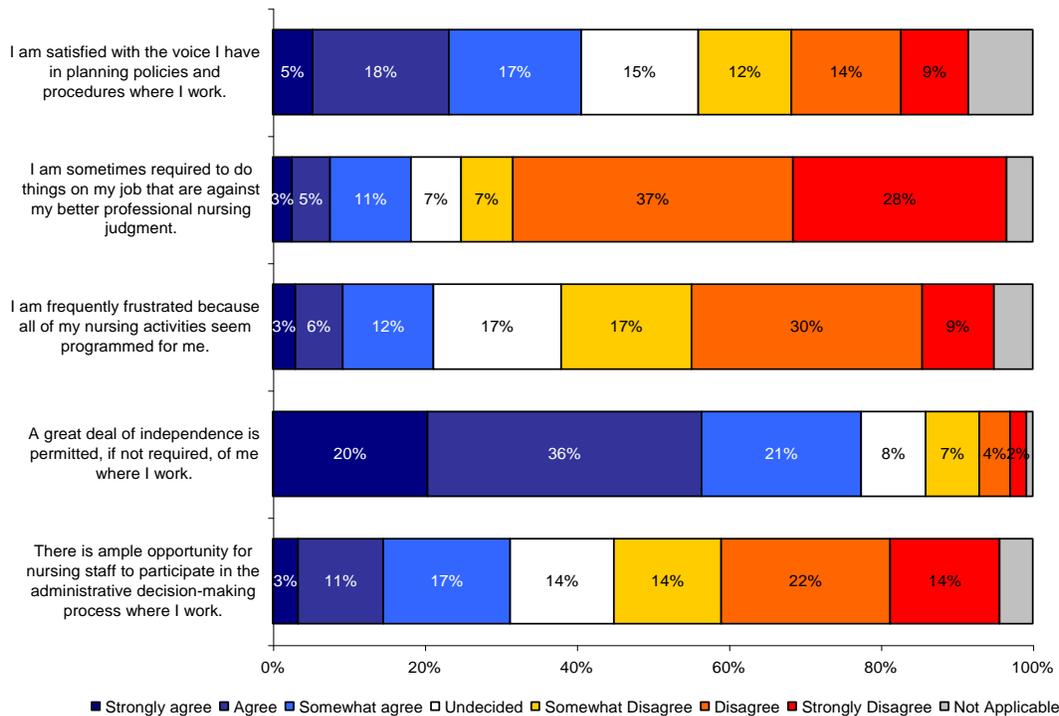
Figure 3 – Job Satisfaction Section Data



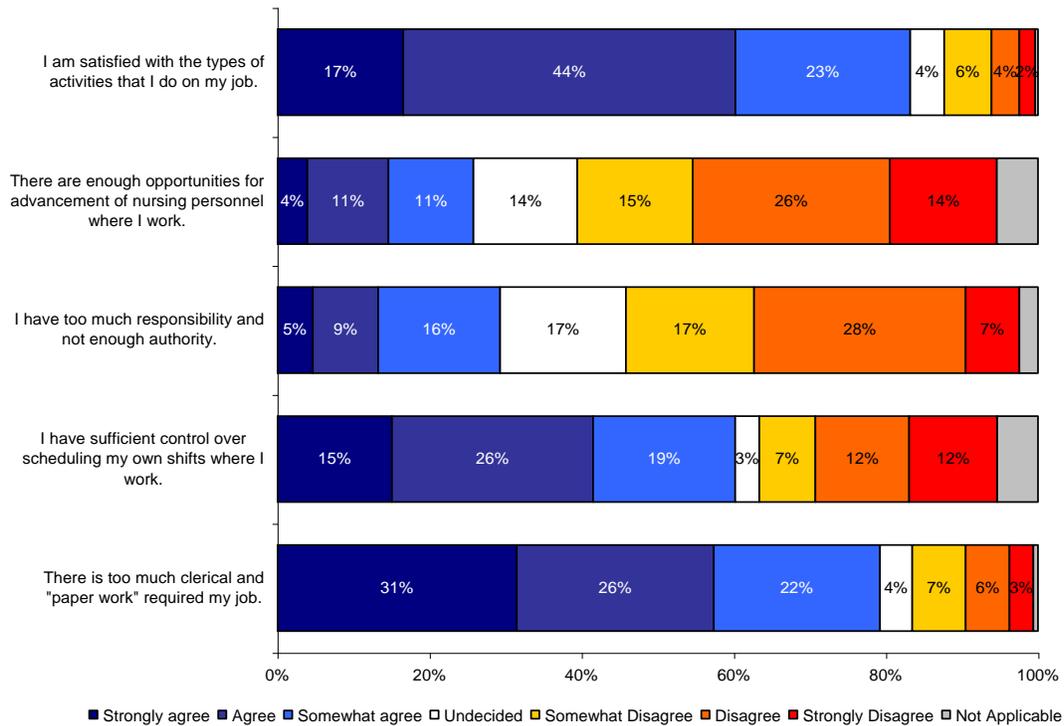
Satisfaction Statements Related to Wages



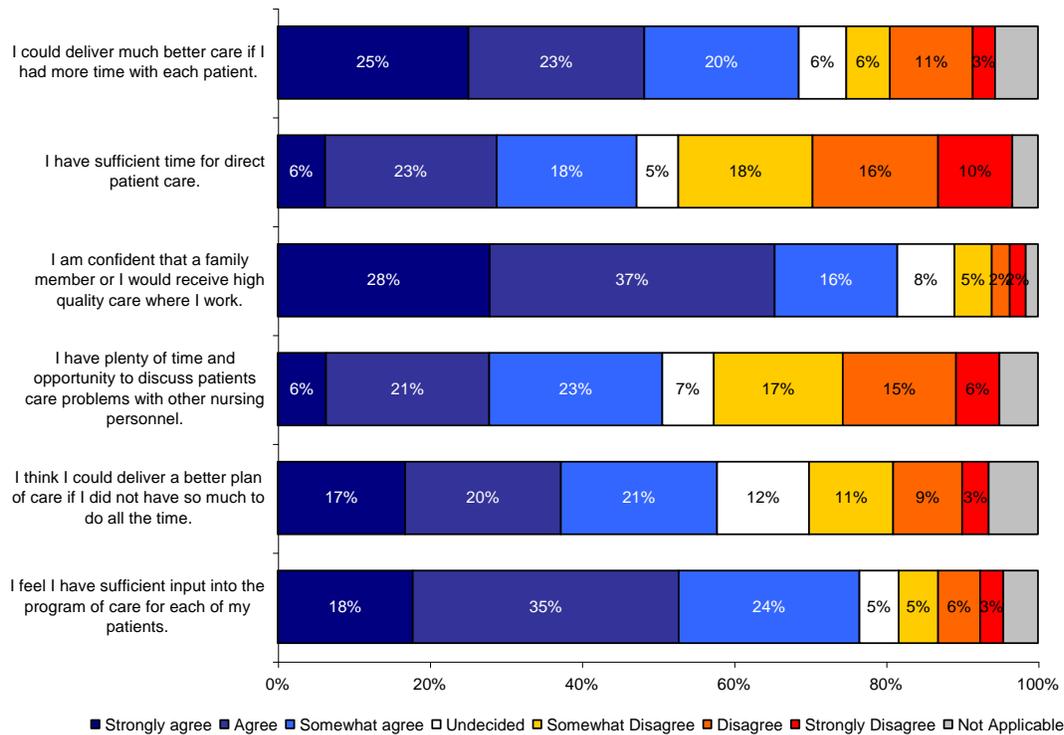
Satisfaction Statements Related to Job Activities and Work Setting



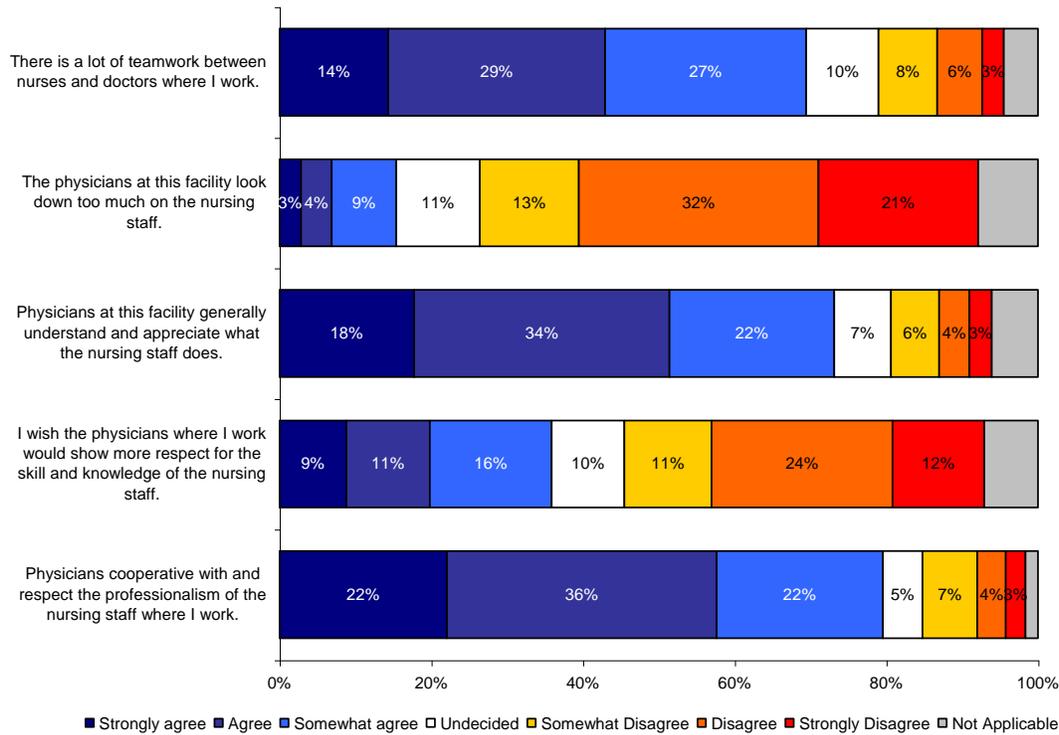
Satisfaction Statements Related to Job Activities and Work Setting



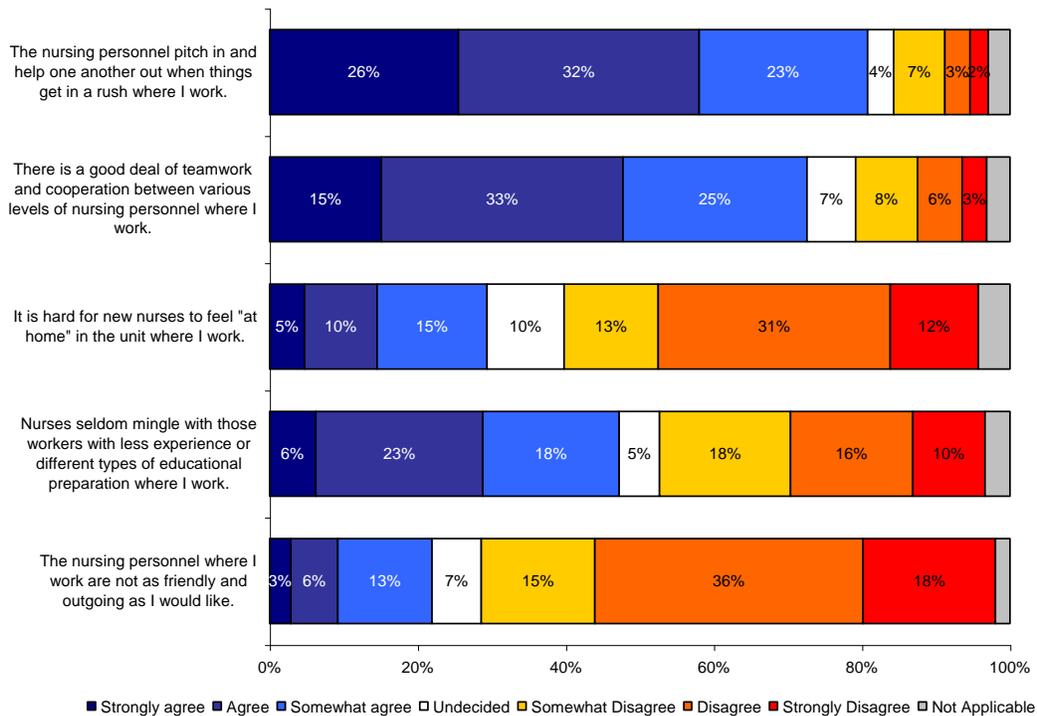
Satisfaction Statements Related to Patient Care



Satisfaction Statements Related to Professional Relationships



Satisfaction Statements Related to Professional Relationships



In satisfaction statements related to job activities and work, respondents indicated that the job they do is important and agree that the general public appreciates the importance of nursing. They are proud to talk to others about their job as a nurse and, if they had to make the decision again, to do over would go into nursing. These statements had a higher level of agreement for LPNs who responded to this survey than for the RN respondents to the 2001 ORHCP survey.

In relation to satisfaction with wages, LPNs indicated that the wages they receive-were less than satisfactory. The LPNs indicated a need for upgrading of pay schedules and indicated more disagreement than agreement with the statement “The present rate of increase in pay for nursing personnel where I work is satisfactory.”

Statements related to job activities and work setting did not differ between the LPN and the RN sample survey.

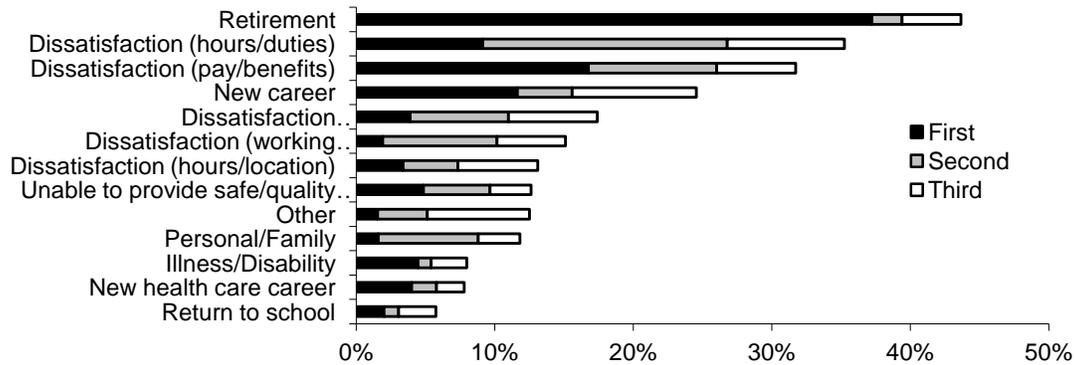
One area of disagreement emerged in the statements related to satisfaction and patient care. There was a higher level of disagreement in this sample than among the 2001 RN respondents to the statement “I think I could deliver a better plan of care if I did not have so much to do all the time.”

The last section of the survey dealt with satisfaction statements related to professional relationships. One statement (“Physicians at this facility generally understand and appreciate what the nursing staff does”) had a higher level of agreement with 2001 ORHCP RN survey respondents than with this LPN population. The responses to the remainder of the statements were similar between the current survey and the RN Survey.

Section D – Future Plans

The number of LPNs who plan to leave LPN nursing in the next two years was 11.4%. Figure 4 shows retirement as the primary reason, but dissatisfaction with aspects of their work was another major contributor to those who are leaving practical nursing practice.

Figure 4: Reason for leaving LPN nursing



Section E – LPN Practice

Although the survey sections reviewed relating to background information were of interest, the most important section to the work of the LPN Practice Committee was that of Nursing Care Activities Section. All statements were analyzed but the statements related to activities that were representative of the “Hot Topics” were of special interest. The survey addressed five practice activity areas: Observation and Assessment, Delegated Medical Treatment, Delegation, Supervision, and Institutional Policies. Observation and Assessment comprised 17 items. Delegated Medical Treatment had 15 items, Directing Activities had 14 items, and Institutional Policies had 5 items.

Respondents were asked three questions regarding each activity:

- Does it Apply?
- If yes, How often did you perform the activity the last day you worked?
- Priority of the activity compared to other nursing activities.

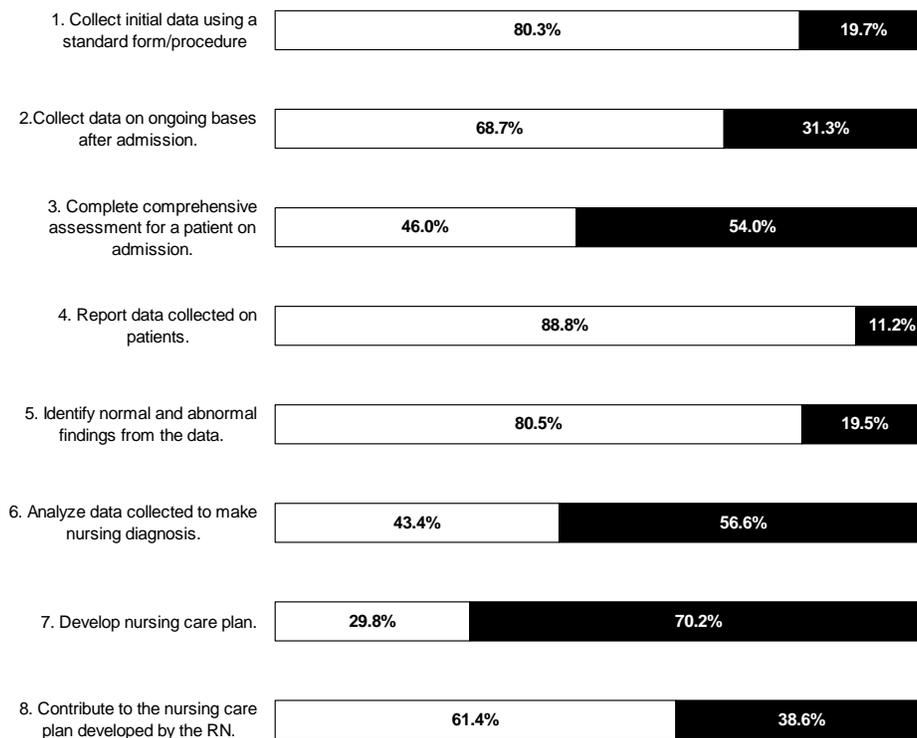
Figure 5 is an example of the data obtained for all 44 questions the committee reviewed.

