

**On behalf of LPNABC our submission will be focused on the following question:**

**How can we create a cost-effective system of primary and community care built around interdisciplinary teams?**

- Enhance education and support for health care providers in order to encourage better collaboration and communication among team members and to promote alternative team leadership structures;
- Maximize the use of technology such as telehealth services;
- Implement a single electronic patient medical record;
- Maximize the skills and experience of each team member by providing them the opportunity to work to their full scope of practice and potential; and
- Increase the number of team-based primary medical homes or community health centres and ensure the availability of these services outside of standard office hours

**Helping the primary and community health care understand the role of the LPN**

*“Confusion about the RN & LPN roles is one of the most pressing and most urgent challenges LPNs are telling us they’re faced with in the workplace,” says Anita Dickson, President, LPNABC.*

LPNABC says confusion about the LPN role by nursing leaders, nursing faculty and fellow nurses can contribute to a host of serious problems, including sub-optimal patient outcomes, workplace tension, job-related stress, under-utilization of LPNs and more. “In extreme cases, issues around role confusion and scope of practice restrictions in BC have factored into frustrated LPNs choosing to leave the nursing profession altogether or go into other health care professions,” is a common statement LPNABC hears.

Role clarity and need for LPNs in BC to be practicing to their new regulation and education emerged as our top issues facing LPNs in province-wide review presented at our most recent LPNABC AGM in April 2016. The LPN association has identified key point of entry is the educational system surrounding the need to offer collaborative education for the nursing professional family to begin at the academic levels.

One key point is the need to develop all nursing curriculums in synergy with each other, verse in silo of each other and having such diversity in the offer of RN and PN programs. There are almost no continuing studies for LPNs in BC and absolutely no specialty educational programs. The change for the Registered Nurse from a diploma to a baccalaureate degree transitioned in 2005 but the Licensed Practical Nurse did not evolve at the same time which other provinces such as Ontario ensure that both RN and RPN (LPN) changed at the same time.

The Practical Nurses program was a certificate program and finally transitioned to a diploma program in 2011. The six-year gap caused many of the current practicing RNs who are diploma prepared to have a **“identity crisis”**. For many years which still continues today within their own profession, resent the LPNs program evolving to meet the higher educational needs for the LPN designation the term “diploma” caused role confusion and further to be a threat to RNs that LPNs will be replacing them.

The need to support RN and LPN to own and be proud of their “**Identity**” and be clear on their educational preparation is for a specified level of care. The need for other health care providers to encourage better collaboration and communication among team members and to promote alternative team leadership structures; is to focus on the current workforce from the leadership levels. Also aligning the academic systems for future supports is also so important. LPNABC has been encouraging for all nursing designations to be stakeholders at all policy tables to represent the professions which demonstrate the respect and collaboration for all levels of nursing acceptance.

Staffing model changes based on economical as the key decision makers is the major reason for the continual resistance to acceptance for all nursing designations. The need for input from the frontline staff in what is needed is so important, the leadership try to engage through councils but the controversy overwhelms the decision making. The decision making framework “right person, right time, for the right reason” is accepted but it is the variances of the agreement of who is the right person?

LPNABC has advocated and demonstrated that in order for collaborating and maximizing the skills of all health care providers, representatives from each provider must be at the decision making table. The need for strong associations for each profession is so important to the success to bring the team members voice and to ensure “***the right person at the right time to represent the right reason***”.

LPNs in BC have formally joined the BC Coalition of Nursing Association as a member and through monthly meetings and forums learning the similarities of the Nurse Practitioners struggles in promoting their profession within the health care team supporting physicians. The BCCNA has brought together for the first time all of the nursing family to review and discuss health care and how we can support the provincial government public health care system.

LPNABC in collaboration with BCCNA has provided direct care feedback on IT systems and the value added of what the LPNs can and do provide through new technology. The LPNs are capable to providing collaborative health care in rural and remote areas using telehealth and other technologies.

LPNABC continually hears that there is a “nursing shortage” yet the LPN association receives emails regularly from LPNs across the lower mainland that they cannot find jobs. This point has been brought to the governments’ attention to improve the optimization for LPNs in primary and community settings. LPNABC is a strong advocate to ministry, regulatory college and employers to open up the scope of practice to allow LPNs to work to their current education and training which is fiscally intelligent.

LPNABC believes that there are solutions in collaboration, there is enough nurses in BC to provide the best care. Primary and Community Care is foundational to nursing as we all are taught the nursing process across life span and we want to ensure we are working towards a true interdisciplinary team.

**LPNABC Executive Board members’ submission.**