RETHINKING THE CARE TEAM: LPN Integration to Enhance RN Efficiency in Hospital at Home

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PRACTICE PROBLEM

HaH care delivery places substantial demands on field-based RNs. At program launch, a lean staffing model and state regulations prohibiting community paramedicine left RNs performing many non-RN tasks.

OBJECTIVE

Evaluate whether LPN integration could improve operational efficiency, optimize RN scope of practice, enhance staff satisfaction, and maintain cost-effectiveness.

INTERVENTION: LPN INTEGRATION MODEL

3-MONTH PILOT | **2-WEEK ORIENTATION** | **3 × 12-HOUR SHIFTS / WEEK**

- Experienced inpatient LPN onboarded by the HaH RN team
- Independently conducted home visits in addition to waiver-required RN visits
- Provided phlebotomy, specimen transport, medication delivery and administration, equipment management, wound and Foley catheter care, and education reinforcement
- Supported HaH admissions through set up and instruction regarding medication, oxygen, and remote monitoring technology
- Completed discharge visits when the RN had already completed the required daily assessment

RN
Assessment
+ care coordination
+ clinical & logistical tasks

→

RN
Assessment + education
+ oversight

LPN
Clinical + logistical support

MEASURES OF SUCCESS

- RN visit capacity
- Staff-reported workflow efficiency
- Role optimization
- Team satisfaction
- Cost-effectiveness
- Breadth of clinical services provided by the LPN

FINDINGS TO DATE

6
MAX DAILY RN VISITS

→

8
MAX DAILY RN VISITS

33% GREATER MAXIMUM DAILY VISIT CAPACITY

- Pilot feedback was overwhelmingly positive
- RN self-reported satisfaction, efficiency, and ability to practice at the top of their license all improved
- LPN support is much broader than other non-RN staffing options while maintaining comparable labor cost

RN SURVEY RESULTS

Reflects proportion of top box responses (“Strongly Agree” on Likert scale)

LPNs have improved my overall job satisfaction	LPNs allow me to practice more consistently at the top of my RN license	LPNs have reduced the time I spend on tasks not requiring an RN license	Overall, the addition of LPNs has had a positive impact on the HaH RN role
7/8	7/8	8/8	8/8

- Anonymous survey sent to all Field RNs with 80% response rate
- Single respondent who did not select “Strongly Agree” commented: “my job satisfaction was exceptionally high prior to addition of LPNs and remains so now”

RN SURVEY COMMENTS

“A great addition to HaH, allows for more teamwork and help on the busy days.”

“Having LPNs has allowed me to take regular scheduled lunches and get out of work on time despite acuity.”

“The LPNs are so capable… [they] have enriched our patient care as well as expedited it.”

“It makes it so that admissions and discharges aren't so time consuming that care of my other patients gets rushed.”

“The LPN role provides an important buffer that helps keep the HaH team running smoothly… The flow of each day can be unpredictable, and having an LPN available gives us the flexibility to adjust when things come up unexpectedly.”

“We would not be able to function and take the number of patients we have without them.”

DISSEMINATION

- Pilot LPN was hired into a permanent full-time position
- Two additional LPN positions were added and quickly filled
- LPN staffing now supports seven-day-per-week coverage

KEY TAKEAWAYS

- LPNs can effectively assume a broad mix of clinical and logistical responsibilities, at a cost similar to or better than other non-RN options.
- LPN integration positively impacted operational efficiency and staff satisfaction; LPNs quickly became essential teammates.
- HaH programs looking to expand should consider integration of LPNs as a cost-effective strategy to improve efficiency and staff satisfaction.