The entire display is in Appendix R. The committee reviewed the responses to all questions but focused on the targeted questions for in-depth analysis.

LPN Practice: Analysis of the Targeted Items

Across the five practice activity areas, the 17 targeted items were given specific attention to determine the congruence of LPN practice in Minnesota with education and regulation. There was also interest in considering responses by geographic dispersion across the state, as well as from the perspective of practice setting. The term “geopractice areas” was used to reflect practice setting (categorized as long term care, ambulatory or acute care) and a differentiation into a rural or urban setting. Third, the responses to the “Apply” question of the Nursing Care Activities section was the focus of analysis for the committee. The complete analysis of each question is found in Appendix S.

Figure 5: Observation and Assessment (Q1-Q8): Activity Applies □ Yes ■ No



The construction of the survey reflected items related to RN practice and statements that related to LPN practice. The issue of the “yes” answers to those activities that reflect only registered nurse practice was reviewed at length. It was expected that a certain number of respondents would; in fact, answer “Apply” to these items, since answering the questions required some degree of interpretation. The

question for the committee then became what was a meaningful positive response to the targeted questions; how many “yes” responses were “acceptable”?

All of the targeted statements designed to differentiate practical nursing practice from professional nursing practice garnered a response of “Apply” by some survey respondents. Further analysis was done to explore those who answered “Apply” related to length of licensure, employment in their current position and time spent on weekly functions (e.g. what percent of their weekly work was in direct patient care).

For those who indicated that the survey activity applied and provided patient care as their primary activity it was found that they are; (a) younger, (b) in their job for fewer years, (c) licensed for fewer years and (d) spent greater than 75% of their time in direct patient care. This trend was consistent across all questions. However, examining the responses by geographical area and practice setting yielded different results. Geographic practice areas therefore became an additional focus of analysis.

The analysis continued with specific attention to the 17 targeted statements that were considered RN practice. The committee determined that the percentage of the total response to the expected “Apply” question plus/minus five percentage points was the cutoff to be used for determining whether a positive response was meaningful and required further discussion. Those settings with 5 percentage points or less than the total “Apply” responses were considered less significant. There was no rigorous theory applied to breaking out the percentage category colors as this was more of a methodology to focus attention on perceived geopractice areas by using quintiles to explore the results. For the geopractice areas, the +/- 5 applied, using the state mean as the starting point. The data for the “Apply” questions for the targeted statements was presented in a color coded format to assist with discussion (Table 10).

The colors for the top row (total percent responding yes to “Apply”), were determined using the following color-based percentage cut-offs to emphasize where the application of the activity fell in terms of its distance from the expected 0 percent.

0-20	Dark blue (low)
21-39.1	Light blue (medium)
40 and above	Orange (high)

In the category “Observation and Assessment”, four of the six targeted questions elicited a strong affirmative response, indicating that the responder felt that this was an aspect of their practice: (a) complete comprehensive assessment, (b) make a nursing diagnosis, (c) develop nursing care plan, and (d) develop discharge plan. The affirmative responses occurred most frequently in the long term care setting, both urban and rural, rural acute care and to a lesser degree urban acute care.

The second data area analyzed were the four targeted questions related to delegated medical treatment. Total statewide responses ranged from 10 – 20%. There was great variability among the settings. Urban long term care and urban and rural acute care were above the statewide average for 3 of the 4 questions. All of the four questions were above the statewide average for two to three groups.

Only one of the targeted questions for the directing activities section was above the statewide mean: “Determine which nursing actions are to be delegated.” When examining geopractice results, two areas stood out. Both rural and urban long term care had a high percentage of responses (color coded as orange on Table 10) for the majority of the questions. Acute care settings (both rural and urban) had a similar trend, but to a lesser degree. Twenty-six point five (26.5%) percent of the survey respondents indicated they regularly had administrative/management responsibilities defined as hiring and firing, performance appraisals and discipline.

The last analysis of data was related to the institutional policy statements (Table 11). Most respondents indicated that there were clear policies outlining the role of the LPN. Most respondents indicated there was an orientation to the role. The only question with statewide responses above the lowest level was “Does your immediate supervisor clearly communicate the role difference of the LPN and RN?” Urban and rural ambulatory care and long term care respondents indicated less clarity related to the role difference from their supervisor.

Table 10 - Analysis of Targeted Questions from Sample Survey

	Observation and Assessment						Delegated Medical Treatment				Directing Activities							Total	
	3	6	7	10	11	16	20	24	26	27	33	34	35	36	39	42	43		
	Complete comprehensive assessment for a patient on admission.	Analyze data collected to make nursing diagnosis.	Develop nursing care plan.	Evaluate the effectiveness of the nursing care plan.	Evaluate the outcomes of care provided by unlicensed assistive personnel.	Develop the discharge plan for a patient.	Prepare/mix IV medications via the IV route.	Initiate total parenteral nutrition administration.	Trouble-shoot central venous access device.	Administer IV medication via central venous access device.	Determine which nursing actions are to be delegated.	Determine the level of nursing personnel to whom nursing actions may be delegated.	Determine the competence of an unlicensed assistive personnel prior to assignment.	Assign total nursing care to another LPN or RN.	Specify to nursing personnel the responsibilities for the delegated actions.	Assume total responsibility for formal performance appraisal of others.	Develop education plan and competence of nursing staff.		
Total Percent Responding "Yes" to "Apply"	46	43	30	46	45	25	14	20	10	14	43	29	34	15	39	19	9		
Urban	Acute	45	41	35	60	48	44	24	24	21	32	40	32	33	12	40	15	9	5
	Ambulatory	24	34	10	14	11	9	6	2	3	3	21	12	12	8	14	11	8	0
	LTC	66	56	46	66	67	35	15	27	17	20	62	38	47	21	56	26	9	15
Rural	Acute	69	55	47	65	51	43	36	32	14	27	42	33	38	17	42	19	6	9
	Ambulatory	28	29	7	10	11	6	9	2	2	2	20	14	11	8	14	11	6	0
	LTC	52	47	37	65	71	28	10	33	9	13	62	42	53	18	61	29	12	10
Pearson Chi Square	1038	374	1108	2319	2639	999	552	1058	471	814	1264	676	1226	202	1518	334	49		

Table 8 - Institutional Policy Questions

Section E: Institutional Policy Questions		45	46	47	48	49
		Does your employer have clear policies outlining the role of the LPN?	Does your employer provide orientation to the role and responsibilities of the LPN in your facility?	Do the policies of your institution clearly define the role of the LPN?	Does your immediate supervisor clearly communicate the role difference of LPN and RN?	Has your employer asked you to perform nursing activities greater than the legal scope of practical nursing?
	Response	NO	NO	NO	NO	YES
	Total Percent Responding to policy questions	10	5	13	23	15
	Urban	Acute 8	5	12	14	13
	Ambulatory 10	6	13	23	13	
	LTC 9	5	11	24	18	
Rural	Acute 6	2	8	17	17	
	Ambulatory 11	6	14	25	14	
	LTC 11	6	16	26	14	

Conclusions and recommendations

When the data analysis for each area of the nursing practice section of the LPN Survey was complete the committee came to consensus on the following conclusions and recommendations. The statements were carefully crafted and were approved by the committee on January 20, 2005. A report of

the work was presented to the Minnesota Board of Nursing in February, 2005. The work of the committee was gratefully acknowledged and the work of the group concluded.

Conclusions and Recommendations: Observation and Assessment:

1. There is confusion in the State of Minnesota regarding the activities of observation and assessment. Analysis of the Source Documents revealed that the term “assessment” is used in the Practice column only; it is missing in the documents representing regulations and education. The term “assessment” was also found in the documents representing long term care and ambulatory care setting, and not found in documents representing acute care settings. In some documents, the phrases used seem to imply the activity of assessment without actually using the term. Thus, the Source Documents indicated incongruence among regulations, education and practice. The LPN Practice Survey results supported this incongruence and highlighted specific activities contributing to it.

Therefore, the committee recommends that the nature of observation and assessment in practical nursing practice needs to be clarified and differentiated from observation and assessment in professional nursing practice.

Conclusions and Recommendations: Delegated Medical Treatment

1. The Minnesota State Board of Nursing Regulations do not delineate between specific delegated medical functions that apply to practical and professional nursing practice, with the exception that they are commonly performed by LPNs and do not require the education, skills and knowledge of an RN. Although several geopractice areas had strong affirmative responses in the survey to questions relating to delegated medical treatment, there was no clear trend in this data. Therefore, the committee has no conclusions or recommendations to make, except to note this occurrence.

Conclusions and Recommendations: Delegation and Supervision/Directing Activities.

1. There is confusion in the State of Minnesota regarding directing activities reflective of delegation and supervision in practical nursing practice. This is geopractice area specific in that data from the LPN Practice Survey from both long term care and acute care practice settings reflect this confusion. Although the written source documents are congruent, data from the survey demonstrate incongruence among regulations, education and practice regarding directing activities reflecting delegation and supervision.

Therefore, the committee recommends that the nature of directing activities reflective of delegation and supervision in practical nursing practice needs to be clarified and differentiated from those in professional nursing practice.

Conclusions and Recommendations: Institutional Policies

1. Although the survey respondents indicate that there are clear policies outlining the role of the practical nurse and there is an orientation to that role, the survey respondents also noted that the immediate supervisor does not clearly and consistently communicate the role difference between practical nursing practice and professional nursing practice.

Therefore, the committee recommends that ongoing education of those in supervisory positions is needed with clear examples in how to communicate the role differentiation of practical nursing practice and professional nursing practice.

Conclusions and Recommendations: Overall

1. Because there is considerable variability in the level of affirmative responses to all of the questions in the LPN Survey, no consistent statewide trend was noted.

Of note, however, the practice areas of long term care (both urban and rural, and acute care in a rural setting) show a higher percentage of “Apply” responses to the activities identified to be within the practice of professional nurses. Of the 17 targeted questions, there were 15 questions with robust affirmative responses from urban long term care, 10 questions with robust affirmative responses from rural long term care, and 9 questions with robust affirmative responses from rural acute care.

Therefore, the committee recommends that, because Scope of Practice is state specific, not geographic or practice area specific, this finding indicates that further examination of practical nursing practice in long term care and rural acute care is warranted.

The conclusions were presented to the Minnesota Board of Nursing on February 4, 2005. No recommendations were decided by the Board at that meeting. The Committee requests that the Board of Nursing and Colleagues in Caring inform them of actions that result from the recommendations.

The LPN Practice Committee formed by the Minnesota Board of Nursing and Minnesota Colleagues in Caring completed its charge with the development of the conclusions and recommendations as stated above. Special thanks are extended to all committee members for their dedication to this work and diligence in completing the charge given to it.

Appendices

Appendix A

LPN Practice Committee

Membership List

Carol Diemert, RN	Minnesota Nurses Association	1/30/02-1/05
Bernadine Engeldorf, RN	United Hospital Manager	10/24/02
Darlene Haglund, LPN	Cambridge Medical Center	3/21/02-1/05
Lynda Harrington, LPN	Good Shepherd Care Center	4/25/02-1/05
Barbara Hylle, RN	Minnesota Directors of Nursing Administration/ LTC	3/21/02
Kathy Kapla, LPN	Minnesota Licensed Practical Nurse Association	1/30/02-1/05
Pam Fauskee, RN	Minnesota Practical Nurse Educators	10/12/04
Kathy Fodness	SEIS Local 113	1/30/02-1/05
Julie Frederick, RN	Minnesota Organization of Nurse Executives	2/21/02
Ann Jones, RN	Minnesota Colleagues in Caring	
Katherine Miller, LPN	St. Paul's Church Home	2/21/02
Glenda Moyers, RN	Associate Dean, Hennepin Technical College	1/30/02-1/05
Donna Nelson, RN	Minnesota Directors of Nursing Administration/LTC	3/21/02-1/05
Donna Quam, RN	MN Practical Nurse Educators' Directors' Association	1/30/02-1/05
Jean Robley, RN	Minnesota Colleagues in Caring	3/21/02
Nikkol Rogers, RN	Minnesota Nurses Association	2/21/02-12/24/02
Karen Trettel, LPN	North Memorial Health Care; MN Board of Nursing	2/21/02-1/05
Shirley Brekken, RN	Minnesota Board of Nursing	
Mary Dee McEvoy, RN	Minnesota Colleagues in Caring	

Appendix B

LPN PRACTICE COMMITTEE

Committee Composition

Clinical LPN's Long Term Care

Acute Care
Ambulatory Care
Home Care

Clinical RNs Long Term Care
 Acute Care

Associations: Minnesota Board of Nursing
 Minnesota Colleagues in Caring (MnCIC)
 Minnesota Directors of Nursing Administration/LTC (MNDONA)
 Minnesota Health and Housing Alliance (MHHA)
 Minnesota Licensed Practical Nurse Association (MLPNA)
 Minnesota Nurses Association (MNA)
 Minnesota Organization of Nurse Leaders (MOLN)
 Minnesota Practical Nurse Educators Directors Association (MNPNEDA)
 SEIU

Nursing Education/
LPN Programs Hennepin Technical College

Appendix C

MINNESOTA BOARD OF NURSING MINNESOTA COLLEAGUES IN CARING

LPN PRACTICE COMMITTEE

Overview:

The Minnesota Practical Nurse Educators Directors Association (MNPNEA) requested the Minnesota Colleagues in Caring examine the LPN Scope of Practice in June 2000. This request was initiated for a number of reasons, including a discrepancy among the LPN role as delineated in the Scope of Practice and the actual implementation of that role and inconsistency in the rules governing LPN practice from a number of different agencies. Simultaneous with this request, the Minnesota Licensed Practical Nurses Association (MLPNA) also raised this issue with Colleagues in Caring (MNCIC). Soon thereafter the Minnesota Board of Nursing was also approached to investigate this issue. MNCIC established a work group to begin this work.

Several meetings were held in 2000, with no discernable outcome. The Collaborative Council of MNCIC again reaffirmed the need to address this issue as requested by the LPN groups. While developing a workgroup, it was discovered that a team was already examining specific aspects of the LPN role in clinic practice. Although it was originally felt that this established team might be able to expand its work to include the broad concept of LPN practice, it was decided that this team's focus was very circumscribed and would likely not be appropriate for the work needed. Hence, a new team was formed to examine this work.

Outcomes:

1. **Develop a set of recommendations regarding the congruence of LPN practice, education, and regulations.***
2. Develop action plans to implement recommendations.

Suggested Strategies:

1. **Identify both consistencies and inconsistencies among the current practice, education, and regulatory requirements of the LPN role in multiple settings.**
2. Research current literature and available data.
3. Develop conclusions and recommendations.

*** Practice includes clinical practice and ethical standards of conduct. 1/30/02**

Revised 2/18/02 (Changes in bold).

Revised 2/21/02 (Changes in bold).

Appendix D

LPN Practice Committee Bibliography

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Appendix E

**MINNESOTA BOARD OF NURSING
MINNESOTA COLLEGUES IN CARING**

**LPN Practice Committee
Source Document Tracking**

1. Minnesota Board of Nursing Rules
2. Minnesota Board of Nursing Laws
3. Detailed Test Plan for the NCLEX-PN Examination, April 2002
4. ~~Criteria for Determining Scope of Practice for Licensed Nurses and Guidelines for Determining Acts That May be Delegated or Assigned by Licensed Nurses, State of West Virginia.~~
5. ~~Delegation Model, Arkansas State Board of Nursing~~
6. ~~Guidelines for Decision Making, Arkansas State Board of Nursing.~~
7. ~~Comparison of the LPN Role in Organized Nursing Systems and Adult Care Homes, North Carolina Board of Nursing.~~
8. ~~Position Statement 95-1, Arkansas State Board of Nursing.~~
9. Definitions of Professional Nursing and Practical Nursing Nurse Practice Act, Minnesota Board of Nursing, 6/4/01
10. ~~Assessment Framework for Levels of Nursing Care Providers (Part of #4)~~
11. PN Interpretive Guidelines, National League for Nursing Accreditation Commission, 2001
12. Nursing Delegation Decision Tool, Minnesota Home Care Association, 4/28/95
13. Position Statement on Nursing Practice of LPNs in the State of Minnesota, Minnesota Licensed Practical Nurses' Association.
14. Standards of Practice for Licensed Practical/Vocational Nurses, National Association of Practical Nursing Education and Service, 1999
15. MN-DONA Position Paper on the Role of the LPN in the Long Term Care Setting.
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24. Position Description, Lic. Practical Nurse/Home Health, North Memorial Health Care, 7/1998
25. Position Description, Licensed Practical Nurse, Hospice Residence, North Memorial Medical Center, 3/1997
26. Position Description, Clinic Nurse, Ancillary/Clinic Services, North Memorial Health Care, 3/2001
27. Position Description, Licensed Practical Nurse, Patient Care Services, North Memorial Health Care, 12/2000
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34. Job Description, LPN

35. Job Description, Charge Nurse, 8/25/00
36. Job Description, Licensed Practical Nurse, 5/96
37. Job Description, Licensed Practical Nurse
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40. Job Description & Performance Evaluation, 07/01/98
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43. Course Description, Practical Nursing, Nursing Assistant, Other Health Related, NURS1161, Nursing Skills I, Hennepin Technical College, 2/02
44. Course Description, Practical Nursing, Nursing Assistant, Other Health Related, NURS1141, Pharmacology for Practical Nurses, Hennepin Technical College, 2/02
45. Course Description, Practical Nursing, Nursing Assistant, Other Health Related, NURS1261, Nursing Skills II, Hennepin County Technical College, 2/02

Strikethrough documents were removed from the analysis by the committee 1/21/04

Appendix F

SOURCE DOCUMENTS

CATEGORIZATION

Regulatory Documents	Health Care Organizations: Specific		Professional Organizations	Educational Institutions
1,2,3,9 4,5,6,7,8,10	Position Descriptions 18,19,20,21,22,23, 24,25,26,27,28,29, 30,31,32,33,34,35, 36,37,38,39,40,41,	<u>Other</u> 11, 12	13,14,15,16,17	42,43,44,45

9/2002

Revised 10/09

Appendix G

LPN PRACTICE COMMITTEE
DOCUMENT ANALYSIS

TABLE I

TOPIC	<u>REGULATIONS</u>	<u>EDUCATION</u>	<u>PRACTICE</u>
Observation Intervention Evaluation			
Delegation			
Caring			
Communication			
Documentation			
Cultural Awareness			
Self-Care			
Teaching/Learning			
Supervision			
Ethical Principles			
List of Specific Knowledge Areas:			
<ul style="list-style-type: none"> • Spread of Pathogens 			

Appendix H

Minnesota Board of Nursing**Telephone Inquires Regarding LPN Scope of Practice**

Time period: July 20, 2001-March 5, 2002

General Questions regarding scope:	45
Telephone nursing:	22
IV Therapy:	20
LPN supervising/delegating to others:	18
Working in an unlicensed position:	14
LPN monitoring others:	12
Accepting delegated medical functions:	12
LPN do a nursing assessment:	12
LPN providing home care independently	10
LPNs using protocols	7
RN required to co-sign LPN documentation?	3
LPN being supervised by non-nurse, including CMA	3
LPN do massage therapy	1

Numerous calls regarding GPN practice, including whether PN graduate or GPN who failed NCLEX® may work as a nursing assistant and/or a trained medication aide (TMA).

