

CHAPTER 3 - DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

Strategy 14

Improve communication and understanding within interprofessional care teams

Strategy 14.3 The North Carolina Department of Health and Human Services and relevant stakeholder groups at the state level should coordinate to create documentation that clearly explains the roles of paramedics, medication aides, community health workers, and unlicensed personnel across health care settings.

Desired Result

Health care and public health organizations will be aware of and understand the complementary and evolving roles that paramedics, medication aides, community health workers, and unlicensed personnel play alongside nurses in acute care and public health settings. Organizational leadership and the public will recognize the value of the continued presence of licensed nurses across settings.

Why does the task force recommend this strategy?

The task force recognizes that improved role clarity for paramedics, medication aides, community health workers, and unlicensed personnel has the potential to build stronger health care teams. In some cases, the current lack of defined roles for several categories of personnel has led many in nursing to be concerned about the lack of understanding of the unique role that nurses and these other professionals have in care teams. Trust among team members improves patient outcomes and is necessary for optimal teamwork in the health care setting. Improved teamwork among health care professionals is associated with increased job satisfaction among nurses.^{60,61} By ensuring that nurses trust their teammates and feel their role is equally trusted and valued by their teammates and the public, the task force sees this strategy as a measure to ultimately improve both health care delivery and nurse retention.

Context

Over several decades, the shortage of nurses and a growing need for an expanded health care workforce have led governments, organizations, and businesses to implement creative staffing solutions to reduce costs and continue serving patients. There have been many successful efforts to complement existing nursing care, such as the employment of EMS personnel including paramedics who interface with nurses in alternative practice settings such as emergency departments, the use of medication aides to administer medications to long-term care residents, and the expansion of community health worker outreach to vulnerable populations.^{62,63} However, role confusion and lack of clarity regarding education have in some cases led to mistrust of these roles by teammates and worries about encroachment on nursing scope of practice.

Nurses are trained to care for patients using a cyclical process involving assessment, diagnosis, planning, implementation, and evaluation. While other personnel can be well trained to perform one or several of these steps, it becomes challenging for nurses to fully care for patients when they begin spending less time with them. Excellent communication and coordination, as well as guidance on appropriate role division, are required for successful integration of newer roles into patient care teams.

ROLE DIFFERENCES

Education and scope of practice differ between LPNs and RNs, but nurses at their core assess patient status, provide direct patient care, and ensure patient well-being at various points across the continuum of care. RN licensure enables additional decision-making regarding a patient's nursing plan of care as well as an expanded capacity to care for critical patients and deliver complex and high-risk interventions. RNs are responsible for the management of nursing care and on-going supervision, teaching, and evaluation of personnel. RNs are responsible for the administration of nursing services.

The nursing role overlaps in many ways with other types of health care personnel, but nurses are unique in their training in providing assessment, planning, care, evaluation, collaboration, and education across a wide range of settings.

Paramedics are specifically trained to function in an emergency setting. They are often the first on the scene in emergency situations and stabilize sick and injured patients before and during transport. Paramedics can provide a wide array of lifesaving interventions including defibrillation, IV medications, and airway management. Paramedics are trained to provide Advanced Life Support and receive more education than emergency medical technicians (EMTs), who can provide Basic Life Support.⁶⁴

Medication aides administer routine medications to patients in skilled nursing and long-term care settings. Approved medications are limited and do not include intravenous or injectable drugs. In North Carolina, medication aides take a 24-hour training program and must pass a competency evaluation. Their work must be delegated and supervised by RNs.^{65,66}

Community health workers are a growing force of frontline public health workers who provide outreach, advocacy, community education, and social support to the communities they serve. Community health workers generally have close connections to their communities and build trusting relationships that allow them to serve as liaisons to formal health and social services systems. Promotores de salud, care guides, patient navigators, community health advisors, and peer educators are all considered to be community health workers but may provide different services or exist in different settings.^{67,68}



