

**Michigan Department of Community Health -- Task Force on Nursing Practice
Report on TFNP Northern Lower Michigan Regional Forum
Gaylord, Michigan, July 19, 2011**

The MDCH - Task Force on Nursing Practice (TFNP) has been charged to examine nursing practice issues in Michigan with the goal of modernizing the nursing practice environment and thereby protecting the health and safety of the public. The TFNP has identified current nursing practice issues through input from nurses and nursing organizations statewide (see TFNP Nursing Practice Issue Form on www.micnwp.org). To encourage wide participation, the TFNP is hosting a series of five forums around Michigan to hear from practicing nurses, other healthcare professionals, consumers and other stakeholders.

On July 19, 2011, the TFNP convened its second forum in Gaylord, Michigan. The event exceeded expectations, with 58 nurses attending and participating. Attendees were from diverse practice settings including, hospitals, mental health, veteran affairs, clinics, home health, health departments, and education. The Michigan Chief Nurse Executive, Jeanette Klemczak, spoke about the changing national healthcare structure and the ways in which Michigan nurses can prepare for and help shape these changes. Ms. Klemczak was joined by five members of the TFNP: Jim Fischer of Munson Medical Center, Patricia McCain of Saginaw Township Community Schools-School Nurse Consultant, MaryLee Pakieser of the Michigan Council of Nurse Practitioners, Carole Stacy of the Michigan Center for Nursing, and Jennifer Woods of Northern Michigan Regional Hospital. Following the presentation, attendees broke into six groups to discuss issues occurring in day-to-day nursing practice. Topics included: Scope of Practice in Nursing, Delegation in Nursing, Inefficiencies in Practice Settings, Health Information Technology, and Communication. An overview of the July 19 roundtable discussions is presented below. For more information about the forum discussions please contact cnwp@mphi.org.

Scope of Practice

- There are many limitations and barriers for Registered Nurses (RNs) in home care and long term care facilities. Northern Michigan is experiencing an increased demand for home care and long term care services, but because of barriers to RN practice, demand cannot be met. In some Long Term Care facilities, Licensed Practical Nurses (LPNs) and RNs have the same job description, but different pay; this disregards RNs responsibility for delegation and supervision of nursing tasks, functions, and skills to LPNs.
- Attendees noted that Certified Nursing Aides (CNAs) are employed in Long Term Care and referred to as “Nurses,” implying that they have the same level of education, competency, and licensure as the RN, this creates a safety issue for patients in these healthcare facilities.
- Attendees also discussed the regulatory barriers placed on Advanced Practice Registered Nurses (APRNs) in Michigan and the implications these barriers have for APRN practice. Many expressed concern that there is an increased demand and need for care by APRNs, but because of collaborative agreement requirements, APRNs are restricted in their practice.

Delegation

- Many nurses expressed concern that the preparation of LPNs and Unlicensed Assistive Personnel (UAPs) was not always clear, leaving hospital systems and healthcare facilities to design job descriptions and “scope of practices” for both. Because of the lack of understanding of specific competencies for LPNs and UAPs, many RNs are reluctant to delegate nursing functions to these employees. Hospital staffing ratios are based on total employees available to assist with patient care. When RNs do not delegate nursing functions to LPNs and UAPs, the staffing ratios that appear adequate on paper become inadequate in practice; this leaves RNs with an increased workload.

- Another reason that RNs hesitate when delegating nursing functions is that the delegating RN does not have control over repercussions if the employee (LPN or UAP) performs the delegated task poorly. RNs often report the inadequate performance incident to their nurse manager, but then are expected to continue delegating nursing functions to those same employees. This also causes an increased workload for the RN, because the expected competencies for the LPN and/or UAP are not being met by the employees. In order to solve this issue, many nurses suggested that more delegation and supervision guidelines be taught in BSN (four year) and ADN (two year) nursing programs and hospital orientation programs.

