

Increased collaboration between nursing home RNs and LPNs could improve patient care

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Researchers estimate nearly 800,000 preventable adverse drug events may occur in nursing homes each year. Many of these incidents could be prevented with safety practices such as medication reconciliation, a process in which health care professionals, such as physicians, pharmacists and nurses, review medication regimens to identify and resolve discrepancies when patients transfer between health care settings. In nursing homes, both registered nurses (RNs) and licensed practical nurses (LPNs) often are responsible for this safety practice. A recent study by a University of Missouri gerontological nursing expert found, when observed, these nurses often differed in how they identified discrepancies. Recognizing the distinct differences between RNs and LPNs could lead to fewer medication errors and better patient care.

Amy Vogelsmeier, assistant professor in the MU Sinclair School of Nursing, says because pharmacists and physicians often are unavailable, both RNs and LPNs equally are responsible for practices such as medication reconciliation and other activities to coordinate care once patients enter nursing homes.

Vogelsmeier said RNs often are underutilized in nursing homes, though their clinical education and experience give them a greater sense of the "bigger picture," which leads to better outcomes.

"Right now in the industry, RNs and LPNs often are used

interchangeably but inappropriately," Vogelsmeier said. "The solution is not to replace LPNs with RNs but to create collaborative arrangements in which they work together to maximize the skill sets of each to provide the best possible care for patients."

She says assigning RNs and LPNs complementary roles that maximize their unique abilities will improve patient care and satisfaction. Additionally, Vogelsmeier said offering LPNs enhanced training opportunities may help them build the [cognitive skills](#) necessary to work in the current nursing [home environment](#).

"Nursing home care is more complex than it was 10 years ago," Vogelsmeier said. "People used to move into nursing homes and stay there the rest of their lives, but now they're using nursing homes to transition between hospitals and their homes. Patients in nursing homes are sicker, and their stays are shorter. That demands better nursing staff coordination of care."

More information: The study, "Medication Reconciliation in Nursing Homes: Thematic Differences Between RN and LPN Staff," was published in the *Journal of Gerontological Nursing*.

Provided by University of Missouri-Columbia

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