

**Michigan Department of Community Health -- Task Force on Nursing Practice
Report on TFNP Upper Peninsula Michigan Regional Forum
Marquette, Michigan, June 29, 2011**

The MDCH - Task Force on Nursing Practice (TFNP) has been charged to examine nursing practice issues in Michigan with the goal of modernizing the nursing practice environment and thereby protecting the health and safety of the public. The TFNP has identified current nursing practice issues through input from nurses and nursing organizations statewide (see TFNP Nursing Practice Issue Form at www.micnwp.org). To encourage wide participation, the TFNP is hosting a series of five forums around Michigan to hear from practicing nurses, other healthcare professionals, consumers and other stakeholders.

On June 29, 2011, the TFNP convened its first forum in Marquette, Michigan, at the Marquette General Hospital Education Center. The event was telecast to other locations in the Upper Peninsula, permitting a total of 46 participants from diverse settings, including hospitals, home health, mental health, clinics, long term care, and education. The Michigan Chief Nurse Executive, Jeanette Klemczak, spoke about the changing national healthcare structure and the ways in which Michigan nurses can prepare for and help shape these changes. Ms. Klemczak was joined by three members of the TFNP: Jim Fischer of Munson Medical Center, Kerri Schuiling of Northern Michigan University, and Henry Talley of Michigan State University. Following the presentation, attendees broke into six groups to discuss issues occurring in day-to-day nursing practice. Topics included: Scope of Practice in Nursing, Delegation in Nursing, Inefficiencies in Practice Settings, Health Information Technology, and Communication. An overview of the June 29 roundtable discussions is presented below. For more information about the forum discussions please contact cnwp@mphi.org.

Scope of Nursing Practice

- There was a discussion of how and where healthcare professionals may seek answers for nursing scope of practice concerns and questions. Participants indicated that many nursing functions are delivered to patients by a team of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Unlicensed Assistive Personnel (UAPs). In the Upper Peninsula, Marquette is the largest city (population ~25,000); it retains a small town atmosphere, as do all other population centers in the UP. Due to this small town atmosphere and the close working relationship among caregivers in healthcare facilities, there is a strong, trusting relationship among facility employees, regardless of their educational level. Many participants commented that healthcare professionals' ability to work well in teams is due to successful delegation of nursing functions.
- When asked whether other healthcare workers were performing tasks that only a nurse should be performing, participants recalled situations where UAPs were delegated the nursing tasks of removing impactions and passing medications. These procedures require nursing judgment for safe performance. UAPs generally do not have the background knowledge to understand the implications and risks of the procedure, nor do they have the education or capacity to take appropriate action in case of an error or unexpected consequence of the procedure.

Delegation

- The discussion of delegation issues in practice dealt primarily with union contract (operating agreement) language that defines a) the nursing functions that can and cannot be delegated to LPNs or UAPs, and b) those who may delegate nursing functions. The operating agreement language causes confusion and tension between nursing supervisors, RNs, LPNs, and UAPs.
- Nurses commented that smaller non-union facilities often benefit from better collaboration between RNs, LPNs, and UAPs, which allows for more practice flexibility. Patient care is improved with increased collaboration among all healthcare providers.
- Other issues identified include the cultural and generational differences between older and younger nurses. Generational, cultural and practice beliefs and values need to be addressed to improve communications and understanding. Internships or transition to practice programs would help prepare younger nurses in a supportive way. It was recommended that course work on delegation and supervision be a requirement for

nursing licensure renewal. New nurses may not have a clear understanding of what nursing functions can and cannot be delegated, and how performance of those functions should be supervised. Requiring coursework on delegation and supervision would increase the understanding of many nurses as to what they can delegate safely.

Inefficiencies

- Many nurses expressed concern about the lag time for newly graduated nurses to receive their licenses and their inability to practice. There is a loss of resources for providing patient care and loss of income for the graduates when newly graduated nurses are not permitted to practice in care settings as “graduate nurses.” [Note: The category “graduate nurse” is not included in the Michigan Public Health Code. Nurses must be licensed before they may practice.]
- Several work practice inefficiencies were identified in the roundtable discussion. Attendees discussed the inefficiencies surrounding patient discharges. Discharge plans require coordination between ‘hospitalist’ physician, primary care physician, nurse, patient and family. Many times the hospitalist does not know the patient well and will write the discharge orders but will not know prior, current, and post-hospital needs of the patient and family. This frustrates all who are involved in trying to get the patient discharged.
- The requirement for physician signatures on discharge plans often leaves patients and their families waiting when the patient is ready to leave the hospital, extending hospital stays and increasing costs. Clear care coordination is needed to reduce and eliminate discharge inefficiencies. Patient safety requires better coordination so that serious errors are avoided.
- Nurses spend substantial time tracking down the various people needed to complete the required documentation for discharge; this takes time away from actual patient care.
- Attendees noted that in some healthcare settings, computer charting leads to workarounds in their practice environment because the charting system was not properly developed to support the care of the patient and the nurses providing the care. The systems make it harder for nurses to provide safe, effective, and timely care.
- When attendees were asked how they would fix many of these inefficiencies many noted that new nurses needed point of care models in order to learn the correct patient care process. Many new nurses are learning from more experienced nurses with personal practice short-cuts and therefore are missing steps. Others noted that younger doctors are more accepting of nurses’ role and competencies, which decreases unnecessary physician oversight and practice inefficiencies.

Technology & Transition to Practice

- Many attendees expressed concern with the limited clinical experience nursing graduates have when they enter the workforce. New nurses are not prepared for the decision making needed on a continuous basis when they start working. Greater use of simulation scenarios in pre-clinical education is needed to familiarize nursing graduates with real life situations.
- Another concern was the need for more nurse training and education on technologies such as telemedicine and electronic health records, and the use of these technologies in care of the elderly. Education and practice need to communicate more effectively to better prepare new nurses. Too often best practices are not shared between the two settings.
- Mental health nursing professionals expressed concern about the lack of accurate CPT codes for billing for nursing functions in community mental health settings. Many nursing functions are not reflected in the current codes, and therefore nursing care and nursing benefits are lost. Many nurses noted that the electronic medical records do not capture coordination of care and are not utilized efficiently to benefit the patient. Nurses should be involved in the planning and development of the electronic medical record system and billing coding systems.

Communication

- Many nurses expressed concern about nurse-to-nurse communication involving patient information.
- Regarding hospital discharge or post-surgery discharge of patients, instructions are often inaccurate or information is incomplete. This requires nurses to search out information that should have been previously

recorded, which takes time away from patient care. By standardizing discharge information protocols and documentation, many communication errors would be eliminated.

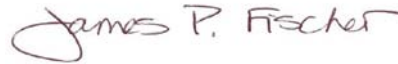
- Miscommunication or lack of communication between different hospital departments often could be eliminated by accurate, complete documentation and connection of hospital Electronic Health Records. Different departments customize their specific Electronic Health Records, thereby creating compatibility barriers which result in practice communications errors.
- All physicians, nurses, and other professional staff need to be held accountable to follow the same standards for communication and documentation; this will create consistency in patient records and will eliminate many practice inefficiencies.

The Task Force on Nursing Practice would like to thank the staff at Marquette General Hospital for their hospitality and assistance in making this forum successful. The information collected at the five Regional Forums will help shape the TFNP recommendations to the Director of the Michigan Department of Community Health. For information on additional forums and other reports from the Task Force on Nursing Practice please visit our website at www.micnwp.org.

Sincerely,



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Michigan Chief Nurse Executive



James P. Fischer
TFNP Co-Chair



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