Number inquiries regarding “abandonment”, RNs and LPNs: 16

Appendix I
MINNESOTA BOARD OF NURSING
MINNESOTA COLLEAGUES IN CARING

LPN PRACTICE COMMITTEE
TABLE I
Overall Table Analysis of Major Concepts

<u>REGULATIONS</u>	<u>EDUCATION</u>	<u>PRACTICE</u>	<u>LPN PRACTICE SURVEY</u>
Definitions:			
<p>“Licensed Practical Nurse,” abbreviated LPN. Means an individual licensed by the board to practice practical nursing. (2) The “practice of practical nursing” means the performance for compensation or personal profit of any of those services in observing and caring for the ill, injured, or infirm, in applying counsel and procedure to safeguard life and health, in administering medication and treatment prescribed by a licensed health professional, which are commonly performed by licensed practical nurses and which require specialized knowledge and skill such as are taught or acquired in an approved school of practical nursing, but which do not require the specialized education, knowledge and skill of a registered nurse. (2)</p>	<p>The practical/vocational nurse uses a clinical problem solving process (the Nursing Process) to collect and organize relevant health data and assist in the identification of the health needs/problems of clients throughout the life span and in a variety of settings. (3) Defines “competencies” Delineates a set of beliefs about people in society and Nursing (3)</p>		
Nursing Process:			
See separate Table	See separate Table	See separate Table	See separate Table

REGULATIONS	EDUCATION	PRACTICE	LPN PRACTICE SURVEY
Delegation:			
See separate Table	See separate Table	See separate Table	See separate Table
Caring:			
Caring (9)	The interaction of nurse and client in an atmosphere of mutual respect and trust... The nurse provides support and compassion to help achieve desired outcomes (3)	Demonstrates caring behaviors of listening, respect, compassion and accepting individuality. (49) Encourages and assists patients and families to participate in their care (27) Demonstrates compassion (27)	Not included in the survey
Communication:			
Verbal and nonverbal communication skills (1) Establish a relationship... Report orally the information necessary to facilitate the continued nursing care of others... Record in writing the information necessary to maintain a record of nursing actions...(1)	Therapeutic communication Notify staff of changes in client status. (3)	Utilize effective communication (14) Communicate current and changing patient status data to the RN. (49) Verbal, written, interpersonal (49) Open and honest communication (18) Written communication (31,32,33,34,35) Oral communication 31,32,33,34,35) Demonstrates critical thinking, communication and conflict resolution (27)	Not included in the survey
Documentation:			
Report orally information necessary to facilitate the continued nursing care of patients. Record in writing the information necessary to maintain a record of nursing actions, patient's reactions to care and resulting outcomes. (1, p.16)	Document client care (3) Using charting principles,	...written documentation (14) Monitor and document clinical data (18) Discharge/Chart completion (18) Discharge/chart completion (20) Documents data reflecting patient's condition, treatments, meds, and nursing care to provide a written record. (48,49) Takes physician orders, transcribes, implements, monitors and reports outcomes (31,32,33,34,40) Oral and written reports (32,33,34,35,39,41,40) Documentation of care provided and response (32,33,35,36,39,40) Incident and accident response 39,40) Routine work of operating...desk duties (32)	Not included in the survey

REGULATIONS	EDUCATION	PRACTICE	LPN PRACTICE SURVEY
Documentation (cont)		Initiates and maintains current accurate documentation (24) Documentation is legible, signed with name and LPN states (24) Records assessment, planning, interventions, evaluations and resident response (25)	
Cultural Awareness:			
	Religious and spiritual influences on health. Recognize cultural differences when planning and providing care. (3)	...Learn and respect religious beliefs of patients (14) Understands and values the diversity of our customers, employees and the community.	Not included in the survey
Self - Care			
BON Rules/Abilities	Test Blueprint		Not included in the survey
Teaching/Learning:			
Provide for patient's need to know by giving, translating or transmitting information (1) Applying counsel (9)	Participate in educating staff and patients. Serve as a resource person to other staff. (3)	Providing appropriate education (14) Assists RN in developing educational plan (18) Patient/family education (18) Patient education (20) Provide teaching to patients and families (48) Provides input into the development of an individualized, realistic education plan (48) Assist with the identification of educational/learning needs of clients and families (24)	When asked if "Develop education plan and competence of nursing staff" (question 43) in the survey, 9% of the LPNs in the state of Minnesota responded that this activity "Applied" in their setting. The responses from the geopractice settings ranged from 6% to 12%. Because the "Yes" responses were low, it was concluded that this area of practice was not a concern and no recommendations are made.
Ethical Principles			
	Collaborates to facilitate: <ul style="list-style-type: none"> • Advance directives • Client rights • Confidentiality • Ethical Practice • Informed Consent • Legal responsibilities • Provides client privacy (3) 	...apply ethical principles (14) Honor dignity of every individual (19) Advocates for the patient and family(14, 48,49) Supports the Patient Bill of Rights.. Honoring the dignity of every individual (48,49) Provide health care to all patients regardless of race, creed..(14) Treats individuals with respect and care (18, 19) Confidentiality (32,38,40)	Not included in the survey.

REGULATIONS	EDUCATION	PRACTICE	LPN PRACTICE SURVEY
Ethical Principles (cont)		Employee right to know act (34) Resident's rights (31,32) Vulnerable Adult Act (31,32,33) Advocate for resident (32,33,39) Judgment/action in life and death situations (25) Recognize and comply with legal and procedural requirements related to area of responsibility (25) Identify ethical concerns and use processes to communicate (27)	
Role Development			
	Identify personal practice limitations (e.g., refusal to perform tasks outside scope of practice)(3) Develop an understanding of the LPN role in the nursing process. (43)	Assumes responsibility for self-growth and development (48,49) Accepts personal responsibility for acts...(14) Participates in growth and self-development (18) Demonstrates understanding of LPN role in LPN/RN relationship (18) Collaborates with all members of the health care team (14) Integrates knowledge, skill and experience in order to continually improve self, customer service, quality. (19) Maintains clinical expertise and knowledge (24) Maintains ceus (25)	Not included in the survey.
Continuous Quality Improvement			
	Documents QI issues Monitor impact of QI strategies on patient care. Participate in QI programs. Report issues to appropriate personnel. (3)		Not included in the survey

Process:

- Documents analyzed by committee member (s) according to components of table.
- Document analysis then verified by a minimum of one other committee member.
- No recommendations are made from this analysis

03/07/02
Revised 8/02 from minutes of 7/26
Table1a.doc 12/10/04
Finalized 1/21/05

Appendix J
MINNESOTA BOARD OF NURSING
MINNESOTA COLLEAGUES IN CARING

LPN PRACTICE COMMITTEE
CONCEPT ANALYSIS

TABLE II
NURSING PROCESS

REGULATIONS	EDUCATION	PRACTICE	LPN PRACTICE SURVEY
	Definition of Nursing Process: Clinical problem solving process (Nursing Process) – a scientific approach to client care that includes data collection, planning, implementation and evaluation (3).		There were 6 targeted questions in the survey on Observation and Assessment. Overall 4 out of 6 targeted questions elicited a strong affirmative response, indicating that those activities “Applied” in the practice setting.
ASSESSMENT:			
Provide Prevent Maintain Promote (1) Establish relationships based on client’s situation.(1)	Assist Identify Monitor Determine Perform Review Recognize (3)	Admission assessment: <ul style="list-style-type: none"> • Patient History • Vital signs • Review of systems Completion of assessments (15) Planning includes assessment of health status of individuals, families and groups (14) Utilize principles of the Nursing Process (14) Know and utilize the Nursing Process in planning, implementing, and evaluating...(14) Framework of the nursing process under the direction of the RN (18). Carrying out therapeutic regimens and protocols (14) ...nursing functions as delegated by the RN: <ul style="list-style-type: none"> • Checking 	When asked in the survey, LPNs in the State of Minnesota responded that assessment was an activity that “Applied” in their setting (Question #3). While statewide assessment applied as an activity, several geopractice areas reflected a stronger affirmative response. For example, when LPNs were asked whether a complete comprehensive assessment applied in their practice setting, the following geopractice areas recorded a strong affirmative response: <ul style="list-style-type: none"> • Urban long term care (66% apply) • Rural long term care (52% apply) • Rural acute care (69% apply) It should be noted that urban acute care at 45% affirmative response was only slightly below the statewide average of 46% of affirmative responses. It is also of note that, while ambulatory care,

REGULATIONS	EDUCATION	PRACTICE	LPN PRACTICE SURVEY
		<ul style="list-style-type: none"> • Tracking • Updating • Counseling • Monitoring • Inspecting <p>Completion of assessments (15) Contributes to the nursing process through assessment, planning and intervention (48,49) Assessment (38) Monitor residents for changes in the physical condition and initiate appropriate interventions (25) Screen pertinent phone calls, gather pertinent information, forward to physician (26) Recognizes patient abnormalities, urgent needs and emergencies. (29).</p>	<p>both urban and rural had the least affirmative responses, they still had affirmative responses ranging from 7% to 34% in the targeted questions.</p> <p>When asked if “Analyze data collected to make a nursing diagnosis” “applied” in their setting, 43% of the survey respondents indicated that it did apply (Question #6). The geopractice areas of urban long term care and cute rural care had responses above the statewide average at 56% and 55% respectively.</p>
Data Collection:			
<p>Collect data Interpret Set Priorities (1) Collect data pertaining to a person’s intellectual, emotional and social functioning. (1) Interpret data to identify a patient’s health needs (1)</p>	<p>Collect and Organize data (3) Using the nursing process to collect and organize data using nursing diagnosis (43) Identify nursing actions to solve patient problems using subjective and objective data collection (45) List nursing actions using subjective and objective data collection (45).</p>	<p>Observation, data collection (19) Perform data collection including complete vital signs, brief health hx., medication usage...(48) Initial and ongoing data collection...past medical hx, physical, spiritual, social, environmental (18) Makes observations of symptoms, reactions, and/or changes in physical or emotional condition (31,32,34,35,37) Gathers data for geriatric, physical, emotional, and spiritual (34) Contributes information which assists in the formulation of the nursing plan of care (24)</p>	

REGULATIONS	EDUCATION	PRACTICE	LPN PRACTICE SURVEY
PLANNING:			
<p>Given a nursing care plan, establish a sequence of nursing actions (1)</p> <p>Given a nursing care plan for at least 3 patients, set nursing priorities for that group. (1)</p>	<p>Decide priorities of care (3)</p> <p>Decide which patient to see first among a group of patients (3)</p> <p>Participate in patient care conferences/discharge planning. (3)</p>	<p>Review care plan for appropriate problem, goals, and approaches to assure appropriate nursing care. Care is rendered (32,34,35,36,38)</p> <p>Collaborate to ensure continuity and to optimize care (25)</p> <p>Contribute to decision making process (25)</p> <p>Assists in the development of resident' plan of care....(25)</p>	<p>When asked in the survey, LPNs responded that several activities relating to the nursing care plan “applied” in their setting. Statewide, LPNs stated that they developed the nursing care plan (30%, Question #7), evaluate the effectiveness of the plan (46%, Question #10) and developed the discharge plan for the patient (25%, Question 16). Several geopractice areas were above the statewide averages. For example in the question of develop a nursing care plan:</p> <ul style="list-style-type: none"> • Urban long term care (46%) • Rural long term care (37%) • Rural acute care (47%)
INTERVENTION:			
	<p>Collaborates to facilitate effective care:</p> <p>Client Care Assignments</p> <p>Consultation with members of health care team.</p> <p>Establishing priorities</p> <p>Referral Process</p> <p>Review care plan and recommend revisions as needed... (3)</p>	<p>Organize interventions (18)</p>	
EVALUATION			
<p>Evaluate effect of actions (1)</p>		<p>Evaluates care (14)</p> <p>Reports patient’s responses to nursing interventions and outcomes (27)</p> <p>Participates in the evaluations of nursing care delivered (49)</p> <p>Reports response to plan of care (31,32,34,38,39,40)</p> <p>Recognizes and contacts physician, supervisor and family regarding</p>	<p>When asked in the survey, LPNs indicated that evaluating the effectiveness of the nursing care plan “applied” in their setting (46% affirmative responses, Question #10). Several geopractice areas were above the statewide average including:</p> <ul style="list-style-type: none"> • Urban acute care (60%) • Urban long term care (66%) • Rural Acute care (65%)

REGULATIONS	EDUCATION	PRACTICE	LPN PRACTICE SURVEY
Evaluation (cont)		significant changes in condition (31,32,33,34,35,36,37,39,40,41)	<ul style="list-style-type: none"> • Rural long term care (65%) <p>It is noteworthy that ambulatory care had responses far below the statewide average (14% and 10%). This may be related to the term “nursing care plan” which has specific meaning for those in acute care and long term care.</p> <p>When asked if the activity “Evaluate the outcomes of care provided by unlicensed assistive personnel” (Question #16) “applied” in their setting, 25% of the respondents indicated “Yes”. Three geopractice areas were above the statewide average including:</p> <ul style="list-style-type: none"> • Urban long term care (67%) • Rural acute care (51%) • Rural long term care (71%).
ROLE DEVELOPMENT			
	Develop an understanding of the LPN role in the nursing process. (43)		

CONCLUSIONS AND RECOMMENDATIONS: Observation and Assessment

There is confusion in the State of Minnesota regarding the activities of observation and assessment. Analysis of the Source Documents revealed that the term “assessment” is used in the Practice column only; it is missing in the documents representing regulations and education. The term “assessment” was also found in the documents representing long term care and ambulatory care setting, and not found in documents representing acute care settings. In some documents, the phrases used seem to imply the activity of assessment without actually using the term. Thus, the Source Documents indicated lack of congruency among regulations, education and practice. The LPN Practice Survey results supported the lack of congruency and highlighted specific activities contributing to it.

Therefore, the committee recommends that the nature of observation and assessment in practical nursing practice needs to be clarified and differentiated from observation and assessment in professional nursing practice.

Appendix K
MINNESOTA BOARD OF NURSING
MINNESOTA COLLEAGUES IN CARING

LPN PRACTICE COMMITTEE
CONCEPT ANALYSIS

TABLE III
MEDICATION ADMINISTRATION/DELEGATED MEDICAL TREATMENT

<u>REGULATIONS</u>	<u>EDUCATION</u>	<u>PRACTICE</u>	<u>LPN SURVEY</u>
<p>Abilities....Delegated medical treatment...</p> <ul style="list-style-type: none"> • Locate information necessary to administer prescribed medication. • Administer...mouth • Administer...IM injection • Observe effects of medication <p>Follow procedures for working with controlled substances (1)</p> <p>Assist in the administration of sterile fluid through an established IV route.</p> <p>Calculate dosage necessary to administer prescribe medication (1)</p>	<p>Provides care r/t administration of medication and monitors clients receiving parenteral therapies:</p> <ul style="list-style-type: none"> • Adverse effects • Expected Effects • Pharmacologic actions • Side effects <p>Administer medications appropriately</p> <ul style="list-style-type: none"> • Oral • Sub-q • IM • Topical • Enteral • Etc. <p>PRN meds</p> <p>Documents</p> <p>Monitor effects</p> <p>Use 5 rights when administering</p> <p>Follow agency protocol for taking verbal orders (3)</p> <p>Describe medication pharmacokinetics</p> <p>Identify medication administration guiding principles.</p> <p>Identify medication administration safety practices</p>	<p>Medication administration (19)</p> <p>Medication administration (31)</p> <p>IV (41)</p> <p>Not IVs (31)</p> <p>Meds (32,33,34,35,36,38,39,40)</p> <p>Administers medications (24)</p> <p>Gives injections/other medications per physician orders</p> <p>Place IV lines/hang IV solutions (29).</p>	<p>The LPN survey had 4 targeted questions related to delegated medical treatments (questions #20,24,26 &27). The statewide responses to the “apply” question ranged from 10% - 20%, a moderate affirmative response. However, several geopractice areas had responses that exceeded the statewide averages, most notably</p> <ul style="list-style-type: none"> • Urban acute care responded above the statewide average in 3 of the 4 questions. • Urban long term care responded above the statewide average in 3 of the 4 questions. • Rural acute care responded above the statewide average in 3 of the 4 questions. <p>It should be noted that the Board regulations do not delineate between specific delegated medical functions that apply to</p>

	<p>Identify medication indications. Identify medication side effects. Identify medication adverse reactions. Identify medication contraindications Define common medical and medication abbreviations. Demonstrate use of medication reference manuals. Identify essential parts of a drug order. Interpret drug orders. Identify steps in medication administration. Identify medication administration errors. Demonstrate medication administration via the oral route. Demonstrate medication administration via the topical route. Compare different systems of drug measurements. (44)</p> <p>List the volume equivalents in each system. List the weight equivalents in each system. Convert dosages between different systems. Calculate dosages when available medication dose differs from the order. Identify equipment used for administering parenteral medications. Prepare medication from an ampule. Prepare medication from a vial. Describe mixing medications in one syringe. Identify injection sites. Describe methods used to locate specific sites for subcutaneous injections.</p>		<p>practical and professional nursing practice. With the exception that they are commonly performed by LPNs and do not require the education, skills and knowledge of an RN. The committee concluded that the targeted questions are not taught or acquired in an approved school of nursing for LPNs and require the education, skills and knowledge of an RN..</p>
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	<p>Describe methods used to locate specific sites for intramuscular injections. Administer intramuscular injections. Administer subcutaneous injections. Administer intradermal injections. Follow safety practices involving parenteral injections. Discuss procedures used with controlled substances. Identify purposes of intravenous fluid administration. List equipment for IV therapy. Describe IV nursing care/safety needs. Identify IV therapy complications. Demonstrate hanging/monitoring IV solutions.</p>		<p>When asked about preparing/mixing IV medications via the IV route (question 20), 14% of respondents statewide indicated that this “applied” in their setting. However, in urban acute and rural acute care, 24% and 34% of the respondents respectively indicated that this activity “Applies” in their setting. When asked if administering IV medication via a central venous access device applied in their setting (Question 27), 14% across the state responded “yes”. However, in the urban acute care setting, 32% responded yes, urban long term care setting, 20% responded yes and in the rural acute care setting, 27% responded yes.</p> <p>When asked if “Trouble-shooting central venous access devices applied in their setting” (Question 26), 10% of the respondents across Minnesota indicated that it did. However, a higher percentage of respondents from the urban acute care and urban long term care areas indicated that it applied in their settings (21% and 17% respectively).</p>
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	Describe function of TPN.(44)		When asked if the activity of “Initiate total parenteral nutrition administration” applied in their setting (question 24), 20% of the respondents statewide said that it did. However, in urban and rural long term care the responses were higher (27% and 33% respectively) and also rural acute (32%).
DOCUMENTATION			
	Document medication administered. Document medication adverse reactions or side effects. Document medication therapeutic reactions (44)	Documents data reflecting patient’s condition, treatments, meds(48,49)	Not asked in the survey
ROLE DEVELOPMENT			
	Discusses legal principles of drug administration. Discuss ethical principles of drug administration (44)		Not asked in the survey.

