

# Success in the Workplace Module



“You have brains in your head. You have feet in your shoes. You can steer yourself any direction you choose. You’re on your own. And you know what you know. And YOU are the one who’ll decide where to go”. –Dr. Seuss

## Table of Contents

About this Module/Overview/Objectives.....	Page 3
Chapter 1.....	Page 4-9
Top questions to ask during an interview with potential employer	
Orientation	
Policies and Procedures	
Rules of the Entity	
Leadership	
Preceptor/Mentor	
Teamwork	
Availability/Accountability toward staff	
Chapter 2.....	Page 9-13
Communication	
Getting Report	
Walking Rounds	
Exchange of Information	
Access to the RN during the shift	
Collaboration	
Chapter 3.....	Page 13-14
Accessibility of the Facility's Last Inspection	
State Rules and Regulations	
Chapter 4.....	Page 15
Reporting when something goes wrong	
Without retaliation	
Safety	

### **About this Module:**

When the Licensed Vocational Nurse (LVN) enters the workforce after graduating from nursing school and obtaining his/her nursing license, he/she may be nervous about the responsibilities that the job requires. Providing nursing care to individuals is just one aspect of the day-to-day job that the LVN will take on. The LVN will assume additional roles such as advocate or mediator, and may often feel like a housekeeper, waitress, and technology expert. Having a solid support system is critical for the LVN to be successful in his/her new position. The LVN must understand that he/she cannot do the job alone and know when to ask for assistance in carrying out tasks or when the workload is more than can be handled.

### **Overview:**

Nursing is rated as the most trusted profession in the United States, and has been for many years. Sometimes the job can be thankless and the LVN may feel underappreciated, therefore his/her heart has to be in it. Newly graduated nurses have neither the practice expertise nor the confidence to navigate what has become a highly dynamic and intense clinical environment burdened by escalating levels of patient acuity and nursing workload. He/she may need assistance to work through some of these challenges, and may find that being a part of a work-family will provide support and assistance, since they understand more than anyone the stress of the job. The LVN should draw on this support when needed, as it aids in the success that he/she may have in the profession.

### **Objectives:**

The objectives for this module include

- a. List 5 questions to ask during the interview for a new job
- b. Describe effective leadership qualities
- c. Identify the components of effective teamwork
- d. List the components of good communication

# Chapter 1:

## **Top questions to ask during an interview with a potential employer:**

There are many questions that may cross the mind of the newly licensed LVN when sitting across from a potential new employer; however there are some questions that are more important than others. For example, the new LVN may want to know about the facility's nurse-resident ratio, how much turnover there is in the company, how is resident satisfaction measured, how schedules are developed, and how long the shifts are in the facility. These are all great questions to ask during an interview, and can help the LVN obtain some very basic information from the potential employer. There are a few questions however that are more important to address during the interview, including:

1. **Orientation:** this is the most important part of the educational framework presented to any new employee, whether he/she is a seasoned nurse who is new to long-term care or a newly graduated LVN. Questions regarding the facility's orientation that should be asked during the interview should include:
  - a. What is the level and depth of the orientation?
  - b. Will more orientation time be granted if I feel I need it?
  - c. Will my orientation take place during the shift that I will be working?
  - d. Is there a mentorship program?
  - e. What are your expectations of new hires during their first six months on the job?

New employees should be oriented not only to the work environment, but the current staff, the residents if possible, facility policies and procedures, rules and regulations, and the expectations of their position. Orientation is the time when the new employer can help the employee feel like they belong within the organization, since adjusting to a new position can sometimes be challenging. The basic components of a new employee general orientation should include:

- a. history of the facility;
- b. familiarity with the facility layout;
- c. knowledge about the organizational mission, vision, core values, and its diversity;
- d. employee policies and procedures that the LVN is expected to follow;
- e. the facility's rules and regulations;
- f. an explanation of employee benefits and services;
- g. core facility trainings;
- h. an introduction to facility leadership and staff; and
- i. the employee's expectations of the employer.

The facility should provide the new employee with a folder or kit that includes all of the written materials that he/she will be responsible for during and after the orientation period. The general orientation is a time when a mentor or preceptor should be assigned to the new employee. This should be a fun and welcoming way to bring new employees on board and can include elements such as a welcome lunch, incorporation of different learning styles, and the use of non-technical skills training.