Inefficiencies

- Many attendees attributed inefficient system “workarounds” to the lack of physician accountability and a need for major changes within the healthcare system. Nurses are the primary patient caregivers, but often rank low in the hierarchy of healthcare and lack leadership skills. This can lead to difficulty in situations where patient safety requires an increase or change in the care received. Many Doctors in northern Lower Michigan are reluctant to answer nursing calls in the middle of the night or after hours, which decreases appropriate patient care received and may put the patient at risk.
- In addition, many nurses in the Gaylord area have difficulty finding time to do real-time documentation of patient care. Nurses instead are going back and recording information after the fact, because of the heavy workload and high patient/staff ratios.
- Many attendees noted inefficiencies regarding the patient discharge process, specifically when physicians don’t come into the hospital until late in the day, but the patient is scheduled to be discharged in the morning.
- The public is not aware of the master’s degree education and professional practice of APRNs. Therefore, many patients are confused when they see a Nurse Practitioner in the primary care setting. The public needs to be aware that doctors are in short supply and that APRNs are educated to provide equal care. People are reluctant to become patients of APRNs because they do not understand APRN’s education and practice.

Technology

- Many nursing practice issues relate to technology. Many participants expressed concern that Electronic Medical Records (EMR) do not capture nursing outcomes and do not allow for sufficient description of nursing care functions. EMR systems also do not allow Advanced Practice Registered Nurses to code for the patient care they performed.
- Not only do many EMR systems disregard the nursing profession, nurses often are required to fix coding errors in physician records; this is not an appropriate use of nurses’ time and competencies when there is an increased demand for patient care services.
- A specific example of the conflict between technology and nursing practice was shared: the dispensing medication system for a care facility requires that nurses administer the prescribed medication within ± 30 minutes of the scheduled time for medication administration. However, it often takes 15 minutes to unlock the system and obtain an aspirin for a patient, making it nearly impossible to meet the time standard with an increased patient load.
- Overall, many nurses are concerned that as more facilities move toward EMR systems, nursing functions and care outcomes will become lost in reporting due to insufficient coding options, and to requirements that do not take into account the realities of nursing practice. This will become a major issue when the healthcare system switches over to pay-for-performance methods of payment.

Transition to Practice

- Discussion of issues related to transition to practice and orientation programs focused on the issue of how to fund the programs and whether or not transition to practice programs should be incorporated as an educational requirement or funded through healthcare facilities educational departments.

- Many attendees agreed that residency programs would help alleviate newly graduated nurse's anxiety if programs were offered after graduation, but before nurses received their license from the State. This would allow newly graduated nurses to continue learning while waiting for their license; newly graduated nurses are currently unable to work between graduation and when their license arrives.
- Other issues discussed included the language discontinuity between practice and education around quality and safety. In order to create a seamless transition from education to practice, both education and employers need to work together and teach the same "language."
- In transition to practice programs, mentors of newly graduated nurses need to be better oriented to the programs and compensated for time spent. Mentors often are required to maintain the same patient load and become overwhelmed with the responsibility of the residency program and their patient care obligations.

Communication

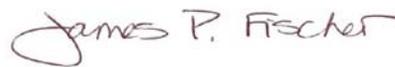
- Many attendees discussed the cultural and generational gaps that cause difficulty when communicating with other nurses. Young nurses from BSN programs are demonstrating more "best practices" in their care, and when they have questions regarding proper care procedures they often find their answers online or from their recent course work. This creates a rift between younger and older nurses, because when the older nurses were hired, they were expected to learn from their elders. The idea of learning best practices from the younger nurses is not seen as appropriate.
- Other communication barriers include mistrust of all levels of colleagues (Physicians, RNs, LPNs, UAPs, etc). Attendees shared that orientation programs that involve all hospital unit staff, social hours, nursing blogs, and usage of social media sites have decreased communication issues between all healthcare staff.
- Other methods to create seamless communication between all healthcare providers would be to teach nursing and medical programs in interdisciplinary teams, allowing mutual respect to be built between professionals. All attendees agreed that with mutual purpose and mutual respect, communication between all healthcare professionals will improve, which will directly impact and improve patient care and safety.

The information collected at the five Regional Forums will help shape the TFNP recommendations to the Director of the Michigan Department of Community Health. For information on additional forums and other reports from the Task Force on Nursing Practice please visit our website at www.micnwp.org.

Sincerely,



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Michigan Chief Nurse Executive



Jim Fischer
Co-Chair, TFNP



Patricia McCain
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MaryLee Pakieser
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Carole Stacy