



Nursing Subject Matter Expert Group: Scope of Practice for Licensed Practical Nurses  
June 28, 2017 1:00-2:30pm Common Ground Health

Attendees:

- Gloria Berent, MSHA, BSN, RN, CNOR, NEA-BC Sr. Director Clinical Education, Rochester Regional Hospital
- Marilyn L. Dollinger, DNS, FNP, RN, Executive Associate Dean, Wegmans School of Nursing
- Brett Farrow, Esq., Law Offices of Pullano & Farrow PLLC, Attorneys and Counselors
- Tammy Labonte, RN, MSN, Nursing Education, Rochester Regional Hospital
- Michael D. Mendoza, MD, MPH, MS, Commissioner, Monroe County Department of Health
- Martin Presberg, Principal, Presberg and Associates
- Patrick Pullano, Esq., Law Offices of Pullano & Farrow PLLC, Attorneys and Counselors
- Melissa Wendland, Director, Strategic Initiatives, Common Ground Health

After introductions, the group agreed that notes from the June 14 meeting accurately reflected the conversation on the Authorization of Standing Orders.

The group then turned to the Expanded Scope of Practice for Licensed Practical Nurses. Through discussion, the group arrived at a consensus as follows:

The scope of practice for Licensed Practical Nurses (LPNs) as written in Education Law § 6902 is generally appropriate given LPNs level of skills and experience. However, the group is interested in improving flexibility and access wherever possible without putting patient safety at risk.

There was discussion about differentiating scope of practice rules by location of care. LPNs frequently work in Long-term Care (LTC) or Skilled Nursing Facilities (SNF) where economic pressure limits the amount of Registered Nurse (RN) supervision. However, the group is not supportive of trying to differentiate LPN scope of practice by location as this would be difficult to administer and has the risk of jeopardizing patient safety.

The creation of other 'levels' of certification for LPNs to allow for an increased scope of care was proposed. This could be based on defined training or experience milestones. After significant discussion, the group was unable to see clear economic value for employers or meaningful incentives for nurses to create the additional levels. More importantly, the group concluded that there is no way to increase the scope of care for LPNs without jeopardizing patient safety. The significant training related to evaluation, assessment, and critical thinking that is required for RN licensure was cited as well as the risk of inappropriate generalization when relying on LPN experience alone.

Rather than changes to scope of practice, the group is supportive of efforts to make the supervision of LPNs easier and more cost effective. RN (or NP, PA, or physician) supervision via tele-health is seen as a promising way to meet this objective. Remote supervision can improve efficiency and reduce costs without risk to patient safety. Use of a remote RN supervisor who can cover multiple facilities staffed with LPNs on an overnight shift was a particular use-case that was discussed. This was seen as a particular advantage for long term care facilities that struggle to attract sufficient talent.

Technical barriers associated with remote supervision are easing as live video communication becomes ubiquitous and as facilities invest in equipment for remote care. Perceived legal and cultural barriers may be preventing widespread usage, so the group recommends exploring the inclusion of explicit language in state law to support remote supervision of LPNs. Potential language to achieve this goal, to be as further modified and supplemented, is as follows: “The practice of nursing as a licensed practical nurse pursuant to Education Law § 6902(2) shall include performing such tasks and responsibilities while the licensed practical nurse is under the remote supervision of an authorized provider. Remote supervision shall include the use of telehealth and telemedicine where the licensed practical nurse is at the originating site and the authorized provider is at a distant site.” It is also suggested that a series of round tables be held with state regulators, similar to what OMIG offered a few years ago, to make clear the state’s enforcement intentions. This has the potential to reduce real and perceived litigation risk related to remote supervision, and it provides a strong signal to administrators that the practice is appropriate.

Additionally, compensation barriers are current bottlenecks to adequate RN, NP, PA and physician oversight. Low reimbursement is partly a culprit, but an area that seemed beyond the scope of this forum. Another contributing factor includes professional discipline matters that stifle entrepreneurial ideas among different licensed providers. In particular, professional fee splitting is an area that could be reviewed to offer greater financial incentives to professionals to leverage lower cost providers in a patient safe environment.

Notes from this meeting on LPN scope of practice as well as the previous on standing orders will be shared with the Healthcare Workforce Consortium and then forwarded to the New York State Workforce Workgroup (NYSWW.) Additional meetings will be held to prepare for fall NYSWW meetings on primary and behavioral health integration.