The educational component of an orientation period is important as well, as it helps to stabilize staffing by:

- a. investing in the employee, which they appreciate;
- b. assisting staff in improving their skills and job performance;
- c. improving the work environment; and
- d. improving staff confidence and morale.

The general orientation period should generally last between 2 to 3 days, to ensure that the new employee has all of the needed information to be successful. The use of a new hire orientation checklist is also a beneficial tool that can be used to ensure the new LVN has received all the necessary materials and information. This checklist is a way for the new LVN to verify that they have obtained all the information needed to do their job. There should also be a time period that they spend with the preceptor. This too will help the new LVN transition into the clinical practice before having to work independently.

2. Policies and Procedures: It is important that a new hire know and understand all of the policies and procedures by which they are expected to practice in the facility. An LVN, whether newly graduated or seasoned should know the expectations of his/her licensure, based on the requirements of the Nursing Practice Act (NPA). However, there may be differences between what the NPA allows the LVN to do and what the nursing facility's policies and procedures allow. At the time of the interview, the LVN should inquire about the facility's policies and procedures for practice, which they will be expected to follow. If possible, a copy of those policies and procedures should be provided to the LVN so that they can be reviewed prior to accepting a position within the facility. The LVN should ensure the facility's policies and procedures fall within the LVN's scope of practice as determined by the NPA, and the Board of Nursing's Rules and Regulations. Issues can arise after the nurse is hired if the facility requires a task to be performed by the LVN that is outside his/her scope of practice.
3. Rules for the Entity: During the interview process, the potential new hire should also inquire about the rules and regulations that the entity must abide by in order to remain in business. This includes state rules and regulations, as well as federal rules and regulations that the facility is required to follow in order to maintain their licensure and certification. During the interview, the LVN should ask where these documents are located and how they can be accessed when needed. The LVN must be familiar with these rules and regulations, as he/she will be held responsible for them during a survey, as well as in everyday practice.

**Leadership: “The art of getting someone else to do something you want done because he wants to do it” -Dwight D. Eisenhower<sup>1</sup>.**

Leadership is the linchpin that holds a teamwork system together. Effective leaders create the climate that allows teamwork to flourish. The actions of this leader are intimately linked to the other three essential elements of teamwork:

- a. First, leaders must constantly monitor the situation to better anticipate team members’ needs and effectively manage the resources to meet those needs.
- b. Second, leaders must communicate effectively with their team members to model appropriate behavior and reinforce and reward that behavior when it is exhibited by team members.
- c. Third, leaders must foster an environment of mutual support by role-modeling and reinforcing the use of those types of behaviors.

As a leader, one also has a responsibility to support the care team that provides care to the residents in the nursing facility. Leadership has been identified by team researchers as an important piece in the teamwork skills puzzle. Leaders are able to impact team effectiveness not by handing down solutions to teams, but rather by facilitating team problem-solving through cognitive processes, coordination processes, and the team’s collective motivation and behaviors.

In an effort to ensure leadership remains as an important piece of the overall teamwork concept, it is imperative that there are specific team leaders that are able to carry out the goals of the team. A team leader is a well-informed team member who makes decisions and takes necessary actions needed to perform effectively. There are two distinct types of leaders:

- a. Designated Leader: this leader is designated to perform the function. This leader must possess the knowledge, skills, and attitudes to achieve the established goals.
- b. Situational Leader: this leader may emerge as needed based on the situation, such as during care planning, and at spontaneous times, for instance, the first responder during an emergency.

In effective teams, any member of the team with the skills to best manage the situation can assume the role of situational leader. Once the situation has been resolved or the designated leader is ready to assume control, the situational leader may again assume the role of a team member. A team leader must possess a set of effective skills, regardless of the type of team that they are going to lead. The leader must be able to effectively:

- a. Organize the team.
- b. Articulate clear goals.

---

<sup>1</sup> TeamSTEPPS Leadership. <http://www.teamsteppportal.org/component/phocadownload/category/44-module-3-leadership>

- c. Make decisions based on input of team members.
- d. Empower team members to speak up and openly challenge when appropriate.
- e. Promote and facilitate teamwork.
- f. Resolve conflict.

In addition, effective team leaders are able to:

- a. Be responsible for ensuring team members are sharing information, monitoring situational cues, resolving conflicts, and helping each other when needed.
- b. Manage resources to ensure team performance.
- c. Facilitate team actions using successful communication techniques.
- d. Develop norms for information sharing.
- e. Ensure that team members are aware of situational changes to plans.