CHAPTER 3 - DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

IMPORTANCE OF ROLE CLARITY AND DIFFERENTIATION

Information on scope-of-practice differences and appropriate work differentiation among various health care personnel should be synthesized and made easily accessible to health care organizations, nurses, and other health care personnel. Graphics or lists of appropriate tasks and approved skills may be most helpful for busy workplace reference. When teams do not understand role differences, it can be difficult to carefully plan how various professionals will work together and devise appropriate workflows. Within our state, successful efforts to integrate new roles into care teams at the organizational level have taken advantage of existing guidance on scope-of-practice differences so that team members can contribute to patient care at the highest possible level.

NC Success Story

As emergency department staff turnover coincided with high patient volumes during the COVID-19 pandemic, WakeMed began hiring paramedics to extend emergency department staffing in 2021. Initially, tasks were limited to obtaining IV access, drawing blood, and recording vital signs – not the full scope of paramedic practice. As the unit adjusted and staff were trained to work with paramedics, they performed more tasks within their scope. The program was well-received, with paramedic presence expanded from afternoons/evenings to 24/7.

-Hamm R, Allsbrook D. Paramedics help alleviate Ed Staffing issues. American Nurse Journal. 2023;18(3):36-38. doi:10.51256/anj032336 <https://www.myamericannurse.com/paramedics-help-alleviate-ed-staffing-issues/>

Role clarity is also important for safe and effective interactions between health care personnel and members of the public. Health care workers should be easily able to inform patients and members of the public as to their role and scope of practice. It is critical that individuals who have spoken with a community health worker or resource navigator, for example, understand why this is not a replacement for evaluation by a health care provider.

EXISTING GUIDANCE ON ROLE CLARITY AND DIFFERENTIATION

Collaboration among state entities is crucial to working through questions about how various professionals can function together to care for patients. However, the large number of relevant parties poses the challenge of fragmentation in published online resources. For example, guidance on medication aide practice can be found on the NC Board of Nursing Medication Aide site, on the NC Department of Health and Human Services Medication Aide Registry site, within a position statement for RNs and LPNs from the NC Board of Nursing, and directly in the North Carolina General Statutes.⁶⁹⁻⁷²

Guidance on incorporation of community health workers into care teams is similarly fragmented. These individuals may hold formal or informal positions in health care and may or may not be certified community health workers. While the NC Department of Health and Human Services sets forth nine core competencies for community health workers and the North Carolina Community Health Worker Association offers certification that recognizes skills, training, and lived experience, a legal scope of practice is not defined for the community health worker role in the way it is for professionals who must register for state licensure.^{73,74}

In 2019 the NC Board of Nursing and Office of Emergency Medical Services released a joint position statement on alternative practice settings for EMS personnel. This document outlines appropriate practice settings and supervision for EMS personnel, reiterates that RNs are responsible for comprehensive nursing care, and references the statutes and regulations that define scope of practice for both paramedics and nurses. This document is not built for everyday workplace reference, but future efforts to develop such resources should build upon collaborative efforts such as this one.

ROLE OF AHEC

NC AHEC is well-positioned to become a potential partner in the effort to create and distribute documentation that clearly explains the roles of paramedics, medication aides, community health workers, and unlicensed personnel across health care settings. The NC AHEC vision of “a state where every North Carolinian is healthy and supported by an appropriate and well-trained health workforce that reflects the communities it serves” rests upon the understanding that members of the health workforce must be well-trained not only as individuals but also as teams.⁷⁵ Clear guidance on how various professional roles can effectively work together will further this aim. NC AHEC is already an active partner in the state’s effort to build strong, interprofessional, collaborative teams and a leader in the development of North Carolina’s community health worker workforce.^{76,77} Expertise in these areas as well as strong interprofessional leaders experienced in developing trainings for the health workforce will be assets in the effort to improve interprofessional role clarity statewide.

KEY RESOURCE NEEDS



This effort may require additional resources to support collaboration and intentional work to streamline documentation of roles.