

## The Critical Importance of the Appropriate Level of Aid and Attendant Care

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### ABSTRACT

Nurses hold a prominent position as the most trusted professionals, as evidenced by a 2017 Gallup poll. Their integral role in providing high-quality, person-centered care makes them indispensable, particularly for those with limited access to healthcare services. This article examines the critical function of proper nursing resource allocation, emphasizing the need to ensure patients receive appropriate levels and types of care. Delegating responsibilities to alleviate the burden on Registered Nurses (RNs) is a common practice but must be carefully managed to avoid negative outcomes for patients requiring higher levels of care. RNs, Licensed Practical Nurses (LPNs), also known as Licensed Vocational Nurses (LVNs), and Certified Nursing Assistants (CNAs) each play distinct roles in the healthcare system, governed by varying state regulations and requirements.

**Keywords:** Catastrophic; Healthcare; Physicians; Licensed vocational nurses; Certified nursing assistants; Training

### INTRODUCTION

According to a 2017 Gallup poll, nurses are more trusted than any other professional [1]. Experts have deemed nurses a lifeline to healthcare for those who struggle to access services, as nurses provide high quality care that is effective, safe, efficient, timely, person-centered, and equitable [2].

A critical aspect of nurse-driven quality care is the allocation of the proper nursing resources to ensure that patients get the level and type of care they need. Given the importance of efficiency in caregiving in the context of limited staff and medical resources, there are incentives to delegate nursing responsibilities to reduce the burden on Registered Nurses (RNs) and the time required for them to care for patients [3-5]. While this delegation is often appropriate, it can also be catastrophic if deployed to patients requiring higher levels of care.

Ultimately, physicians with the training and expertise to best understand current and future needs of a patient should define their needs and the appropriate healthcare staff should be deployed accordingly. Given the distinct functional levels of care providers and the associated costs of utilizing their services, medical financial planning also depends vitally on the early identification of care needs so that patients have the necessary assets to ensure their long-term care.

Here we describe the roles and functions of RNs, Licensed Practical Nurses (LPNs), which are also often referred to as Licensed Vocational Nurses (LVNs), and Certified Nursing Assistants (CNAs). We also highlight state-by-state differences in nursing requirements and responsibilities, which must be considered when determining what level of care is appropriate for any given patient.

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## **RNS ARE MORE HIGHLY EDUCATED AND MEDICALLY TRAINED THAN LPNS AND CNAS**

RNs are nursing professionals who have passed the National Council Licensure (NCLEX-RN) examination and are licensed by their local state board of nursing to provide patient care [6]. Rns collaborate with physicians and physician's assistants in the coordination of care plans and interact with patients and their families regarding ongoing care. They are responsible for promoting beneficial behavioral changes and for leading their teams to provide more cost-effective care. Rns are often involved in health promotion at a variety of levels, including helping to create healthier spaces for people to live and work.

Rns can perform and interpret diagnostic tests and adjust medications, and in addition to care coordination and preventative care, Rns also deploy acute clinical judgment. Rns often play a key role in managing patients with chronic diseases such as diabetes and asthma [2,7]. They are also often involved in care related to communicable diseases like influenza and in maternal health [7]. In cases where patients are unstable or at risk for life-threatening complications or comorbidities, Rns are likely to be required to help manage the patient and prevent premature death or unnecessary suffering.

## **LPNS CAN PROVIDE A RANGE OF NURSING CARE SERVICES**

LPNs, also known as LVNs, pass a different examination from Rns. This NCLEX-PN exam, is specifically designed for practical nurses [6]. While educated, licensed, and skilled well-beyond entry-level professionals in healthcare, LPNs have a smaller scope to their practice than Rns due to lower levels of education and training, and Rns possess a distinct license from LPNs [8]. LPNs are appropriate for providing basic nursing care to stable or chronically ill patients [6].

Unlike Rns, LPNs provide care when patients have an established care plan in place, and their care focuses on prevention and overall health promotion. They conduct nurse assessments and diagnostics and provide treatment and education through collaboration with both patients and healthcare providers [9].

LPNs usually work under the supervision of either Rns or physicians and can often provide additional care services while being supervised [10]. These services include assisting with wound care, collecting blood and urine samples, administering vaccinations and medications, providing tube feeding, inserting catheters, performing CPR, and executing nursing care plans [10].