Recommendations and Conclusions: Delegated Medical Treatment:

The Minnesota State Board of Nursing Regulations do not delineate between specific delegated medical functions that apply to practical and professional nursing practice, with the exception that they are commonly performed by LPNs and do not require the education, skills and knowledge of an RN. Although several geopractice areas had strong affirmative responses, there was no clear trend in this data. Therefore, the committee has no conclusions or recommendations to make, except to note this occurrence.

Appendix L
MINNESOTA BOARD OF NURSING
MINNESOTA COLLEAGUES IN CARING

LPN PRACTICE COMMITTEE
CONCEPT ANALYSIS

TABLE IV
DELEGATION AND SUPERVISION/DIRECTING ACTIVITIES

REGULATIONS	EDUCATION	PRACTICE	LPN SURVEY
<p>Delegations specified under Professional Nursing (1)</p>	<p>Assign client care needs to assistive personnel. Identify knowledge, skills and abilities of assistive personnel. Identify roles/responsibilities of other health care team members. Know job responsibilities of assistive personnel. Monitor ability of staff members to perform assigned tasks. Review effectiveness of care provided by others. (3)</p>	<p>4 rights: • Right task • Right person • Right communication • Right feedback Client situation Task requirements Care-giver competency (12) Transfer of responsibility for performing a function from one individual to another (13) “retained accountability”; accountable for appropriateness to delegate. (13) Planning activities of others (18) Evaluating performance of others (18) Delegates care of residents to NA (38) Makes staff assignments utilizing knowledge of the capabilities and performance of other nursing personnel (30)</p>	<p>There were 7 questions in the LPN survey that were targeted questions (#33,34,35,36,39, 42 and 43). Statewide responses indicated that only one question was strongly affirmative, “Determine which nursing actions are to be delegated” with 43% of the respondents answering “yes” to the “Apply” question. Of the 7 questions, there were 2 geopractice areas that stand out; urban long term care with 6 of the 7 questions strongly affirmative and rural long term care with 5 of the 7 questions being strongly affirmative.</p>
<p>Supervision:</p>			
<p>Minnesota Law distinguishes between monitoring and supervision as follows: “Monitoring means the periodic inspection by a registered nurse or licensed practical nurse of a</p>	<p>Collaborates with others to facilitate effective care. • Concepts of management and supervision. Supervise client care tasks</p>	<p>...direct workforce (15) Charge nurse for 8 hours (31,32) On duty charge designee (31) Staffing/scheduling (31,33) Monitors delivery of care per assignments by NA</p>	<p>When asked if the activity of “Determine which nursing tasks are to be delegated” (question #33) 43% of the LPN respondents across the state responded in the affirmative. However, of note are the geopractice areas of urban long term care and rural long term care in which 62% of the</p>

REGULATIONS	EDUCATION	PRACTICE	LPN SURVEY
<p>directed function or activity and Supervision (cont)</p> <p>includes watching during performance, checking, and tracking progress, updating a supervisor of progress or accomplishment by the person monitored, and contacting a supervisor as needed for direction and consultation.”</p> <p>“Supervision” means the guidance by a registered nurse for the accomplishment of a function or activity. The guidance consists of the activities included in monitoring as well as establishing the initial direction, delegating, setting expectations, directing activities and courses of action, critical watching, overseeing, evaluating and changing a course of action. (1. P.59).</p>	<p>performed by assistive personnel.</p> <p>Monitor abilities of staff members to perform assigned tasks.</p> <p>Use effective time management skills.(3, p.10)</p>	<p>(31,32,33,34,35,37,39,40)</p> <p>Monitor CAN for overall performance (28)</p> <p>Shows willingness to orient new employees (29)</p>	<p>respondents in both areas responded affirmatively. When asked if the activity of “Determine the level of nursing personnel to whom nursing actions may be delegate” applies in their setting (question #34), 29% of the respondents across the state responded in the affirmative. However, 38% of the respondents in the urban long term care setting and 42% of the respondents in the rural long term care setting responded affirmatively.</p> <p>When asked if the activity “Determine the competence of unlicensed assistive personnel prior to assignment” (question # 35) “Applied” in their setting, 34 % of the respondents answered “Yes.” However, the geopractice areas of urban long term care and rural long term care had stronger affirmative responses, 47% and 53% respectively.</p> <p>When asked if the activity “Assign total nursing care to another LPN or RN” (question #36) “Applied” in their setting, 15% of the respondents across the State responded affirmatively. The goepractice area of urban long term care had higher affirmative responses of 21%.</p> <p>When asked if the activity “Specify to nursing personnel the responsibilities for the delegated actions” (question #39) “Applied” in their setting, 39% of the respondents answered affirmatively. Again, the geopractice areas of urban long term care and rural long term care had affirmative responses greater than the statewide responses (56% and 61% respectively).</p> <p>When asked if assuming total responsibility for the formal performance appraisal of others applied in their setting (question #42), the statewide</p>

REGULATIONS	EDUCATION	PRACTICE	LPN SURVEY
Supervision (cont)			<p>response was 19% affirmative. However, in urban long term care the affirmative response was 26% and in rural long term care the affirmative response was 29%.</p> <p>When asked if “Develop education plan and competence of nursing staff” (question #43) applied in their setting, the statewide response was 9%. This was not strongly affirmative.</p> <p>Section C of the Survey, Question 11 asked if the respondent regularly had administrative/management responsibilities defined as hiring & firing, performance appraisals and discipline, 26.5% responded affirmatively. The responses by geopractice areas are as follows:</p> <ul style="list-style-type: none"> • Urban Acute Care: 2.8% • Urban Ambulatory Care: 8.9% • Urban Long Term Care: 48.4% • Rural Acute Care: 8% • Rural Ambulatory Care: 9% • Rural Long Term Care: 51%

Conclusions and Recommendations: Delegation and Supervision/Directing Activities:

There is confusion in the State of Minnesota regarding directing activities reflective of delegation and supervision in practical nursing practice. This is geopractice area specific in that data from the LPN Practice Survey from both long term care and acute care practice settings reflect this confusion. Although the written source documents are congruent, data from the survey demonstrate incongruence among regulations, education and practice regarding directing activities related to delegation and supervision.

Therefore, the committee recommends that the nature of directing activities that are reflective of delegation and supervision in practical nursing practice needs to be clarified and differentiated from those in professional nursing practice.

Appendix M
MINNESOTA BOARD OF NURSING
MINNESOTA COLLEAGUES IN CARING

LPN PRACTICE COMMITTEE
CONCEPT ANALYSIS

TABLE V
SPECIFIC KNOWLEDGE AREAS

<u>TOPIC</u>	<u>REGULATION</u>	<u>EDUCATION</u>	<u>PRACTICE</u>
Spread of Pathogens	Prevent spread of pathogens (1) Provide personal hygiene (1)	Handling Hazardous and infectious materials (3) Universal precautions (3)	Isolation precautions and techniques (40) Infection Control (31,32) Knowledge about standard practice and procedures that monitor, prevent, and control infection (29)
Nutrition	Provide nutrition and fluid balance (1) Implement treatment related to gi function (1)	Provide comfort and intervention in nutrition: <ul style="list-style-type: none"> • Dietary modification • Calorie counts • Tube feedings • Food/drug interactions (3) Describe NG tube care Demonstrate enteral feedings through NH/G tube Demonstrate medication administration through NG/G tube (45)	I&Os (40) Feeding (41) Tube Feeding (32,33)
Elimination Needs	Promote elimination (1)	Provides comfort and assistance in elimination: <ul style="list-style-type: none"> • Urostomy, colostomy, ileostomy care • Bowel/bladder retraining • I & O • Insert urethral catheters • Enemas • NG tubes 	Enemas (40) Colostomy Care (32,33) Catheterization (32,33)

TOPIC	REGULATION	EDUCATION	PRACTICE
		Demonstrate care of...(45)	
Wound Care	Determine when necessary to use sterile technique Maintain integrity of skin and mucous membranes Implement treatment r/t function of integument (1)	Monitor for s/s of infection (3) Demonstrate healing mechanisms, wound staging (45) Discuss drainage tube care Identify dressing choices and wound treatments. Demonstrate wound cleansing(45) Observe ear cleansing (45) Demonstrate ace bandage application and hot and cold therapy (43) Determine methods to maintain sterile technique; demonstrate sterile gloving. (43)	Dressings (32,33) Packs (32,33)
Neurological Care		Seizures, increased intracranial pressure (3) Observe neurological changes Demonstrate neurological data technique (45)	
Surgical Care	Determine when necessary to use sterile technique. Maintain sterility of equipment and supplies (1)	Medical and surgical asepsis (3) Prepare for surgery (3) Provide intra/perioperative care (3) Describe pre/post operative care to include the role of the surgical team, recovery room.(45) Describe extended postoperative complications and patient care. List types of anesthesia. Describe types of suctions. Describe maintenance and irrigation of nasogastric in relation to suctioning. (45)	

TOPIC	REGULATION	EDUCATION	PRACTICE
Pain Management	Promote physical comfort (1)	Provides comfort and assistance in non-pharmacologic pain interventions <ul style="list-style-type: none"> • Complementary therapies • Check and monitor pain levels Identify types of pain and pain management. (45)	
Oxygen Therapy	Promote respiratory function Promote circulatory function Administer oxygen Maintain patency of airway (1)	Respiratory Care (3) Develop an understanding of oxygen therapy and respiratory assistive devices. Understand problems associated with tracheostomy patients and demonstrate tracheostomy suctioning. (43)	
Urinary catheterization		Insertion of urethral catheter (3) Explore the reasons for urinary catheterization, including catheter care, irrigation and specimen collection. (43) Demonstrate male/female catheterization using sterile technique.	
Peritoneal Dialysis		Peritoneal Dialysis (3)	(20)
Crisis Intervention		Crisis Intervention (3)	Execute principles of crisis intervention (14)
Specimens		Collect specimens according to policies and procedures Identify normal lab values (3)	Manage patient specimens and test reports (48) Obtaining specimens (32,39,40) Handling lab specimens (29)
Massage		Non-pharmacologic pain interventions	Massage (32)

TOPIC	REGULATION	EDUCATION	PRACTICE
Exercise/Mobility	Promote physical activity Promote restoration and maintenance of physical independence. Implement tx. r/t musculoskeletal function. (1)	Provide comfort and assistance in mobility/immobility: <ul style="list-style-type: none"> • Lifting • Transport • ROM • Ambulation 	Exercise (32) ROM (33)
Care of dying and dead	Promote adaptation to change or loss including loss of independence or death. (1)	End of life issues Grief and Loss Provides comfort and assistance in palliative care. (3)	Care of dying and dead (32,33,40)
Safety	Provide for physical safety. Promote a feeling of psychological safety or comfort. (1)	Accident/error prevention Disaster planning Use of restraints Protects client from environmental hazards (3)	Of staff (31,32) Equipment (34,38) Of residents (31,32)
Geriatric Knowledge		Aging Process (3)	Aging Process (31)
Rest and Sleep	Promote rest and sleep (1)	Provides comfort and assistance with rest and sleep (3)	
Psychosocial	Promotes development and maintenance of intellectual functioning. Promotes emotional development Promotes social development Promotes self-esteem (1)	Expected body image changes Family interaction patterns. Coping/adaptation. Mental health concepts Situational role changes Stress management Abuse and neglect Behavioral interventions Chemical Dependency Suicide Therapeutic environments (3)	

TOPIC	REGULATION	EDUCATION	PRACTICE
Patient Populations	Newborn through 11 months 1 – 12 years 18 – 64 years > 65 years healthy patients acutely ill patients chronically ill patients all stages of illness adults receiving medical and surgical therapies patients with mental illness mothers and newborn infants in the maternity cycle geriatric patients	Ante/Intra/Postpartum and Newborn Developmental stages and transitions Acute and chronic or life-threatening illnesses.	

Appendix N

SURVEY DEVELOPMENT RESOURCES

1. Minnesota Registered Nurse Workforce Survey, Fall 2001, Minnesota Department of Health.
2. Practice and Professional Issues Survey of Newly Licensed Nurses, January 2002, National Council of State Boards of Nurses.
3. 2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the U.S., National Council of State Boards of Nursing
4. Differentiated Competencies of Entry Level Nursing Practice Based on Educational Preparation, Colleagues in Caring South Dakota Consortium, Education Articulation Task Force, Draft 2/26/01
5. Minimum Competencies of New Graduate Nurses, Council of Nurse Educators of Washington, 12/2001.
6. Minnesota Board of Nursing Rules Chapter 6301 (2000).

Appendix O

**Minnesota Board of Nursing
Minnesota Colleagues in Caring LPN Survey**

**Placement of Nursing Activities According to LPN and RN Scope of Practice
Pursuant to Nurse Practice Act**

LPN Practice Committee 2/27/04

<u>Observation and Assessment</u>	<u>RN Only</u>	<u>Both</u>
1. Collect initial data using standard form/procedure.		X
2. Collect data on an ongoing basis after admission.		X
3. Complete comprehensive assessment for a patient on admission.	X	
4. Report data collected on a patient.		X
5. Identify normal and abnormal findings from the data.		X
6. Analyze data collected to make nursing diagnoses.	X	
7. Develop nursing care plan.	X	
8. Contribute to the nursing care plan developed by the RN.		X
9. Modify (update or revise) the nursing care plan developed by the RN.		X
10. Evaluate the effectiveness of a nursing care plan.	X	
11. Evaluate the outcomes of care provided by unlicensed assistive personnel.	X	
12. Organize and prioritize care within a set care plan for an assigned group of patients.		X
13. Identify normal and abnormal findings of lab results.		X
14. Communicate abnormal findings to physician or RN to determine care needed.		X
15. Observe patient responses to care and decide who needs to be informed of results.		X
16. Develop the discharge plan for a patient.	X	
17. Carry out the activities of the discharge plan.		X
<u>Delegated Medical Treatment</u>	<u>RN Only</u>	<u>Both</u>
1. Administer medications via oral, topical, subcutaneous, or IM routes.		X
2. Administer medications via the IV route.		X*
3. Prepare/mix IV medications for administration.	X	
4. Monitor functioning of an infusion pump.		X
5. Calculate dosage necessary to administer medications.		X
6. Monitor total parenteral nutrition administration.		X
7. Initiate total parenteral nutrition administration.	X	
8. Change dressing for central venous access device (e.g., port-a-cath, Hickman).		X*
9. Trouble-shoot central venous access device.	X	
10. Administer IV medication via central venous access device.	X	
11. Administer a tube feeding.		X
12. Determine patient's need for administration of PRN medication.		X
13. Observe for effects of medication (e.g., therapeutic effects, side effects).		X
14. Transcribe verbal/phone orders.		X

<u>Directing Activities</u>	<u>RN Only</u>	<u>Both</u>
1. Assign nursing tasks to others in accordance with agency policies.		X*
2. Determine which nursing actions are to be delegated.	X	
3. Determine the level of nursing personnel to whom nursing actions may be delegated.	X	
4. Determine the competence of an unlicensed assistive person prior to assignment.	X	
5. Assign total nursing care to another LPN or RN.	X	
6. Assign selected aspects of nursing care to unlicensed assistive personnel.		X
7. Observe the performance of unlicensed assistive personnel when carrying out nursing activities.		X
8. Specify to nursing personnel the responsibilities for the delegated actions.	X	
9. Seek assistance of supervisor as needed.		X
10. Update supervisor of accomplishment of activities by unlicensed assistive personnel.		X
11. Assume total responsibility for formal performance appraisal of others.	X	
12. Develop education plan and competencies of nursing staff.	X	
13. Participate in teaching nursing staff.		X

* The scope is judged by whether the activity is commonly taught in schools of nursing and whether it requires the knowledge and skills of a professional nurse.

