## Strategy 14

**Improve communication and understanding within interprofessional care teams**

***Strategy 14.2*** **The North Carolina Board of Nursing and North Carolina Interprofessional Education Leaders Collaborative should partner with relevant licensing boards to create or use existing educational materials and reference guides to educate nurses, physicians, and other members of the interprofessional team on scope of practice of other disciplines on the health care team.**

### *Desired Result*

Members of interprofessional teams will have a robust understanding of the roles of their teammates, and delegation of duties and responsibilities will be efficient and appropriate.

### *Why does the task force recommend this strategy?*

Interprofessional education on scope-of-practice differences has the potential to streamline delegation, improve efficiency, and increase the use of the full skill set of nurses allowed under their licensure. The latter in particular is associated with increased job satisfaction among nurses, as effective delegation allows nurses to maximize time devoted to patient care. By increasing availability and accessibility of educational materials outlining scope of practice, questions that regularly arise in practice regarding supervision and delegation will become quickly and easily resolved.

### *Context*

The roles that members of an interprofessional team carry out in any practice setting are rooted in each teammate's scope of practice. Scope of practice refers to the health care services that professionals are qualified and authorized to provide under their professional license or certification.[57] While institutional policy can restrict the specific tasks a team member performs on a day-to-day basis (for example, nurses on different hospital units may be trained to use different devices), scope-of-practice standards are uniform statewide and refer to the highest extent to which individuals with a specific license may practice. The scope of practice for any license is defined through a combination of state law, state regulation, and licensing board rules.

**Unlicensed assistive personnel (UAP)** is a term that refers to a group of health care workers who are "unlicensed health care assistants that have been trained to provide certain tasks of client care as directed by a licensed health care provider".[58] These individuals include nurse aides/certified nursing assistants, patient care aides/home health aides/patient care technicians, medical office assistants, medical assistants, medication aides, and medication technicians.[58]

**Licensed practical nurses (LPNs)** and **registered nurses (RNs)** play similar roles within an interprofessional team; however, RNs are licensed to practice independently while LPNs must be supervised by an RN, advanced practice registered nurse (APRN), or physician. Both RNs and LPNs perform patient assessments and provide nursing care such as catheterizations, wound care, and medication administration. The LPN's scope of practice is a limited and dependent scope of practice. The RN scope of practice is comprehensive. Patient care plans and education plans must be initiated by the RN. The LPN participates in collaboration and reinforcement of patient teaching according to an established teaching plan. Table 1 provides additional details on the differences between the UAP, LPN, RN, and APRN roles.

**Table 1. Scope of practice and tasks for the UAP, LPN, RN, and APRN**

| UAP | LPN | RN | APRN |
|---|---|---|---|
| Recording vital signs and patient intake and output | Collecting data for ongoing and focused assessment according to structured written guidelines, policies, and forms | Performing comprehensive initial and ongoing patient assessment | Ordering and interpreting laboratory and diagnostic tests |
| Assisting patients with hygiene, feeding, elimination, and activities of daily living | Participating in planning patient care | Developing client plan of care and nursing care goals | Diagnosing acute and chronic health conditions |
| Helping clients with ambulation, positioning, and transfer between bed, chair, toilet, etc. | Implementing established plan of care as assigned by the RN or other person authorized by law | Implementing plan of care with assignment and delegation as appropriate | Managing treatment of chronic conditions |
| Implementing safety precautions (isolation precautions, restraints, etc.) | Carrying out tasks for patient care | Administering medications requiring continuous monitoring | Prescribing medications |
| Updating nurse with patient status and concerns | Updating RN and/or provider with patient status and concerns | Interpreting patient data and modifying plan of care | Teaching and counseling clients and families |
| Routine care for tracheostomies, ostomies, wounds* | Participating in teaching using established teaching plans and protocols | Communicating and collaborating with multidisciplinary team | Performing psychotherapy |
| Catheterizations, tube feedings, and suction* | | Teaching and counseling clients and families | Consulting with and/or referring to other providers for complex patient needs |
| **Restricted to NA II and NAI+4 only* | | Managing nursing personnel and administering nursing services | Note - Scope differs among NP, CNM, CMS, and CRNA licenses |

*UAP - unlicensed assistive personnel; LPN – licensed practical nurse; RN – registered nurse; APRN – advanced practice registered nurse; NP – nurse practitioner; CNM – certified nurse midwife; CMS – certified medical-surgical; CRNA – certified registered nurse anesthetist*

*Note: The scope of practice information provided in this table includes but is not limited to the activities listed for each nursing role.*

