Project Title & Abstract:
Regulating licensed nursing practice in nursing homes: RN delegation, LPN practice, and care outcomes

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The purpose of this project is to measure the relationships between RN delegation, LPN practice, and quality of care outcomes in nursing homes to improve the regulation of professional nursing practice in long-term care. Problems of quality of care in nursing homes are widespread (Institute of Medicine, 2001), yet since 2000, licensed nursing facilities have reduced registered nurse (RN) hours per resident day by 25% nationally and increased nursing assistant (NA) hours, while licensed practical or vocational nurse (LPN) hours have remained essentially stable (Harrington, Carrillo, & Mercado-Scott, 2005). RN delegation is the regulatory mechanism through which LPNs and NAs provide over 90% of the direct care that residents receive (Beck, Ortigara, Mercer, & Shue, 1999; PHI, 2004). Thus, the RN delegation process, which includes planning for task delegation, assuring accountability, supervising performance, evaluating delegated tasks, and reassessing and adjusting the care plan (NCSBN 1995), represents the primary mechanism to ensure that professional nursing standards of care reach the bedside. Importantly, little empirical research has examined delegation in long-term care (Hall et al., 2005), despite growing recognition of the critical role of delegation in quality of long-term care (Mueller, 2005). The long range goal of this research is to develop empirically-based nursing regulatory models of RN delegation to LPNs and CNAs that ensure that professional nurses shape how long-term care is provided.

The project includes two components. First is a quantitative analysis of data on state-level regulations of RN delegation and LPN practice in nursing homes, nursing home facility-level data on survey and certification deficiency status, and Centers for Medicare and Medicaid quality indicators. In this analysis, we will be able to quantify the amount of variance in facility quality outcomes that is attributable to the state-level Nurse Practice Acts and administrative code that regulate licensed nursing practice. We also will be able to test in a quasi-experimental design, the degree to which recent changes in nursing practice regulations specific to the role of LPNs in nursing homes impact facility quality outcomes. Second is an in-depth look at RN delegation and LPN practice in nursing homes in two states, North Carolina and Minnesota, using mixed-methods. In this analysis, we will be able to explain barriers and facilitators to nursing practice regulatory compliance among licensed nurses and make policy recommendations to enhance the regulation of nursing practice in nursing homes. The two states will serve as exemplars for other states. The imperative to further our understanding of the relationships between delegation and quality of care grows with the aging of our population and increasing demand for long term care. Without investing in research designed to increase knowledge and tools for effective RN delegation and LPN practice, we face a public health crisis whereby the care setting most dependent on RN delegation and LPN practice to achieve quality nursing care, operates from the weakest empirical base.