Appendix O

Minnesota Board of Nursing
Minnesota Colleagues in Caring LPN Survey

Placement of Nursing Activities According to LPN and RN Scope of Practice
Pursuant to Nurse Practice Act

Instructions: Check whether you consider the skill LPN or RN level.

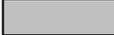
<u>Observation and Assessment</u>	<u>LPN</u> survey	<u>LPN</u> experts
1. Collect initial data using standard form/procedure.	81%	67%
2. Collect data on an ongoing basis after admission.	69%	100%
3. Complete comprehensive assessment for a patient on admission.	46%	0
4. Report data collected on a patient.	90%	89%
5. Identify normal and abnormal findings from the data.	82%	67%
6. Analyze data collected to make nursing diagnoses.	43%	0
7. Develop nursing care plan.	30%	0
8. Contribute to the nursing care plan developed by the RN.	61%	100%
9. Modify (update or revise) the nursing care plan developed by the RN.	50%	89%
10. Evaluate the effectiveness of a nursing care plan.	46%	11%
11. Evaluate the outcomes of care provided by unlicensed assistive personnel.	45%	33%
12. Organize and prioritize care within a set care plan for an assigned group of patients.	48%	89%
13. Identify normal and abnormal findings of lab results.	74%	89%
14. Communicate abnormal findings to physician or RN to determine care needed.	85%	100%
15. Observe patient responses to care and decide who needs to be informed of results.	78%	78%
16. Develop the discharge plan for a patient.	25%	11%
17. Carry out the activities of the discharge plan.	45%	100%

*Two of those indicated “together” and “with” RN

<u>Delegated Medical Treatment</u>	<u>LPN</u> survey	<u>LPN</u> experts
1. Administer medications via oral, topical, subcutaneous, or IM routes.	94%	100%
2. Administer medications via the IV route.	29%	44%
3. Prepare/mix IV medications for administration.	14%	33%
4. Monitor functioning of an infusion pump.	33%	78%
5. Calculate dosage necessary to administer medications.	58%	78%
6. Monitor total parenteral nutrition administration.	40%	89%
7. Initiate total parenteral nutrition administration.	20%	11%
8. Change dressing for central venous access device (e.g., port-a-cath, Hickman).	20%	56%
9. Trouble-shoot central venous access device.	10%	11%
10. Administer IV medication via central venous access device.	14%	22%
11. Administer a tube feeding.	51%	100%
12. Determine patient’s need for administration of PRN medication.	68%	78%
13. Observe for effects of medication (e.g., therapeutic effects, side effects).	82%	100%
14. Transcribe verbal/phone orders.	75%	67%

 Identified as RN Scope Only

<u>Directing Activities</u>	<u>LPN</u> survey	<u>LPN</u> experts
1. Assign nursing tasks to others in accordance with agency policies.	51%	44%
2. Determine which nursing actions are to be delegated.	43%	11%
3. Determine the level of nursing personnel to whom nursing actions may be delegated.	29%	0
4. Determine the competence of an unlicensed assistive person prior to assignment.	34%	33%
5. Assign total nursing care to another LPN or RN.	15%	11%
6. Assign selected aspects of nursing care to unlicensed assistive personnel.	41%	67%
7. Observe the performance of unlicensed assistive personnel when carrying out nursing activities.	51%	100%
8. Specify to nursing personnel the responsibilities for the delegated actions.	39%	33%
9. Seek assistance of supervisor as needed.	87%	100%
10. Update supervisor of accomplishment of activities by unlicensed assistive personnel.	45%	89%
11. Assume total responsibility for formal performance appraisal of others.	19%	11%
12. Develop education plan and competencies of nursing staff.	9%	0
13. Participate in teaching nursing staff.	41%	78%

 Identified as RN scope only

Appendix P



Minnesota Licensed Practical Nurse Workforce and Practice Survey

Survey Instructions

- Using a pen or pencil, please clearly indicate your response to each question by completely filling in the appropriate square (example: ■) or by clearly printing your response in the space provided for each question where a written response is required. For each question, indicate only one response unless otherwise directed.
- The **Minnesota Licensed Practical Nurse Workforce and Practice Survey** is composed of seven sections:

Section A: Background	Section D: Future Plans
Section B: Education, Training and Licensure	Section E: Nursing Practice
Section C: Current Employment	Section F: Job Satisfaction
	Section G: Additional Comments

Please complete **EVERY** section of the survey unless otherwise directed.

- **Since your response to this survey will be anonymous**, no data identifying individual respondents directly or indirectly will be distributed or published. When you have completed the survey, place it in the postage paid envelope inserted in the survey. If no return envelope is included in your survey, please mail your survey to Michael Grover, Minnesota Department of Health, P.O. Box 64975, St. Paul, Minnesota 55164.
- If you have questions about individual items on this survey, please contact Michael Grover at 651-282-5642 or toll free 1-800-366-5424 or michael.grover@health.state.mn.us.

Section A: Background

1. What is your gender? 1. Male 2. Female
2. What is your age? _____
3. What is the population of the town/city you currently live in? (Check only **ONE**)

<input type="checkbox"/> 1. Fewer than 500	<input type="checkbox"/> 2. 500-999	<input type="checkbox"/> 3. 1,000-4,999	<input type="checkbox"/> 4. 5,000-9,999
<input type="checkbox"/> 5. 10,000-14,999	<input type="checkbox"/> 6. 15,000-39,999	<input type="checkbox"/> 7. 40,000-99,999	<input type="checkbox"/> 8. More than 100,000
4. What is your primary racial or ethnic background? (Check only **ONE**)

<input type="checkbox"/> 1. White, non-Hispanic	<input type="checkbox"/> 2. Hispanic or Latino/a	<input type="checkbox"/> 3. Black or African-American	<input type="checkbox"/> 4. Asian
<input type="checkbox"/> 5. Native American/Alaska Native	<input type="checkbox"/> 6. Pacific Islander/Native Hawaiian	<input type="checkbox"/> 7. Multi-racial	<input type="checkbox"/> 8. Other (specify) _____
5. Are you the primary wage earner for your household? Yes No
6. What was your household's income in 2002? (Check only **ONE**)

1. Less than \$25,000
 2. \$25,000 to 34,999
 3. \$35,000 to 49,999
 4. \$50,000 to 64,999
 5. \$65,000 to 79,999
 6. \$80,000 or more

7. Are you currently a member of a nursing union? Yes No

8. What is your current marital status? (Check only **ONE**)

1. Single, never married
 2. Married
 3. Divorced
 4. Widowed
 5. Living in a committed relationship but not married

9. How many dependent children do you have? (Check **ALL** that apply)

1. Under age 4 0 1 2 3 4 or more
 2. Between the ages of 5 and 12 0 1 2 3 4 or more
 3. Between the ages of 13 and 18 0 1 2 3 4 or more
 4. Older than 18 0 1 2 3 4 or more

10. Indicate your top **THREE** reasons, using the numbers 1, 2 and 3 (with 1 signifying the most important reason) for choosing a career in nursing.

- ____ 1. Influenced by relative or friend. ____ 6. To comfort and care for those in need.
 ____ 2. Influenced by personal experience with healthcare. ____ 7. Opportunity for career advancement.
 ____ 3. Influenced by career counseling. ____ 8. Flexible working schedule.
 ____ 4. Salary/benefits. ____ 9. Limited opportunity in other careers.
 ____ 5. I wanted to be a part of a respected profession. ____ 10. Other (*specify*) _____

Section B: Education, Training and Licensure

1. Indicate your level of educational preparation. Include information for **ALL** degrees you have received, including those not in the nursing field. If you attended more than one educational institution, **ONLY** include information for the school from which you graduated.

Degree	City and State	Year Degree Was Completed	
High School/GED	_____	_____	
Degree	Completed Field of Study <i>(Example: Practical Nursing)</i>	Year Degree Was Completed	Institution Name and State <i>(Example: St. Paul Technical College, MN)</i>
<input type="checkbox"/> Diploma	_____	_____	_____
<input type="checkbox"/> Associate	_____	_____	_____
<input type="checkbox"/> Bachelors	_____	_____	_____

- Masters _____
- PhD _____
- Other _____

2a. Did you work as a nursing assistant/aide or medical assistant prior to becoming an LPN? Yes No

- If you responded “YES” to question 2a, please complete questions 2a and 2b.
- If you responded “NO” to question 2a, please go on to question 3a.

2a. How many years/months did you work as a nursing assistant/aide or medical assistant? Years _____ Months _____

2b. Is your current employer the same one you worked for as a nursing assistant/aide or medical assistant? Yes No

3a. Do you have additional practical nursing certification? Yes No

- If you responded “YES” to question 3a, please identify the certification type(s) you hold below in 3b.
- If you responded “No” to question 3a, please go on to question 4.

3b. Certification Type	Certifying Body	Certification Type	Certifying Body
<input type="checkbox"/> Cardiac Life Support-Basic	_____	<input type="checkbox"/> Leadership/Management	_____
<input type="checkbox"/> Cardiac Life Support-Advanced	_____	<input type="checkbox"/> Long Term Care	_____
<input type="checkbox"/> Complementary & Alternative Therapies	_____	<input type="checkbox"/> Pharmacology	_____
<input type="checkbox"/> Critical Care/Coronary Care	_____	<input type="checkbox"/> Rehabilitation	_____
<input type="checkbox"/> Intravenous Therapy	_____	<input type="checkbox"/> Other (specify) _____	_____

4. In what year did you obtain your Minnesota LPN license? _____

5a. Do you currently hold an ACTIVE LPN license in Minnesota? Yes No

- If you responded “YES” to question 5a, please only complete question 5b.
- If you responded “NO” to question 5a, please only complete question 5c.

5b. Which of the following choices best describes your current professional status? (Check ALL that apply)

- 1. Employed in a position requiring an active LPN license.
- 2. Employed in a non-nursing position.
- 3. Unemployed seeking job that requires an active LPN license.
- 4. Unemployed not seeking job that requires an active LPN license.
- 5. Not working due to family or medical reasons.
- 6. Volunteer only.
- 7. Leave of absence.
- 8. Retired
- 9. Student (specify major) _____
- 10. Other (specify) _____

5c. Which of the following choices best describes your current professional status? (Check ALL that apply)

- 1. Retired.
- 2. Inactive due to family or medical reasons.
- 3. Inactive and employed in non-nursing field.
- 4. Student (specify major) _____
- 5. Other (specify) _____

6. Do you currently hold an active LPN license from another state? Yes (specify which state(s)) _____ No

7. Do you currently hold an active Minnesota registered nurse (RN) license? Yes No

Section C: Current Nursing Employment

Instructions:

- In this section, please identify your current nursing employment. Please only list the jobs you currently hold that require an ACTIVE LPN license
- Please include information for **ALL NURSING** paid and unpaid positions you currently hold. If you work for more than two employers, provide information on the two jobs where you work the **most** hours.
- After completing this section, go to Section D.

Current Nursing Employer 1

1. How long have you worked for this employer? Dates (month/year) held _____ / _____ to present

2. What is your current job title? Current Job title _____

3. Where is this facility/employer located? (Check only ONE)

- 1. Minneapolis/St. Paul
- 2. Suburban Twin Cities
- 3. St. Cloud, Rochester or Duluth
- 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth
- 5. Other state (specify) _____

4. On average, how many hours do you work per pay period? _____ hours Pay period type. Weekly Bi-weekly Monthly

5. On average, how many hours do you work beyond your work agreement each pay period? _____ hours

6. What is your hourly wage OR annual salary? Hourly Wage: \$ _____ Annual Salary: \$ _____

7. What type of facility/employer is this? (Check only ONE)

- 1. Hospital-Inpatient
- 4. Clinic/Provider office
- 7. Public health agency
- A. Assisted Living/Group Home
- 2. Hospital-Outpatient
- 5. Nursing Home
- 8. Rehabilitation facility
- B. Insurance/Utilization Review
- 3. Non-hospital Outpatient
- 6. Home health agency
- 9. School/College/University
- C. Other _____

8. What type of department/unit/area do you work in at this facility/employer? (Check only ONE)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1. Medical/Surgical | <input type="checkbox"/> 5. Psychiatric/Behavioral | <input type="checkbox"/> 9. Public Health | <input type="checkbox"/> D. Long-term/Assisted Care |
| <input type="checkbox"/> 2. Operating Room/Recovery | <input type="checkbox"/> 6. Obstetric/Gynecologic | <input type="checkbox"/> A. Home Care | <input type="checkbox"/> E. Other _____ |
| <input type="checkbox"/> 3. Intensive care | <input type="checkbox"/> 7. Emergency | <input type="checkbox"/> B. School Health Services | |
| <input type="checkbox"/> 4. Pediatrics | <input type="checkbox"/> 8. Float Pool | <input type="checkbox"/> C. Education/Research | |

9. What is your primary professional activity at this facility/employer? (Check only ONE)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> 1. Provide patient care | <input type="checkbox"/> 3. Supervise patient care | <input type="checkbox"/> 5. Case Management | <input type="checkbox"/> 7. Telephone Nursing Practice |
| <input type="checkbox"/> 2. Administration | <input type="checkbox"/> 4. Insurance/Utilization reviews | <input type="checkbox"/> 6. Teaching | <input type="checkbox"/> 8. Other _____ |

10. On average, how much time do you spend on each of the following functions during a typical work week?

(Your total should equal 100%)

Administration/Management	_____ %
Direct Client/Patient Care	_____ %
Indirect Client/Patient Care	_____ %
Research	_____ %
Other (specify) _____	_____ %
Other (specify) _____	_____ %
Total	100%

11. If you work in one of the following categories, do you regularly have administrative/management responsibilities (hiring & firing, performance appraisals, discipline)?

<u>Job Category/Title</u>	<u>Admin/Management Responsibilities</u>
Unit Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No
Team Leader	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charge Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Nursing Employer 2

12. How long have you worked for this employer? Dates (month/year) held _____/_____ to present

13. What is your current job title? Current Job title _____

14. Where is this facility/employer located? (Check only ONE)

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> 1. Minneapolis/St. Paul | <input type="checkbox"/> 2. Suburban Twin Cities | <input type="checkbox"/> 3. St. Cloud, Rochester or Duluth | <input type="checkbox"/> 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth | <input type="checkbox"/> 5. Other state (specify) _____ |
|--|--|--|---|---|

15. On average, how many hours do you work per pay period? _____ hours **Pay period type.** Weekly Bi-weekly Monthly

16. On average, how many hours do you work beyond your work agreement each pay period? _____ hours

17. What is your hourly wage OR annual salary? Hourly Wage: \$ _____ Annual Salary: \$ _____

18. What type of facility/employer is this? (Check only ONE)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1. Hospital-Inpatient | <input type="checkbox"/> 4. Clinic/Provider office | <input type="checkbox"/> 7. Public health agency | <input type="checkbox"/> A. Assisted Living/Group Home |
| <input type="checkbox"/> 2. Hospital-Outpatient | <input type="checkbox"/> 5. Nursing Home | <input type="checkbox"/> 8. Rehabilitation facility | <input type="checkbox"/> B. Insurance/Utilization Review |
| <input type="checkbox"/> 3. Non-hospital Outpatient | <input type="checkbox"/> 6. Home health agency | <input type="checkbox"/> 9. School/College/University | <input type="checkbox"/> C. Other _____ |

19. What type of department/unit/area do you work in at this facility/employer? (Check only ONE)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1. Medical/Surgical | <input type="checkbox"/> 5. Psychiatric/Behavioral | <input type="checkbox"/> 9. Public Health | <input type="checkbox"/> D. Long-term/Assisted Care |
| <input type="checkbox"/> 2. Operating Room/Recovery | <input type="checkbox"/> 6. Obstetric/Gynecologic | <input type="checkbox"/> A. Home Care | <input type="checkbox"/> E. Other _____ |
| <input type="checkbox"/> 3. Intensive care | <input type="checkbox"/> 7. Emergency | <input type="checkbox"/> B. School Health Services | |
| <input type="checkbox"/> 4. Pediatrics | <input type="checkbox"/> 8. Float Pool | <input type="checkbox"/> C. Education/Research | |

20. What is your primary professional activity at this facility/employer? (Check only ONE)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> 1. Provide patient care | <input type="checkbox"/> 3. Supervise patient care | <input type="checkbox"/> 5. Case Management | <input type="checkbox"/> 7. Telephone Nursing Practice |
| <input type="checkbox"/> 2. Administration | <input type="checkbox"/> 4. Insurance/Utilization reviews | <input type="checkbox"/> 6. Teaching | <input type="checkbox"/> 8. Other _____ |

21. On average, how much time do you spend on each of the following functions during a typical work week?

(Your total should equal 100%)

Administration/Management	_____ %
Direct Client/Patient Care	_____ %
Indirect Client/Patient Care	_____ %
Research	_____ %
Other (specify) _____	_____ %
Other (specify) _____	_____ %
Total	100%

22. If you work in one of the following categories, do you regularly have administrative/management responsibilities (hiring & firing, performance appraisals, discipline)?

<u>Job Category/Title</u>	<u>Admin/Management Responsibilities</u>
Unit Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No
Team Leader	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charge Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Future Plans

1a. Do you plan to pursue additional education in nursing within the next two years? Yes No

1b. If "Yes," what types of additional education, beyond continuing education credits, do you plan to pursue?

- | | |
|---|--|
| <input type="checkbox"/> Associate Degree/RN | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Baccalaureate Degree | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Masters Degree | |

2a. Do you plan to change practice locations within the next two years? Yes No

2b. If "YES," to what type of facility do you plan to move? *(Check only ONE)*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 1. Hospital-Inpatient | <input type="checkbox"/> 4. Clinic/Provider office | <input type="checkbox"/> 7. Public health agency | <input type="checkbox"/> A. Assisted Living/Group Home |
| <input type="checkbox"/> 2. Hospital-Outpatient | <input type="checkbox"/> 5. Nursing Home | <input type="checkbox"/> 8. Rehabilitation facility | <input type="checkbox"/> B. Insurance/Utilization Review |
| <input type="checkbox"/> 3. Non-hospital Outpatient | <input type="checkbox"/> 6. Home health agency | <input type="checkbox"/> 9 School/College/University | <input type="checkbox"/> C. Other _____ |

2c. Is the practice located in the region where you are currently employed? Yes No

2d. If "NO," where is the new practice location? (*Check only ONE*)

1. Minneapolis/St. Paul
 2. Suburban Twin Cities
 3. St. Cloud, Rochester or Duluth
 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth
 5. Other state (*specify*) _____
 6. Undecided

3a. Do you plan on leaving the nursing profession for any reason within the next two years? Yes No

3b. If "YES," using the numbers 1, 2 and 3 (with 1 signifying the most important reason), indicate your top THREE reasons for leaving the profession using the choices listed below.