LPNs provide hands-on care, particularly in long-term care and supports settings and are often viewed as an important contributor to cost effectiveness in the nursing industry [8]. As the need to delegate tasks away from the highly-in-demand Rns has increased, the LPN role has also grown more common across the globe, but the quality of patient care has been shown in certain contexts to depend critically on LPNs collaborating

with Rns [11]. While these professionals have long worked side-by-side and collaborated in long-term care as well as in rehabilitation, more recently they have begun to support one another in acute care settings [11]. While LPNs are most appropriate for stable patients, if working alongside Rns, LPNs may be able to contribute to the care of patients with more complex needs.

## **CNAS CAN PROVIDE BASIC CARE UNDER THE SUPERVISION OF HIGHER-LEVEL NURSING STAFF**

CNAs are professionals who have completed training programs that are approved by the state in which they practice [12]. Whereas CNAs can provide basic care under the supervision of LPNs or Rns and often work in nursing homes and assisted living facilities, their training is less extensive than LPN and RN professionals.

Like LPNs, CNAs can assist with monitoring patients' vital signs and with daily living activities such as dressing and bathing. However, CNAs often add value through nonclinical support such as helping to ensure that patients maintain their dignity while they deteriorate. Tasks frequently pursued by CNAs include serving meals, transporting patients, cleaning patients' rooms, making beds, answering patient calls, dispensing medication, and reporting information to higher ranking nurses [10].

While CNAs can successfully support patients with a range of morbidities and risks, it is essential that their role consist only of tasks that are appropriate based on their skills and training. If, for instance, a CNA is caring for high-risk patients, higher level nurses should manage clinical care.

## **STATE DIFFERENCES IN CNA FUNCTIONS MAY DICTATE THE LEVEL OF CARE REQUIRED**

The realities of nursing differ from state-to-state, and the rules and regulations of some states restrict nurses from providing care to their full capacity [2]. The Nursing Practice Act (NPA), enacted more than a century ago, defines the laws of the practice of nursing [1]. However, states are left to govern the practice, with each state having a Board of Nursing (BON) to regulate the NPA in their state [13].

Training, licensure, and continuing education requirements differ between states for nurses [14-16]. For example, for CNAs, while all certification programs require a minimum age of 16 to 18 and a high-school diploma or GED equivalent and involve classroom instruction, clinical training, written exams, and skills evaluation, the education and certification programs differ by state [12].

## **DISCUSSION**

Some of the key differences state to state are the minimum number of hours of training required to become certified and

the number of annual working hours required to maintain certification. The scope of the clinical duties that CNAs can perform therefore differ by state as well [15,17,18]. It is therefore important that those planning for long-term patient care consider the specific tasks that RNs, LPNs, and CNAs can perform in the patient's home state so that the appropriate level of care can be assigned to optimize the patient's health.

High quality long-term healthcare depends critically on the assignment of the appropriate type and level of care, which may mean having medical experts determine for any given patient which tasks can be performed by RNs *versus* LPNs *versus* CNAs, based on the state in which the patient resides. When this requirement is not met, patients suffer. For instance, data has shown that nursing homes with high rates of LPN care relative to RN care have higher rates of emergency department visits and rehospitalizations [19]. It is therefore crucial that the proper nursing professionals be charged with caring for patients in the context of the patient's condition and risk factors and the specific capabilities of the healthcare professional in the state where the patient resides [20,21].

## CONCLUSION

Early detection and early intervention are key to saving patients' lives, highlighting the need for medical professionals with these capabilities. For example, patients who have been catastrophically injured or who are in a sedentary state are at an increased risk for secondary complications such as deep vein thrombosis, pulmonary embolism, pneumonia, sepsis, urinary tract infection, decubiti, cellulitis, osteomyelitis, seizures (stroke, traumatic brain injury), and autonomic dysreflexia (spinal cord injury at T6 and above). Medically fragile patients therefore require an RN level of care to ensure complications are rapidly identified and managed. In patients who are medically stable, LPNs may be sufficient for early detection and early intervention for secondary complications. However, CNAs do not have the level of education and training required to provide early detection and early intervention for secondary complications and should therefore not be relied on for that level of clinical management.

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