RNs more likely to identify high-risk medication discrepancies

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Nearly 66 percent of all adverse events experienced by nursing home residents, such as falls, delirium and hallucinations, could be prevented, in part, by monitoring medication more closely. In nursing homes, both registered nurses (RNs) and licensed practical nurses (LPNs) perform medication reconciliation, a safety practice during which health care professionals review patients' medications to reduce the likelihood of preventable adverse drug events. Now, researchers at the University of Missouri have found that RNs are more likely than LPNs to identify high-risk medication discrepancies, suggesting RNs are better equipped to assess and identify medication errors that could pose risks to residents' safety. The findings suggest the need to distinguish differences in responsibilities for RNs and LPNs in nursing homes, the researchers say.

"Nursing home work is hard," said Amy Vogelsmeier, associate professor at the MU Sinclair School of Nursing. "The ability to manage patients' care and keep them stable is a clinical challenge that requires highly educated, clinically savvy nurses. Currently, RNs are not functioning in nursing homes to the full scope of their practice. RNs and LPNs are assigned the same responsibilities; yet, earlier research findings show that LPNs are more focused on tasks, whereas RNs are more focused on comprehensive assessment and resident safety."

Vogelsmeier and her colleagues examined the extent to which licensure (RN or LPN) relates to the detection of medication discrepancies. Thirty-two RNs and 70 LPNs from 12 nursing homes in Missouri participated in the study. The researchers found that RNs detected medication order

discrepancies involving high-risk medications significantly more often than LPNs.

Distinguishing the differences in how RNs and LPNs perform similar responsibilities and making sure nurses complete the tasks for which they are trained could improve patient care for nursing home residents, many of whom are frail and require specialized care, Vogelsmeier said.

"RNs and LPNs contribute to resident safety in different ways," Vogelsmeier said. "They both serve important roles; however, nursing home leaders must understand the distinct contributions of each role. For example, during a process such as medication reconciliation, which is executed differently by RNs and LPNs, understanding the differences will allow for the nurses' different skill-sets to be more appropriately utilized."

More information: The study, "Detecting Medication Order Discrepancies in Nursing Homes: How RNs and LPNs Differ," was funded by the National Council State Boards of Nursing and published in the *Journal of Nursing Regulation*.

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