- | | |
|---|--|
| ___ 1. Retirement. | ___ 8. Unable to provide safe and quality care. |
| ___ 2. Personal/Family reasons. | ___ 9. Return to school. |
| ___ 3. Dissatisfied with work arrangements. (<i>hours/location</i>) | ___ 10. Seeking new career in health care. |
| ___ 4. Dissatisfied with work compensation. (<i>pay/benefits</i>) | ___ 11. Seeking new career outside of nursing/health care. |
| ___ 5. Dissatisfied with workload. (<i>hours/duties</i>) | ___ 12. Illness/Disability |
| ___ 6. Dissatisfied with working conditions. | ___ 13. Other (<i>specify</i>) _____ |
| ___ 7. Dissatisfied with current employer/management. | |

Section E: Nursing Care Activities

Instructions: This section contains a list of **some** activities that describe nursing practice in a variety of settings. Do not be surprised if some activities do not apply to your setting. For each activity, **3 questions** are asked.

Question 1: Apply.

If the performance of the activity **does** apply in your current practice setting, circle “**Y**” and complete question 2 and 3 for that activity. If the performance of the activity **does not** apply in your current practice setting (i.e., the activity is not performed by any nursing personnel) circle “**N**” and go on to the next activity.

Question 2: Frequency.

How **often** do you personally perform the activity each day? Please base your response on the last “normal” day you worked. Circle the letter that corresponds to the **number of times** you performed the activity.

- 0 = 0 times
- 1 = 1 time
- 2 = 2 times
- 3 = 3 times
- 4 = 4 times
- 5 = 5 or more times

Question 3: Priority.

What is the priority of performing this nursing activity **compared to** the performance of other nursing activities? All activities are designed to help clients, but some activities are **more important** than others in regard to client safety. Circle the letter that corresponds to the priority you select for that activity.

- A = Lowest Priority
- B = Low
- C = High
- D = Highest Priority

Observation and Assessment	Apply	Frequency	Priority
1. Collect initial data using a standard form/procedure.	Y N	0 1 2 3 4 5	A B C D
2. Collect data on an ongoing basis after admission.	Y N	0 1 2 3 4 5	A B C D
3. Complete comprehensive assessment for a patient on admission.	Y N	0 1 2 3 4 5	A B C D
4. Report data collected on a patient.	Y N	0 1 2 3 4 5	A B C D
5. Identify normal and abnormal findings from the data.	Y N	0 1 2 3 4 5	A B C D
6. Analyze data collected to make nursing diagnoses.	Y N	0 1 2 3 4 5	A B C D
7. Develop nursing care plan.	Y N	0 1 2 3 4 5	A B C D
8. Contribute to the nursing care plan developed by the RN.	Y N	0 1 2 3 4 5	A B C D
9. Modify (update or revise) the nursing care plan developed by the RN.	Y N	0 1 2 3 4 5	A B C D
10. Evaluate the effectiveness of a nursing care plan.	Y N	0 1 2 3 4 5	A B C D
11. Evaluate the outcomes of care provided by unlicensed assistive personnel.	Y N	0 1 2 3 4 5	A B C D
12. Organize and prioritize care within a set care plan for an assigned group of patients.	Y N	0 1 2 3 4 5	A B C D
13. Identify normal and abnormal findings of lab results.	Y N	0 1 2 3 4 5	A B C D
14. Communicate abnormal findings to physician or RN to determine care needed.	Y N	0 1 2 3 4 5	A B C D
15. Observe patient responses to care and decide who needs to be informed of results.	Y N	0 1 2 3 4 5	A B C D
16. Develop the discharge plan for a patient.	Y N	0 1 2 3 4 5	A B C D
17. Carry out the activities of the discharge plan.	Y N	0 1 2 3 4 5	A B C D

Do the activities listed represent what you actually do in your position related to **Observation & Assessment Activities**? Yes No
 If no, what important activity was missing from the list above? _____

Delegated Medical Treatment	Apply	Frequency	Priority
18. Administer medications via oral, topical, subcutaneous, or IM routes.	Y N	0 1 2 3 4 5	A B C D
19. Administer medications via the IV route.	Y N	0 1 2 3 4 5	A B C D
20. Prepare/mix IV medications for administration.	Y N	0 1 2 3 4 5	A B C D
21. Monitor functioning of an infusion pump.	Y N	0 1 2 3 4 5	A B C D
22. Calculate dosage necessary to administer medications.	Y N	0 1 2 3 4 5	A B C D
23. Monitor total parenteral nutrition administration.	Y N	0 1 2 3 4 5	A B C D
24. Initiate total parenteral nutrition administration.	Y N	0 1 2 3 4 5	A B C D
25. Change dressing for central venous access device (e.g., port-a-cath, Hickman).	Y N	0 1 2 3 4 5	A B C D
26. Trouble-shoot central venous access device.	Y N	0 1 2 3 4 5	A B C D
27. Administer IV medication via central venous access device.	Y N	0 1 2 3 4 5	A B C D
28. Administer a tube feeding.	Y N	0 1 2 3 4 5	A B C D
29. Determine patient's need for administration of PRN medication.	Y N	0 1 2 3 4 5	A B C D
30. Observe for effects of medication (e.g., therapeutic effects, side effects).	Y N	0 1 2 3 4 5	A B C D
31. Transcribe verbal/phone orders.	Y N	0 1 2 3 4 5	A B C D

Do the activities listed represent what you actually do in your position related to **Medication Administration**? Yes No
 If no, what important activity was missing from the list above? _____

Directing Activities	Apply	Frequency	Priority
32. Assign nursing tasks to others in accordance with agency policies.	Y N	0 1 2 3 4 5	A B C D
33. Determine which nursing actions are to be delegated.	Y N	0 1 2 3 4 5	A B C D
34. Determine the level of nursing personnel to whom nursing actions may be delegated.	Y N	0 1 2 3 4 5	A B C D
35. Determine the competence of an unlicensed assistive person prior to assignment.	Y N	0 1 2 3 4 5	A B C D
36. Assign total nursing care to another LPN or RN.	Y N	0 1 2 3 4 5	A B C D

37. Assign selected aspects of nursing care to unlicensed assistive personnel.	Y	N	0	1	2	3	4	5	A	B	C	D
38. Observe the performance of unlicensed assistive personnel when carrying out nursing activities.	Y	N	0	1	2	3	4	5	A	B	C	D
39. Specify to nursing personnel the responsibilities for the delegated actions.	Y	N	0	1	2	3	4	5	A	B	C	D
40. Seek assistance of supervisor as needed.	Y	N	0	1	2	3	4	5	A	B	C	D
41. Update supervisor of accomplishment of activities by unlicensed assistive personnel.	Y	N	0	1	2	3	4	5	A	B	C	D
42. Assume total responsibility for formal performance appraisal of others.	Y	N	0	1	2	3	4	5	A	B	C	D
43. Develop education plan and competencies of nursing staff.	Y	N	0	1	2	3	4	5	A	B	C	D
44. Participate in teaching nursing staff.	Y	N	0	1	2	3	4	5	A	B	C	D

Do the activities listed represent what you actually do in your position related to **Directing Activities**? Yes No
 If no, what important activity was missing from the list above? _____

Institutional Policies

45. Does your employer have clear policies outlining the role of the LPN?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
46. Do the policies of your institution clearly define the role of the LPN?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
47. Does your immediate supervisor clearly communicate the role difference of LPN and RN?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
48. Has your employer asked you to perform nursing activities greater than the legal scope of practical nursing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Section F: Job Satisfaction

Note: Section F is only for those LPNs currently working in a patient care setting. If you do not currently work in a patient care setting, please skip this section and go to Section G.

Instructions:

The following 45 items represent statements about current job satisfaction. Select the category that comes closest to your response to the statement. It is very important that you give an *honest* opinion. Please do not go back and change any of your answers. After completing this section, go to Section G.

Instructions for Scoring:

Please circle the number that most closely indicates how you feel about each statement. The three numbers on the left (1, 2 and 3) indicate degrees of **agreement**. The three numbers on the right (5, 6 and 7) indicate degrees of **disagreement**. The numbers correspond to the following statements listed to the right: Please use the "na" or not applicable category to respond to those questions that do not apply directly to you or your work setting.

- 1 = Strongly agree
- 2 = Agree
- 3 = Somewhat agree
- 4 = Undecided
- 5 = Somewhat disagree
- 6 = Disagree
- 7 = Strongly disagree
- na = not applicable

1. My present salary is satisfactory.	1	2	3	4	5	6	7	na
2. Nursing is widely recognized as being an important profession.	1	2	3	4	5	6	7	na
3. The nursing personnel pitch in and help one another out when things get in a rush where I work.	1	2	3	4	5	6	7	na
4. There is too much clerical and "paperwork" required in my job.	1	2	3	4	5	6	7	na
5. I have sufficient control over scheduling my own shifts where I work.	1	2	3	4	5	6	7	na
6. Physicians cooperate with and respect the professionalism of the nursing staff where I work.	1	2	3	4	5	6	7	na
7. I feel that I am supervised more closely than is necessary.	1	2	3	4	5	6	7	na
8. Nursing personnel where I work are satisfied with their pay.	1	2	3	4	5	6	7	na
9. The general public appreciates the importance of nursing care for patients.	1	2	3	4	5	6	7	na
10. It is hard for new nurses to feel "at home" in the unit where I work.	1	2	3	4	5	6	7	na
11. The job I do is important.	1	2	3	4	5	6	7	na
12. I feel respected by management/supervisors where I work.	1	2	3	4	5	6	7	na
13. I feel I have sufficient input into the program of care for each of my patients.	1	2	3	4	5	6	7	na
14. Considering what is expected of nursing personnel where I work, the pay we get is reasonable.	1	2	3	4	5	6	7	na
15. I think I could deliver a better plan of care if I did not have so much to do all the time.	1	2	3	4	5	6	7	na

16. There is a good deal of teamwork and cooperation between various levels of nursing personnel where I work.	1	2	3	4	5	6	7	na
17. I have too much responsibility and not enough authority.	1	2	3	4	5	6	7	na
18. There are enough opportunities for advancement of nursing personnel where I work.	1	2	3	4	5	6	7	na
19. There is a lot of teamwork between nurses and doctors where I work.	1	2	3	4	5	6	7	na
20. My supervisors make all the decisions. I have little direct control over my own work.	1	2	3	4	5	6	7	na
21. The present rate of increase in pay for nursing personnel where I work is satisfactory.	1	2	3	4	5	6	7	na
22. I am satisfied with the types of activities that I do on my job.	1	2	3	4	5	6	7	na
23. The nursing personnel where I work are not as friendly and outgoing as I would like.	1	2	3	4	5	6	7	na
24. I have plenty of time and opportunity to discuss patient care problems with other nursing personnel.	1	2	3	4	5	6	7	na
25. I am confident that a family member or I would receive high quality care where I work.	1	2	3	4	5	6	7	na
26. There is ample opportunity for nursing staff to participate in the administrative decision-making process where I work.	1	2	3	4	5	6	7	na
27. A great deal of independence is permitted, if not required, of me where I work.	1	2	3	4	5	6	7	na
28. What I do on my job does not add up to anything really significant.	1	2	3	4	5	6	7	na
29. Nurses seldom mingle with those workers with less experience or different types of educational preparation where I work.	1	2	3	4	5	6	7	na
30. I have sufficient time for direct patient care.	1	2	3	4	5	6	7	na
31. I am frequently frustrated because all of my nursing activities seem programmed for me.	1	2	3	4	5	6	7	na
Instructions for Scoring: Please circle the number that most closely indicates how you feel about each statement. The three numbers on the left (1, 2 and 3) indicate degrees of agreement . The three numbers on the right (5, 6 and 7) indicate degrees of disagreement . The numbers correspond to the following statements listed to the right: Please use the "na" or not applicable category to respond to those questions that do not apply directly to you or your work setting.	1 = Strongly agree 2 = Agree 3 = Somewhat agree 4 = Undecided 5 = Somewhat disagree 6 = Disagree 7 = Strongly disagree na = not applicable							
32. I am sometimes required to do things on my job that are against my better professional nursing judgment.	1	2	3	4	5	6	7	na
33. Administrative decisions at this facility interfere too much with patient care.	1	2	3	4	5	6	7	na
34. It makes me proud to talk to other people about my job as a nurse.	1	2	3	4	5	6	7	na
35. I wish the physicians where I work would show more respect for the skill and knowledge of the nursing staff.	1	2	3	4	5	6	7	na
36. I could deliver much better care if I had more time with each patient.	1	2	3	4	5	6	7	na

37. Physicians at this facility generally understand and appreciate what the nursing staff does.	1	2	3	4	5	6	7	na
38. If I had the decision to make all over again, I would still go into nursing.	1	2	3	4	5	6	7	na
39. The physicians at this facility look down too much on the nursing staff.	1	2	3	4	5	6	7	na
40. I am satisfied with the voice I have in planning policies and procedures where I work.	1	2	3	4	5	6	7	na
41. My particular job really doesn't require much skill or "know-how."	1	2	3	4	5	6	7	na
42. The nursing administrators/supervisors generally consult with the staff on daily problems and procedures.	1	2	3	4	5	6	7	na
43. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.	1	2	3	4	5	6	7	na
44. An upgrading of pay schedules for nursing personnel is needed where I work.	1	2	3	4	5	6	7	na
45. I encourage others to pursue a career in nursing.	1	2	3	4	5	6	7	na

Section G: Additional Comments

Instructions: In the space below and on the following page, please provide any additional comments that you feel would add to the information collected in this survey.

Thank you for completing this survey!

Please return your completed survey in the postage-paid return envelope inserted in this survey.

Look for findings from this survey online at
<http://www.health.state.mn.us/divs/chs/workdata.htm>

Appendix Q



Protecting, maintaining and improving the health of all Minnesotans

March 20, 2003

Dear Nursing Professional:

As a health care professional, you work to protect, maintain and improve the health of your patients. We, at the Minnesota Department of Health, share your commitment. To this end, our agency regularly collects practice-related data from our state's health care professionals.

As part of this effort, you have been selected to take part in the state's first ever *Minnesota Licensed Practical Nurse Workforce and Practice Survey*. The survey is designed to collect information from a select group of nurses regarding their education, employment, nursing practice and opinions about the nursing profession.

We will keep your responses confidential. To keep track of returns, we will use a tracking number on the return envelope. When we receive your completed survey, we will separate the return envelope from the survey. At no time will we link your responses with your name.

Although completing the form requires about 30 minutes of your time, the data you submit is vital. Your response will provide the Department, other state agencies, educational institutions and other partners with the information we need to identify workforce trends, develop recruitment and retention strategies, and monitor the geographic distribution of nursing professionals around the state. In addition, the data you provide will create a benchmark against which we will compare data collected from future surveys.

We encourage you to respond to this voluntary survey, since your response is the only way we can obtain this timely and important information. For your convenience, a self-addressed, postage-paid envelope has been included.

For more information about the survey, contact Michael Grover at the Office of Rural Health and Primary Care at (651) 282-5642, or toll free at 1 (800) 366-5424.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Sheehan", is written over a circular stamp.

