How Do Scope of Practice Regulations Affect Demand for LPNs?

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What are LPNs?

• Licensed practical nurses
  – Licensed vocational nurses (LVNs) in CA and TX

• 1-2 years education
  – Community Colleges
  – Vocational Schools
  – Adult Schools & High Schools
  – Military Medical Corps

• Licensure mandated in all U.S. states by 1965
  – License grated by state agency

• Scope of practice varies across states
Employment of LPNs, 2010

- Hospitals: 165,500 (22%)
- Physicians' offices: 90,300 (12%)
- Residential care: 52,200 (7%)
- Other: 226,800 (30%)
- Nursing care facilities: 217,500 (29%)

752,300 total employed; 920,800 forecast for 2020
Rising interest in LPNs

- Growing long-term care needs
- Rising need for RNs in higher-level roles
  - Care coordination
  - Patient & family education
  - High-acuity patients
- Role in outpatient care
  - Physicians’ offices
  - Medical homes
- Building career ladders
Variations in LPN scope of practice

- Most scope of practice information is in published regulations
- Some states offer “position statements” or other semi-regulatory guidance
- Some states offer only “decision trees” for determining appropriate practice
- Some states have explicit lists of permitted activities
Maine’s scope of practice decision tree

1. Describe the act to be performed. Review the scope of practice for your licensure level.

   - **LPN**: contributing to data collection, participating in development of plan of care, implementing aspects of care as directed, maintaining client safety, participating in evaluating care, and delegating to qualified others.

   - Is this act expressly permitted or prohibited by the Nurse Practice Act for the license you hold?
     - UNSURE ➔ go to #2
     - WITHIN SCOPE FOR YOUR LICENSE ➔ go to #3
     - PROHIBITED ➔ STOP
What types of things can LPNs do?

- **Assessment of patients and development of care plan**
  - Can LPNs do any assessment?
  - Can LPNs do initial assessment?
  - Must a RN sign off on the assessment?

- **Drawing blood**
  - Any blood withdrawal?
  - With additional certification?
What types of things can LPNs do?

- **Intravenous administration**
  - Starting IVs?
  - Regulating IVs?
  - Hanging new IV solutions?
  - Medicated pre-mixed solutions?
  - IV “push”?
  - Blood products?
  - Chemotherapy?
  - Additional certification required?
Ratings of scope of practice (2004)

- **Review of scopes of practice**
  - Published regulations
  - Position statements
  - Telephone survey of nursing boards

- **Restrictiveness**
  - 1-5 scale, with 5 as most restrictive

- **Specificity**
  - 1-5 scale, with 5 as most specific

![Diagram showing ratings of restrictiveness and specificity]
Do these regulations affect demand for LPNs?

• Multivariate regression analyses

• Hospital data from American Hospital Association
  – Dependent variables were LPN full-time equivalent employment, and LPN share of licensed nurse hours
  – Controlled for wages, patient characteristics, service mix of hospital, market characteristics

• Nursing home data from CMS (OSCAR data)
  – Dependent variables were LPN hours per resident day, and LPN share of all licensed nurse hours
  – Controlled for wages, patient case mix, nursing home characteristics, market characteristics
Impacts of scope of practice on LPN demand

• Hospitals
  – Restrictive scope of practice reduces demand
    • 13% reduction in FTEs per point on our scale
  – More specific scope of practice reduces demand
    • 8% reduction in FTEs per point on our scale

• Nursing homes
  – Restrictive scope of practice reduces demand
    • 2% to 2.5% reduction per point on our scale
  – More specific scope of practice reduces demand
    • 3% reduction per point on our scale
Conclusions and questions

• Scope of practice affects demand for LPNs
• Regulations have not been linked to quality differences
• Some research finds that LPNs can improve productivity in hospitals and outpatient care
  – Limited research to date
• Regulations could impede new models of care
  – Can RNs take more complex roles if there is nobody to take the less-complex work?
  – How can the workforce be deployed to support care transitions and home-based care?