*Source: North Carolina Board of Nursing. RN and LPN Scope of Practice Components of Nursing Comparison Chart. https://www.ncbon.com/vdownloads/course-handouts-understanding-scope-practice-role-lpn/scope-comparison-chart.pdf. North Carolina Board of Nursing. North Carolina Board of Nursing Nurse Aide I Tasks. https://www.ncbon.com/myfiles/downloads/nurse-aide/nurse-aide-i-tasks.pdf. North Carolina Board of Nursing. North Carolina Board of Nursing Nurse Aide II Tasks. https://www.ncbon.com/myfiles/downloads/nurse-aide/nurse-aide-ii-tasks.pdf. North Carolin Center for Nonprofits. The Save Act. https://www.ncnonprofits.org/blog/save-act*

In North Carolina, the NC Board of Nursing (NCBON) regulates and provides up-to-date information on scope of practice for the roles of RN, LPN, and APRN, including nurse practitioners (NP), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). Regulations regarding delegation to and appropriate tasks for UAP are also made available through the NCBON. Other North Carolina licensing boards for medical, mental health, and alternative medicine professionals include the NC Medical Board, NC Board of Pharmacy, NC Respiratory Care Board, NC Board of Licensed Clinical Mental Health Counselors, among many others.[59]

### EXISTING RESOURCES

For providers and members of the public seeking information on the differences among health care roles, several resources already exist and can be accessed on the NCBON website. Among these are comparison charts, delegation trees, and task lists for some of the roles listed above. Board-sponsored continuing education offerings for nurses include "Am I Within My Scope?," "Legal Scope of Practice," and "Understanding the Scope of Practice and Role of the Licensed Practical Nurse (LPN)". The NCBON is also in the process of clarifying and specifying scope-of-practice differences to reduce ambiguity and provide detailed examples of what practicing at full scope looks like.[2] Once published, the NCBON will disseminate its work to agencies and health care leaders statewide.

Several other North Carolina licensing boards provide resources on scope-of-practice differences that are not nursing-specific. For example, the NC Medical Board focuses most closely on scope-of-practice differences between physicians, physician assistants, and APRNs. Because physicians work closely with RNs and LPNs across settings and must understand their respective roles, the NC Medical Board may be a potential partner disseminating educational materials.

### NC INTERPROFESSIONAL EDUCATION LEADERS COLLABORATIVE

The NC Interprofessional Education Leaders Collaborative (IPEL-C) is an assembly of innovators in interprofessional education from institutions across the state. This collaborative group grew out of a statewide initiative to expand robust interprofessional programming. Its work has helped to identify strengths, opportunities, and resources that North Carolina can build upon to grow a health care workforce that is ready to work collaboratively in interprofessional teams. Learning from what the IPEL-C has already achieved may be a first step toward educating the future health care workforce on scope of practice and delegation.

### Why Interprofessional Teams Should Understand Scope-of-Practice Differences

**When professionals "work at their full scope" or "practice at the top of their license," they are performing duties that they have been trained to do but others are not authorized to undertake. For example, an LPN who spends the morning administering medications, assessing patients, and communicating with the RN or other supervising professional is practicing at the top of her license. On the other hand, when an RN helps a patient ambulate to the toilet, gives him a bath, and changes the linens, he is performing important work but not practicing at the top of his license since these activities could be done by a UAP.**

**It is critical that both nurses and non-nurses understand the scopes of practice associated with various nursing roles for the safe and efficient provision of patient care. Knowledge of teammates' scopes of practice streamlines the delegation process. Surveys have found that nurses spend an average of 5% of their time, or 36 minutes of a 12-hour shift, on tasks that could be delegated.* Uncertainty about what can be delegated can increase this time lost. In both hospital and non-hospital settings, it is common to have team membership change day-to-day. For example, an RN may be scheduled on Monday but an LPN on Tuesday; the same can be said for a nurse aide I and a nurse aide II. Research suggests that team members are less likely to delegate tasks when the scope of their teammates is not consistent due to uncertainty in their roles; this prevents some individuals from working at the top of their license.** When nurses work at the top of their license, job satisfaction and ultimately an organization's bottom line both improve.***

** McKinsey & Company. Reimagining the nursing workload: Finding time to close the workforce gap. https://www.mckinsey.com/industries/healthcare/our-insights/reimagining-the-nursing-workload-finding-time-to-close-the-workforce-gap*

*** True, G., Stewart, G.L., Lampman, M. et al. Teamwork and Delegation in Medical Homes: Primary Care Staff Perspectives in the Veterans Health Administration. J GEN INTERN MED 29 (Suppl 2), 632–639 (2014). https://doi.org/10.1007/s11606-013-2666-z*

*2 This ambiguity can be exacerbated by some medical staff being referred to as "nurse" despite not holding a nursing license. Current title protection laws for the title "nurse" exist in North Carolina however, these protections only apply if the person is self-identifying as a nurse.*