Mary Sheehan, R.N., MPH, Director
Community Health Division
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164

General Information: (651) 215-5800 ■ TDD/TTY: (651) 215-8980 ■ Minnesota Relay Service: (800) 627-3529 ■ www.health.state.mn.us

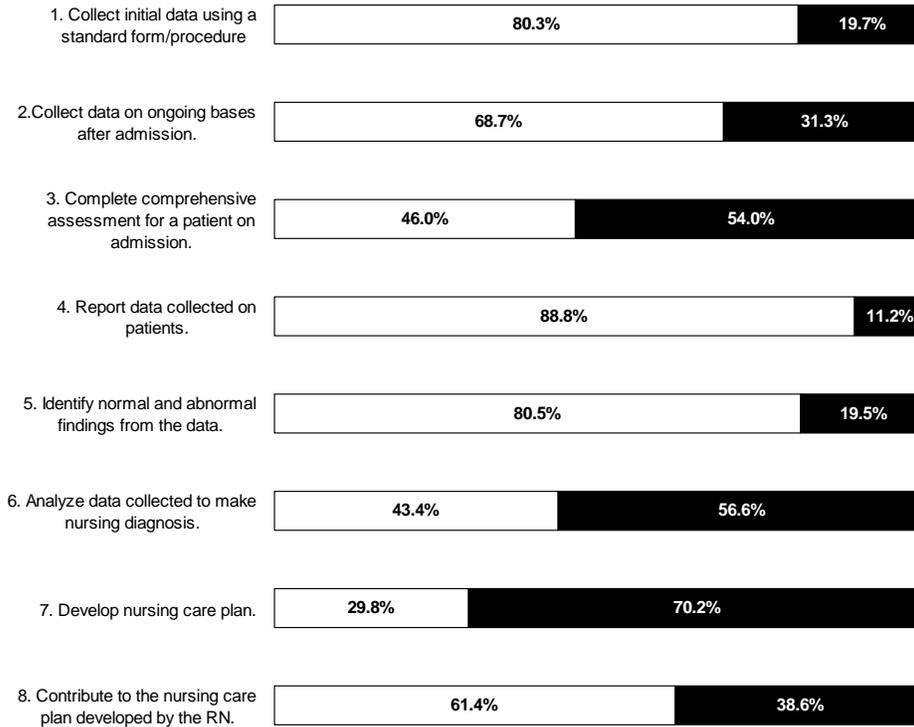
For directions to any of the MDH locations, call (651) 215-9800 ■ An equal opportunity employer

Appendix R

Summary Slides for LPN Survey Activity Applies

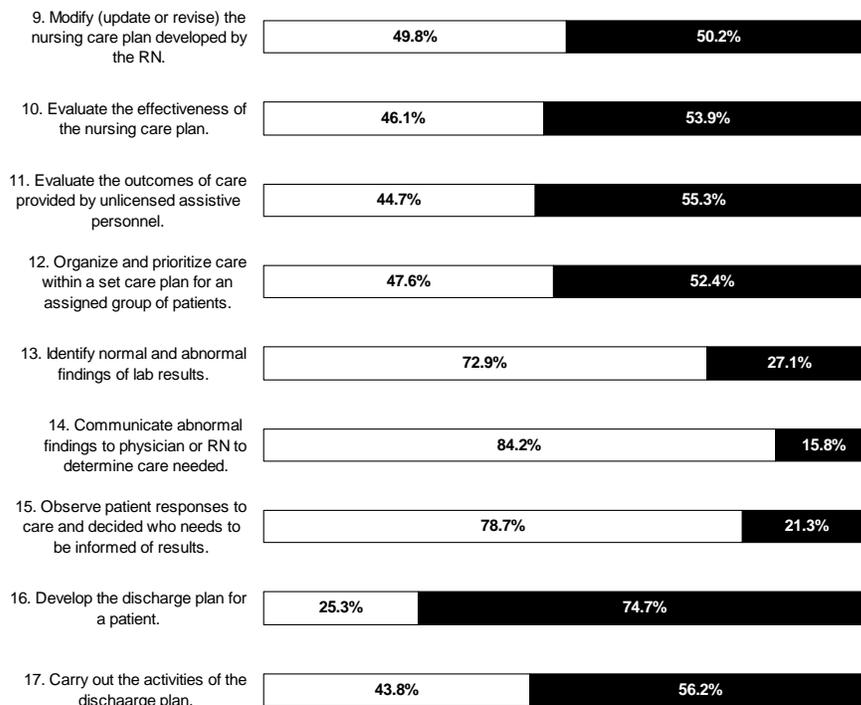
Observation and Assessment (Q1-Q8): Activity Applies

Yes No



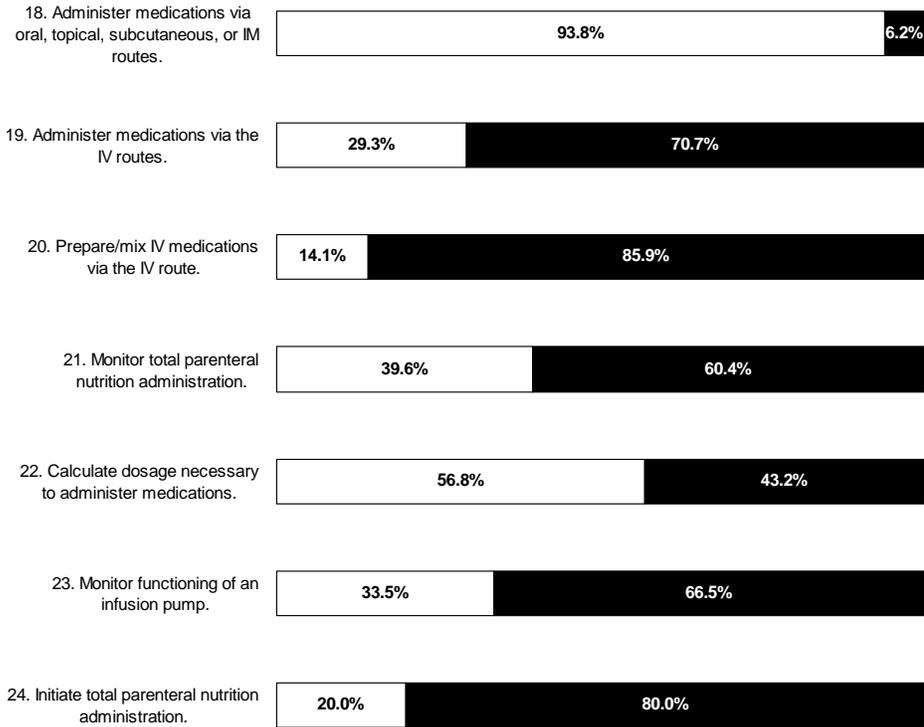
Observation and Assessment (Q9-Q17): Activity Applies

Yes No



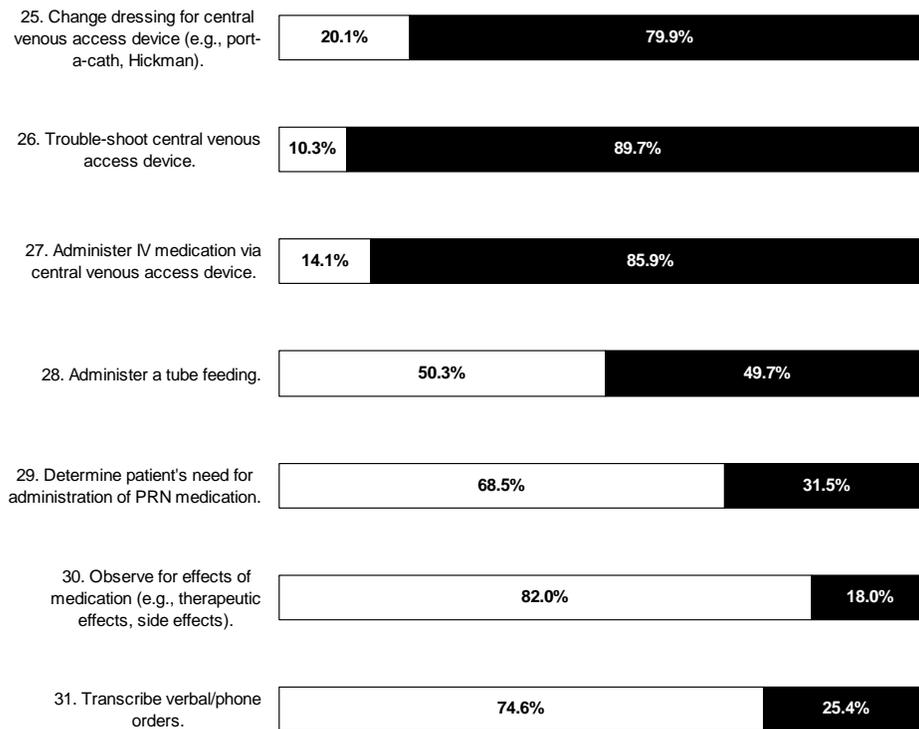
Delegated Medical Treatment (Q18-Q24): Activity Applies

Yes No



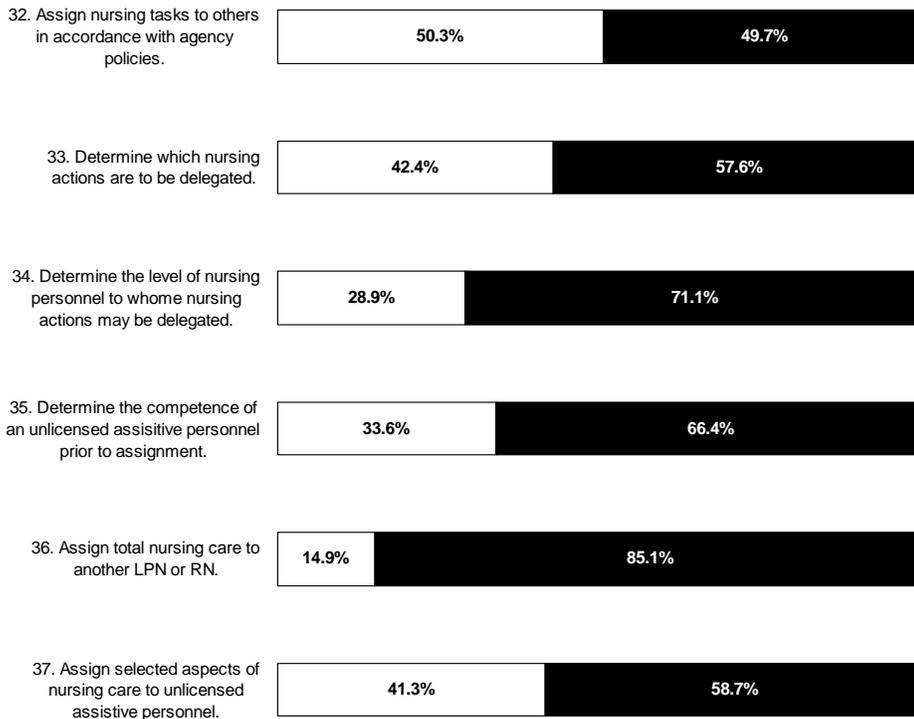
Delegated Medical Treatment (Q25-Q31): Activity Applies

Yes No



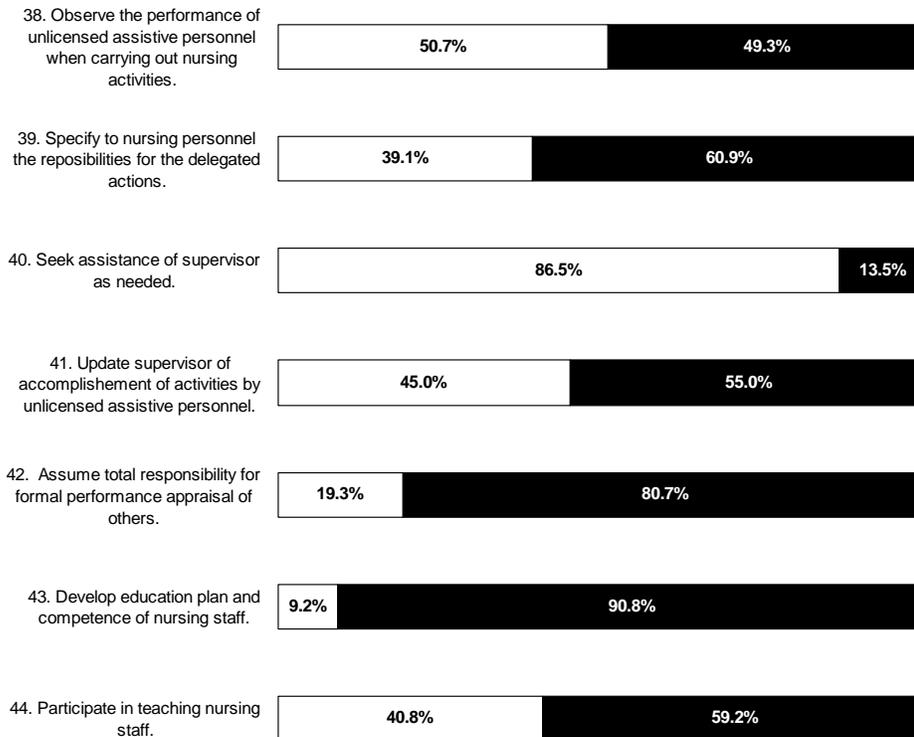
Directing Activities (Q32-Q37): Activity Applies

