LPNs and Case Management in Home Care:
A Brief Synopsis of a Case Study

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Licensed Practical Nurses (LPNs) are key health professionals in many areas of the health system including home care (Canadian Nurses Association, 2013). Their positions in home care include direct care provider, team leader, and care coordinator to name a few. Some are also in Case Manager (CM) positions or they may carry out case management functions as part of their direct care role. The extent of case management LPNs do varies within home care offices and across Zones.

We conducted a research study to generate knowledge on the role and scope of the LPN in both home care and case management. We used a case study approach in three offices and implemented a survey with a broader sample across all 5 Zones. The study was approved by the Health Research Ethics Board at the University of Alberta and participating Alberta Health Service (AHS) Zones.

The survey (n=24) was based on the Canadian Core Competency Profile for Case Management Providers (NCMN, 2012) and the AHS Case Management Competency Framework (AHS, 2011). Surveys were distributed electronically or in person to LPNs and RNs from each case and self-selected nurses from the 2 Zones who were not part of the case study. Responses were measured on a 6-point Likert scale that ranged from "never" to "very frequently". The mean age of LPNs surveyed was 46 and RNs was 40. The majority of respondents had been in practice for over 15 years, and most of the nurses surveyed had been Case Managers for 0-3 years. Moreover, there were no significant differences between RN and LPN in case management competencies categories.

The cases were from one home care office from each of the North, Edmonton, and Central Zones where LPNs were either in a designated Case Manager position or were performing case management functions but may not have been in a designated Case Manager position. Interviews (n=19) were conducted with both LPNs and a variety of other staff members. One focus group was conducted within each case.

At the time of our case study, we found it difficult to confirm who was actually in a formally documented designated Case Manager position. It varied depending on who we talked to and from the time the study was initiated to the point of data collection. Most LPNs who participated were carrying out case management functions as part of their

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role which was typically a direct care nurse. All of the 12 LPNs who participated in the survey, some of whom also participated in case study interviews, reported that they were in designated Case Manager positions. Ten of the Case Managers who were interviewed self-reported that they were in designated Case Manager positions. However, when we contacted respective managers to confirm the number of Case Manager positions their LPNs held, only 3 LPNs across sites were reported to be in designated Case Manager positions even though they were carrying out the role throughout most of their day. Our participants included Case Managers (LPNs and RNs), and leaders and managers.

LPNs play a significant role in both direct client care and case management. In general, LPNs conduct more direct care than RNs, but within that role, many are also performing case management functions such as assessments, care planning, collaboration with other healthcare team members, and follow-up. LPNs regularly assist RN Case Managers with their caseloads, particularly during busy periods. Work is often carried out in teams in a collaborative, negotiated environment.

The LPNs who were in Case Manager positions were often experienced LPNs who grew into the role over time. Some were assigned to the CM role in specific geographic locations, particularly where no RNs were available to fill the position. Some reported that as home care grows and clients are more complex, they are no longer assigning LPNs to after hours shifts, instead using RNs in those roles in case the LPNs faced situations that were beyond their scope of practice.

The reasons to no longer assign LPNs to Case Manager positions were often related to whether or not LPNs could maintain competency in doing Resident Assessment Instrument (RAI) assessments and because some client needs might be beyond their scope of practice. We found that misinformation or assumptions about the scope of the LPN was at least part of the decision to no longer assign LPNs to designated Case Manager positions. For example, some thought patients in palliative care, or on their first day home after cardiac surgery required an RN; others thought otherwise. There were also discrepancies and misinformation, later verified as incorrect, about the number of annual RAI assessments required to maintain RAI competency.

The role of the LPN on home care teams and also in case management is valued by both home care leaders and the RN Case Managers with whom the LPNs work. LPNs felt supported in their roles and believed they always had access to supervisors or other health professionals when consultation or mentorship was required. LPNs were cognizant of the limits of their scope of practice and did not hesitate to name their professional association as their main knowledge source when any scope of practice questions arose.

Participants in this study viewed many case management functions as inherently part of nursing. It was sometimes difficult for direct care nurses to extrapolate and articulate case management functions apart from their holistic nursing practice of home care clients. For instance, direct care nurses, in collaboration with the Case Manager, may coordinate care and make specific referrals such as when facilitating a change in a client's wound care regime. The coordination and referral process is case management but LPNs in direct care roles viewed coordinating and updating a plan of care as 'just what they do' as a nurse. Even though things like updating a care plan or consulting with other members of the healthcare team are done in conjunction with the Case Manager, most participants did not articulate the case management component as distinct from their nursing role until prompted.

Case management typically is carried out by one individual in a Case Manager role assigned to specific clients. We found that case management was often a collaborative practice within a small team. The team is engaged with numerous case management functions for a given client such as assessment, care planning, problem solving, and care coordination, to name a few. Team-based case management also occurred for challenging situations or complex cases in meetings where cases are discussed as a group. Participants perceived that team problem solving often led to more creative ideas and solutions for better client care and engagement. The nurses on the home care teams we witnessed are committed to their clients regardless of their role. They do not hesitate to support one another in order that daily client needs and workloads are managed so that clients receive quality care.

There is role variation among LPNs in home care across the three sites in this case study. The variation is due to many influencing factors that are at several levels: micro or site level, meso or Zone level, and macro or provincial level. Most often funding and human resources were predominant factors reported. Role variation is not necessarily a hindrance to home care programs and the flexibility in the way LPNs are used is usually beneficial. However, a provincial perspective might streamline, and subsequently strengthen, the role of LPNs in home care and case management, particularly considering the needs and demands created by differing population densities and characteristics across urban, suburban, rural, and remote areas. A provincial approach

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with different models in different settings might provide a more standardized, effective approach that is explicit to both providers and clients.

There is an opportunity to consider several recommendations based on our findings. From a practice perspective, a mentorship program for not only LPNs in case management, but also for others practicing case management would be beneficial. Although Zones have various approaches to mentorship, we found that mentorship was provided in an ad hoc manner that is dependent on daily workloads and busyness in the office. Formal mentorship would help to build competence, proficiency, and confidence for novice and developing Case Managers, regardless of their discipline.

There is an opportunity to enhance the role of the LPN and refine their role on home care teams. Case management competencies are part of the Competency Profile for LPNs (CLPNA, 2015) and with the growth in number and type of clients admitted to home care, new approaches have the potential to meet home care demands into the future. One example is the team-based collaborative nature of case management that is organically growing in some offices in order to meet client needs.

The unique needs of home care clients support different models of care. LPNs are the right type of nurse for direct nursing care for many home care clients with few exceptions due to their scope of practice and education, which has evolved over the years. LPNs carry out case management in two ways—either functionally as part of a home care team or in designated Case Manager roles. There is an opportunity for health systems to identify specific client groups that are appropriate for LPN case management.

In summary, we have found that LPNs, their colleagues, and their managers support LPNs in case management. Managers and colleagues valued the role of the LPN in both home care and case management and acknowledged the contributions of the LPNs. LPNs were aware of their scope of practice, felt supported in their roles, and believed they could access whatever advice and guidance they needed regardless of their role on the home care team. ■

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References available on request.