Yes No



Directing Activities (Q38-Q44): Activity Applies

Yes No



Appendix S
Data Analysis Section E: LPN Sample Survey

Activity Apply: Questions 1-5		1. Collect initial data using a standard form/procedure			2. Collect data on ongoing bases after admission			3. Complete comprehensive assessment for a patient on admission.			4. Report data collected on patients			5. Identify normal and abnormal findings from the data.		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	788	264	1,052	894	152	1,046	470	582	1,052	975	81	1,056	886	158	1,044
	Expected	850	202	1,052	721	325	1,046	487	565	1,052	946	110	1,056	851	193	1,044
	Percent	75	25	100	85	15	100	45	55	100	92	8	100	85	15	100
Urban - Ambulatory Care	Count	1,469	261	1,730	579	1,108	1,687	400	1,277	1,677	1,495	220	1,715	1,304	416	1,720
	Expected	1,397	333	1,730	1,162	525	1,687	776	901	1,677	1,537	178	1,715	1,402	318	1,720
	Percent	85	15	100	34	66	100	24	76	100	87	13	100	76	24	100
Urban - Long Term Care	Count	1,498	338	1,836	1,585	269	1,854	1,230	624	1,854	1,705	131	1,836	1,635	212	1,847
	Expected	1,483	353	1,836	1,277	577	1,854	858	996	1,854	1,645	191	1,836	1,506	341	1,847
	Percent	82	18	100	85	15	100	66	34	100	93	7	100	89	11	100
Rural - Acute Care	Count	707	95	802	691	104	795	550	249	799	762	39	801	717	78	795
	Expected	648	154	802	548	247	795	370	429	799	718	83	801	648	147	795
	Percent	88	12	100	87	13	100	69	31	100	95	5	100	90	10	100
Rural - Ambulatory Care	Count	1,365	213	1,578	567	994	1,561	435	1,116	1,551	1,251	311	1,562	1,164	411	1,575
	Expected	1,274	304	1,578	1,076	485	1,561	717	834	1,551	1,400	162	1,562	1,284	291	1,575
	Percent	87	13	100	36	64	100	28	72	100	80	20	100	74	26	100
Rural - Long Term Care	Count	1,671	616	2,287	2,036	240	2,276	1,172	1,099	2,271	2,115	180	2,295	1,859	438	2,297
	Expected	1,847	440	2,287	1,568	708	2,276	1,050	1,221	2,271	2,057	238	2,295	1,873	424	2,297
	Percent	73	27	100	89	11	100	52	48	100	92	8	100	81	19	100
Total	Count	7,498	1,787	9,285	6,352	2,867	9,219	4,257	4,947	9,204	8,303	962	9,265	7,565	1,713	9,278
	Expected	7,498	1,787	9,285	6,352	2,867	9,219	4,257	4,947	9,204	8,303	962	9,265	7,565	1,713	9,278
	Percent	81	19	100	69	31	100	46	54	100	90	10	100	82	18	100
	Pearson Chi-Square	192.039			2655.929			1037.5			234.639			205.997		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 6-10		6. Analyze data collected to make nursing diagnosis.			7. Develop nursing care plan.			8. Contribute to the nursing care plan developed by the RN.			9. Modify (update or revise) the nursing care plan developed by the RN.			10. Evaluate the effectiveness of the nursing care plan.		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	431	620	1,051	370	682	1,052	864	187	1,051	694	352	1,046	624	422	1,046
	Expected	455	596	1,051	312	740	1,052	646	405	1,051	528	518	1,046	479	567	1,046
	Percent	41	59	100	35	65	100	82	18	100	66	34	100	60	40	100
Urban - Ambulatory Care	Count	573	1,132	1,705	178	1,521	1,699	316	1,383	1,699	171	1,528	1,699	243	1,451	1,694
	Expected	738	967	1,705	503	1,196	1,699	1,044	655	1,699	858	841	1,699	776	918	1,694
	Percent	34	66	100	10	90	100	19	81	100	10	90	100	14	86	100
Urban - Long Term Care	Count	1,035	805	1,840	860	998	1,858	1,603	240	1,843	1,340	500	1,840	1,219	627	1,846
	Expected	796	1,044	1,840	551	1,307	1,858	1,132	711	1,843	929	911	1,840	845	1,001	1,846
	Percent	56	44	100	46	54	100	87	13	100	73	27	100	66	34	100
Rural - Acute Care	Count	438	355	793	374	427	801	661	140	801	505	293	798	513	282	795
	Expected	343	450	793	237	564	801	492	309	801	403	395	798	364	431	795
	Percent	55	45	100	47	53	100	83	17	100	63	37	100	65	35	100
Rural - Ambulatory Care	Count	460	1,109	1,569	114	1,450	1,564	174	1,391	1,565	112	1,453	1,565	152	1,412	1,564
	Expected	679	890	1,569	463	1,101	1,564	961	604	1,565	790	775	1,565	716	848	1,564
	Percent	29	71	100	7	93	100	11	89	100	7	93	100	10	90	100
Rural - Long Term Care	Count	1,057	1,214	2,271	855	1,454	2,309	2,059	223	2,282	1,833	440	2,273	1,475	807	2,282
	Expected	983	1,288	2,271	684	1,625	2,309	1,402	880	2,282	1,147	1,126	2,273	1,045	1,237	2,282
	Percent	47	53	100	37	63	100	90	10	100	81	19	100	65	35	100
Total	Count	3,994	5,235	9,229	2,751	6,532	9,283	5,677	3,564	9,241	4,655	4,566	9,221	4,226	5,001	9,227
	Expected	3,994	5,235	9,229	2,751	6,532	9,283	5,677	3,564	9,241	4,655	4,566	9,221	4,226	5,001	9,227
	Percent	43	57	100	30	70	100	61	39	100	50	50	100	46	54	100
	Pearson Chi-Square	373.890			1108.373			4635.852			3637.699			2319.310		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 11-15		11. Evaluate the outcomes of care provided by unlicensed assistive personnel.			12. Organize and prioritize care within a set care plan for an assigned group of patients.			13. Identify normal and abnormal findings of lab results.			14. Communicate abnormal findings to physician or RN to determine care needed.			15. Observe patient responses to care and decided who needs to be informed of results.		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	496	541	1,037	733	296	1,029	812	211	1,023	921	126	1,047	933	108	1,041
	Expected	462	575	1,037	493	536	1,029	753	270	1,023	890	157	1,047	816	225	1,041
	Percent	48	52	100	71	29	100	79	21	100	88	12	100	90	10	100
Urban - Ambulatory Care	Count	179	1,520	1,699	347	1,344	1,691	1,403	314	1,717	1,456	255	1,711	980	719	1,699
	Expected	756	943	1,699	810	881	1,691	1,264	453	1,717	1,454	257	1,711	1,332	367	1,699
	Percent	11	89	100	21	79	100	82	18	100	85	15	100	58	42	100
Urban - Long Term Care	Count	1,229	606	1,835	1,121	725	1,846	1,295	539	1,834	1,574	272	1,846	1,670	196	1,866
	Expected	817	1,018	1,835	885	961	1,846	1,350	484	1,834	1,569	277	1,846	1,463	403	1,866
	Percent	67	33	100	61	39	100	71	29	100	85	15	100	89	11	100
Rural - Acute Care	Count	404	394	798	570	229	799	648	146	794	751	48	799	724	71	795
	Expected	355	443	798	383	416	799	585	209	794	679	120	799	623	172	795
	Percent	51	49	100	71	29	100	82	18	100	94	6	100	91	9	100
Rural - Ambulatory Care	Count	176	1,393	1,569	271	1,296	1,567	1,223	352	1,575	1,276	293	1,569	810	754	1,564
	Expected	698	871	1,569	751	816	1,567	1,160	415	1,575	1,333	236	1,569	1,226	338	1,564
	Percent	11	89	100	17	83	100	78	22	100	81	19	100	52	48	100
Rural - Long Term Care	Count	1,615	657	2,272	1,373	909	2,282	1,417	873	2,290	1,892	397	2,289	2,137	153	2,290
	Expected	1,011	1,261	2,272	1,093	1,189	2,282	1,686	604	2,290	1,945	344	2,289	1,795	495	2,290
	Percent	71	29	100	60	40	100	62	38	100	83	17	100	93	7	100
Total	Count	4,099	5,111	9,210	4,415	4,799	9,214	6,798	2,435	9,233	7,870	1,391	9,261	7,254	2,001	9,255
	Expected	4,099	5,111	9,210	4,415	4,799	9,214	6,798	2,435	9,233	7,870	1,391	9,261	7,254	2,001	9,255
	Percent	45	55	100	48	52	100	74	26	100	85	15	100	78	22	100
	Pearson Chi-Square	2639.404			1755.753			285.810			84.393			1672.937		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 16-20		16. Develop the discharge plan for a patient.			17. Carry out the activities of the discharge plan.			18. Administer medications via oral, topical, subcutaneous, or IM routes.			19. Administer medications via the IV routes.			20. Prepare/mix IV medications via the IV route.		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	460	583	1,043	771	270	1,041	984	68	1,052	714	333	1,047	247	799	1,046
	Expected	263	780	1,043	464	577	1,041	989	63	1,052	305	742	1,047	145	901	1,046
	Percent	44	56	100	74	26	100	94	6	100	68	32	100	24	76	100
Urban - Ambulatory Care	Count	144	1,544	1,688	324	1,370	1,694	1,556	163	1,719	155	1,569	1,724	103	1,621	1,724
	Expected	425	1,263	1,688	754	940	1,694	1,615	104	1,719	502	1,222	1,724	240	1,484	1,724
	Percent	9	91	100	19	81	100	91	9	100	9	91	100	6	94	100
Urban - Long Term Care	Count	643	1,197	1,840	972	877	1,849	1,750	106	1,856	678	1,161	1,839	277	1,573	1,850
	Expected	464	1,376	1,840	823	1,026	1,849	1,744	112	1,856	535	1,304	1,839	257	1,593	1,850
	Percent	35	65	100	53	47	100	94	6	100	37	63	100	15	85	100
Rural - Acute Care	Count	341	458	799	573	226	799	777	34	811	465	346	811	288	518	806
	Expected	201	598	799	356	443	799	762	49	811	236	575	811	112	694	806
	Percent	43	57	100	72	28	100	96	4	100	57	43	100	36	64	100
Rural - Ambulatory Care	Count	88	1,477	1,565	232	1,320	1,552	1,441	138	1,579	161	1,414	1,575	144	1,431	1,575
	Expected	394	1,171	1,565	691	861	1,552	1,484	95	1,579	459	1,116	1,575	219	1,356	1,575
	Percent	6	94	100	15	85	100	91	9	100	10	90	100	9	91	100
Rural - Long Term Care	Count	649	1,641	2,290	1,239	1,059	2,298	2,259	54	2,313	531	1,760	2,291	231	2,052	2,283
	Expected	577	1,713	2,290	1,023	1,275	2,298	2,173	140	2,313	667	1,624	2,291	317	1,966	2,283
	Percent	28	72	100	54	46	100	98	2	100	23	77	100	10	90	100
Total	Count	2,325	6,900	9,225	4,111	5,122	9,233	8,767	563	9,330	2,704	6,583	9,287	1,290	7,994	9,284
	Expected	2,325	6,900	9,225	4,111	5,122	9,233	8,767	563	9,330	2,704	6,583	9,287	1,290	7,994	9,284
	Percent	25	75	100	45	55	100	94	6	100	29	71	100	14	86	100
	Pearson Chi-Square	998.862			1729.427			117.95			1791.120			552.967		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 21-25		21. Monitor total parenteral nutrition administration.			22. Calculate dosage necessary to administer medications.			23. Monitor functioning of an infusion pump			24. Initiate total parenteral nutrition administration.			25. Change dressing for central venous access device (e.g., port-a-cath, Hickman).		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	858	189	1,047	614	432	1,046	631	420	1,051	247	794	1,041	327	720	1,047
	Expected	418	629	1,047	605	441	1,046	352	699	1,051	206	835	1,041	210	837	1,047
	Percent	82	18	100	59	41	100	60	40	100	24	76	100	31	69	100
Urban - Ambulatory Care	Count	184	1,540	1,724	975	750	1,725	46	1,678	1,724	38	1,687	1,725	123	1,585	1,708
	Expected	688	1,036	1,724	998	727	1,725	577	1,147	1,724	341	1,384	1,725	343	1,365	1,708
	Percent	11	89	100	57	43	100	3	97	100	2	98	100	7	93	100
Urban - Long Term Care	Count	880	970	1,850	974	884	1,858	721	1,137	1,858	502	1,356	1,858	531	1,304	1,835
	Expected	739	1,111	1,850	1,075	783	1,858	622	1,236	1,858	367	1,491	1,858	369	1,466	1,835
	Percent	48	52	100	52	48	100	39	61	100	27	73	100	29	71	100
Rural - Acute Care	Count	637	174	811	533	275	808	510	301	811	258	548	806	194	608	802
	Expected	324	487	811	467	341	808	272	539	811	159	647	806	161	641	802
	Percent	79	21	100	66	34	100	63	37	100	32	68	100	24	76	100
Rural - Ambulatory Care	Count	171	1,404	1,575	989	586	1,575	75	1,496	1,571	31	1,544	1,575	143	1,437	1,580
	Expected	629	946	1,575	911	664	1,575	526	1,045	1,571	311	1,264	1,575	318	1,262	1,580
	Percent	11	89	100	63	37	100	5	95	100	2	98	100	9	91	100
Rural - Long Term Care	Count	983	1,308	2,291	1,300	997	2,297	1,135	1,162	2,297	758	1,526	2,284	541	1,738	2,279
	Expected	915	1,376	2,291	1,329	968	2,297	769	1,528	2,297	451	1,833	2,284	458	1,821	2,279
	Percent	43	57	100	57	43	100	49	51	100	33	67	100	24	76	100
Total	Count	3,713	5,585	9,298	5,385	3,924	9,309	3,118	6,194	9,312	1,834	7,455	9,289	1,859	7,392	9,251
	Expected	3,713	5,585	9,298	5,385	3,924	9,309	3,118	6,194	9,312	1,834	7,455	9,289	1,859	7,392	9,251
	Percent	40	60	100	58	42	100	33	67	100	20	80	100	20	80	100
	Pearson Chi-Square	2498.474			63.100			2249.256			1058.528			494.307		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 26-30		26. Trouble-shoot central venous access device.			27. Administer IV medication via central venous access device.			28. Administer a tube feeding.			29. Determine patient's need for administration of PRN medication.			30. Observe for effects of medication (e.g., therapeutic effects, side effects).		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	218	812	1,030	331	713	1,044	756	287	1,043	935	113	1,048	967	77	1,044
	Expected	103	927	1,030	146	898	1,044	528	515	1,043	714	334	1,048	854	190	1,044
	Percent	21	79	100	32	68	100	72	28	100	89	11	100	93	7	100
Urban - Ambulatory Care	Count	47	1,669	1,716	60	1,656	1,716	117	1,599	1,716	413	1,292	1,705	898	812	1,710
	Expected	171	1,545	1,716	240	1,476	1,716	868	848	1,716	1,161	544	1,705	1,399	311	1,710
	Percent	3	97	100	3	97	100	7	93	100	24	76	100	53	47	100
Urban - Long Term Care	Count	314	1,521	1,835	371	1,451	1,822	1,414	428	1,842	1,700	143	1,843	1,726	105	1,831
	Expected	183	1,652	1,835	255	1,567	1,822	932	910	1,842	1,255	588	1,843	1,498	333	1,831
	Percent	17	83	100	20	80	100	77	23	100	92	8	100	94	6	100
Rural - Acute Care	Count	109	693	802	220	583	803	568	233	801	708	93	801	747	55	802
	Expected	80	722	802	112	691	803	405	396	801	545	256	801	656	146	802
	Percent	14	86	100	27	73	100	71	29	100	88	12	100	93	7	100
Rural - Ambulatory Care	Count	33	1,542	1,575	26	1,554	1,580	60	1,519	1,579	326	1,233	1,559	963	616	1,579
	Expected	157	1,418	1,575	221	1,359	1,580	799	780	1,579	1,061	498	1,559	1,292	287	1,579
	Percent	2	98	100	2	98	100	4	96	100	21	79	100	61	39	100
Rural - Long Term Care	Count	201	2,078	2,279	286	1,993	2,279	1,768	505	2,273	2,205	73	2,278	2,258	15	2,273
	Expected	227	2,052	2,279	319	1,960	2,279	1,150	1,123	2,273	1,551	727	2,278	1,860	413	2,273
	Percent	9	91	100	13	87	100	78	22	100	97	3	100	99	1	100
Total	Count	922	8,315	9,237	1,294	7,950	9,244	4,683	4,571	9,254	6,287	2,947	9,234	7,559	1,680	9,239
	Expected	922	8,315	9,237	1,294	7,950	9,244	4,683	4,571	9,254	6,287	2,947	9,234	7,559	1,680	9,239
	Percent	10	90	100	14	86	100	51	49	100	68	32	100	82	18	100
	Pearson Chi-Square	471.446			814.376			4207.872			4832.673			2258.336		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 31-35		31. Transcribe verbal/phone orders.			32. Assign nursing tasks to others in accordance with agency policies.			33. Determine which nursing actions are to be delegated.			34. Determine the level of nursing personnel to whom nursing actions may be delegated.			35. Determine the competence of an unlicensed assistive personnel prior to assignment.		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	445	596	1,041	510	528	1,038	411	619	1,030	328	705	1,033	341	693	1,034
	Expected	779	262	1,041	524	514	1,038	441	589	1,030	298	735	1,033	347	687	1,034
	Percent	43	57	100	49	51	100	40	60	100	32	68	100	33	67	100
Urban - Ambulatory Care	Count	953	763	1,716	388	1,305	1,693	348	1,344	1,692	200	1,493	1,693	205	1,482	1,687
	Expected	1,284	432	1,716	855	838	1,693	725	967	1,692	488	1,205	1,693	567	1,120	1,687
	Percent	56	44	100	23	77	100	21	79	100	12	88	100	12	88	100
Urban - Long Term Care	Count	1,683	149	1,832	1,294	541	1,835	1,128	699	1,827	686	1,133	1,819	854	953	1,807
	Expected	1,371	461	1,832	927	908	1,835	783	1,044	1,827	524	1,295	1,819	607	1,200	1,807
	Percent	92	8	100	71	29	100	62	38	100	38	62	100	47	53	100
Rural - Acute Care	Count	669	133	802	382	407	789	331	459	790	261	528	789	300	489	789
	Expected	600	202	802	399	390	789	339	451	790	227	562	789	265	524	789
	Percent	83	17	100	48	52	100	42	58	100	33	67	100	38	62	100
Rural - Ambulatory Care	Count	1,141	441	1,582	369	1,195	1,564	316	1,247	1,563	219	1,344	1,563	178	1,386	1,564
	Expected	1,184	398	1,582	790	774	1,564	670	893	1,563	451	1,112	1,563	525	1,039	1,564
	Percent	72	28	100	24	76	100	20	80	100	14	86	100	11	89	100
Rural - Long Term Care	Count	2,028	246	2,274	1,693	566	2,259	1,397	872	2,269	936	1,290	2,226	1,189	1,060	2,249
	Expected	1,702	572	2,274	1,141	1,118	2,259	973	1,296	2,269	642	1,584	2,226	755	1,494	2,249
	Percent	89	11	100	75	25	100	62	38	100	42	58	100	53	47	100
Total	Count	6,919	2,328	9,247	4,636	4,542	9,178	3,931	5,240	9,171	2,630	6,493	9,123	3,067	6,063	9,130
	Expected	6,919	2,328	9,247	4,636	4,542	9,178	3,931	5,240	9,171	2,630	6,493	9,123	3,067	6,063	9,130
	Percent	75	25	100	51	49	100	43	57	100	29	71	100	34	66	100
	Pearson Chi-Square	1476.382			1804.504			1264.728			676.983			1226.547		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 36-40		36. Assign total nursing care to another LPN or RN.			37. Assign selected aspects of nursing care to unlicensed assistive personnel.			38. Observe the performance of unlicensed assistive personnel when carrying out nursing activities.			39. Specify to nursing personnel the responsibilities for the delegated actions.			40. Seek assistance of supervisor as needed.		
Geo/practice		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Urban - Acute Care	Count	126	917	1,043	499	535	1,034	582	437	1,019	405	600	1,005	927	115	1,042
	Expected	152	891	1,043	429	605	1,034	515	504	1,019	395	610	1,005	904	138	1,042
	Percent	12	88	100	48	52	100	57	43	100	40	60	100	89	11	100
Urban - Ambulatory Care	Count	142	1,551	1,693	149	1,544	1,693	249	1,444	1,693	241	1,447	1,688	1,271	428	1,699
	Expected	247	1,446	1,693	702	991	1,693	856	837	1,693	663	1,025	1,688	1,475	224	1,699
	Percent	8	92	100	9	91	100	15	85	100	14	86	100	75	25	100
Urban - Long Term Care	Count	390	1,426	1,816	1,059	768	1,827	1,212	603	1,815	990	765	1,755	1,673	147	1,820
	Expected	265	1,551	1,816	758	1,069	1,827	917	898	1,815	689	1,066	1,755	1,580	240	1,820
	Percent	21	79	100	58	42	100	67	33	100	56	44	100	92	8	100
Rural - Acute Care	Count	136	653	789	372	412	784	449	333	782	330	452	782	714	73	787
	Expected	115	674	789	325	459	784	395	387	782	307	475	782	683	104	787
	Percent	17	83	100	47	53	100	57	43	100	42	58	100	91	9	100
Rural - Ambulatory Care	Count	131	1,428	1,559	209	1,354	1,563	251	1,302	1,553	210	1,322	1,532	1,196	363	1,559
	Expected	227	1,332	1,559	648	915	1,563	785	768	1,553	602	930	1,532	1,353	206	1,559
	Percent	8	92	100	13	87	100	16	84	100	14	86	100	77	23	100
Rural - Long Term Care	Count	412	1,856	2,268	1,501	736	2,237	1,872	397	2,269	1,348	862	2,210	2,189	86	2,275
	Expected	331	1,937	2,268	928	1,309	2,237	1,147	1,122	2,269	868	1,342	2,210	1,975	300	2,275
	Percent	18	82	100	67	33	100	83	17	100	61	39	100	96	4	100
Total	Count	1,337	7,831	9,168	3,789	5,349	9,138	4,615	4,516	9,131	3,524	5,448	8,972	7,970	1,212	9,182
	Expected	1,337	7,831	9,168	3,789	5,349	9,138	4,615	4,516	9,131	3,524	5,448	8,972	7,970	1,212	9,182
	Percent	15	85	100	41	59	100	51	49	100	39	61	100	87	13	100
	Pearson Chi-Square	202.311			2094.214			2755.037			1518.611			584.309		
	Statistical Significance	.000			.000			.000			.000			.000		

Activity Apply: Questions 41-45		41. Update supervisor of accomplishment of activities by unlicensed assistive personnel.			42. Assume total responsibility for formal performance appraisal of others.			43. Develop education plan and competence of nursing staff.			44. Participate in teaching nursing staff.		
		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
Geo/practice	Count	438	596	1,034	154	868	1,022	90	924	1,014	422	602	1,024
	Expected	466	568	1,034	197	825	1,022	90	924	1,014	423	601	1,024
	Percent	42	58	100	15	85	100	9	91	100	41	59	100
Urban - Acute Care	Count	258	1,427	1,685	187	1,505	1,692	139	1,553	1,692	667	1,026	1,693
	Expected	760	925	1,685	326	1,366	1,692	150	1,542	1,692	700	993	1,693
	Percent	15	85	100	11	89	100	8	92	100	39	61	100
Urban - Ambulatory Care	Count	1,175	627	1,802	456	1,325	1,781	164	1,648	1,812	837	974	1,811
	Expected	813	989	1,802	344	1,437	1,781	160	1,652	1,812	749	1,062	1,811
	Percent	65	35	100	26	74	100	9	91	100	46	54	100
Urban - Long Term Care	Count	355	433	788	146	640	786	47	743	790	323	469	792
	Expected	356	432	788	152	634	786	70	720	790	328	464	792
	Percent	45	55	100	19	81	100	6	94	100	41	59	100
Rural - Acute Care	Count	218	1,346	1,564	165	1,390	1,555	96	1,458	1,554	536	1,018	1,554
	Expected	706	858	1,564	300	1,255	1,555	137	1,417	1,554	643	911	1,554
	Percent	14	86	100	11	89	100	6	94	100	34	66	100
Rural - Ambulatory Care	Count	1,679	587	2,266	642	1,592	2,234	270	1,989	2,259	988	1,262	2,250
	Expected	1,022	1,244	2,266	431	1,803	2,234	200	2,059	2,259	930	1,320	2,250
	Percent	74	26	100	29	71	100	12	88	100	44	56	100
Rural - Long Term Care	Count	4,123	5,016	9,139	1,750	7,320	9,070	806	8,315	9,121	3,773	5,351	9,124
	Expected	4,123	5,016	9,139	1,750	7,320	9,070	806	8,315	9,121	3,773	5,351	9,124
	Percent	45	55	100	19	81	100	9	91	100	41	59	100
Total	Pearson Chi-Square	2283.865			334.564			49.950			56.692		
	Statistical Significance	.000			.000			.000			.000		