There are several different leadership styles that the LVN should be aware of, as he/she will display the characteristics of their specific style. These styles include<sup>2</sup>:

- a. Directing: The leader provides specific direction and closely monitors completion of the tasks. An appropriate decision has to be made quickly or for the inexperienced person who may appear to have the potential to be self-directed.
- b. Coaching: Two way communication. The leader provides guidance and instruction, but allows staff to work more independently, making decisions. He/she provides and listens to feedback. This works best with staff that wants to develop new skills or competence, a group that needs help learning to manage a meeting; or someone who has transferred from a different department and needs roles explained.
- c. Supporting: The leader begins to share the decision making process with the staff as their problem solving skills have improved. This style works best with staff that have 2 to 3 years of experience on their job; an experienced group that has been brought together to complete a specific task; or someone with experience who has transferred from another facility.
- d. Delegating Leadership Responsibilities: The leader turns over day-to-day decision-making and problem solving to staff. Delegating is appropriate for staff members who are self-reliant achievers – people who are competent and committed, and who do not need much direction.

The LVN should have an idea of his/her personal leadership style, in order to ensure that he/she will be successful in leading others to the desired goal. Being able to work with other staff in a leadership capacity is important when it comes to caring for residents and it must be something that is at the forefront of the leader's mind.

---

<sup>2</sup> Arcell, B., The Long-Term Care Director of Nursing Field Guide, 2011, 2<sup>nd</sup> Edition.

### **Asking for a Preceptor/Mentor<sup>3</sup>:**

No one can successfully get through life without the support and caring of others. The same is true for our careers. Nurse preceptors and mentors act as our personal guides, especially when we transition to new levels in our careers. A preceptor by definition is a teacher or instructor, however, the role of a nurse preceptor goes beyond that definition. The nurse preceptor serves two roles, that of a practitioner and an educator. This individual is instrumental in assisting the newly graduated nurse in successfully linking the theory that was learned in school to the application in the clinical setting. The preceptor and new LVN should, in the beginning of the preceptorship, work as one unit, with the new LVN carefully observing the preceptor in action and performing tasks under the preceptor's 'watchful eye.' As newly graduated LVNs enter the nursing workforce, it is important that they understand the role of the preceptor and, during the interview process inquire about whether the facility assigns a preceptor to the new hire, in order to ensure their success in the new environment.

A mentor<sup>4</sup> on the other hand is defined as a counselor or guide. This individual has the job of helping others learn. The goal of the mentor-mentee is to promote the mentee's career development. It stretches beyond the tasks of nursing. Mentors assist new nurses in developing their career goals by providing them with needed resources, guiding them in recognizing their strengths and weaknesses, establishing goals to improve their performance, and evaluating their success in achieving their goals.

### **Teamwork:**

Teamwork cannot occur in the absence of a clearly defined team. Therefore, improving upon an existing – or designing a new, team structure is the first step in implementing a teamwork system in any environment. There is value in the team working together as a unit, with leadership serving as a means for improving employee performance and attitudes. It is important that the LVN understands the structure of the team with which he/she works and how to best promote teamwork with a climate conducive to effective team functioning.

The LVN should know and understand that while the team includes all facility staff who are caring for a resident, they are not the only ones that are a part of the team. The resident and his/her family or significant others are also a part of the team and should be embraced and valued as contributing partners to the resident's care.

---

<sup>3</sup> How to maximize your experience with your nurse mentors and preceptors. <http://www.nursetogether.com/how-maximize-your-experience-your-nurse-mentors-and-preceptors>.

<sup>4</sup> Changing Tides: Improving Outcomes Through Mentorship on All Levels of Nursing. <http://www.nursingcenter.com/cearticle?tid=997576>.



As a team member, the LVN will work with many types of individuals of varying ages. The LVN needs to learn how to work with a person from different generations, as this will help them succeed in their job. This is the first time in history that nurses are working with nurses and certified nursing assistants from at least 4 generations. The LVN may be a team leader and therefore, should know how to lead and manage these generations; this knowledge will help with retaining the members of your team. Each of these generations has a different set of values and ethics. Take for example the Generation X person (born between 1961-1981); these individuals were latch key kids and many became disillusioned with the value system of corporate America.<sup>5</sup> This generation does not trust easily and wants to be led not managed. Generation Y (born between 1978-1986) is more global and is optimistic, self-confident, and socially conscious. These qualities can cause staffing issues as well. Therefore, when working with staff from different generations, the team leader must know their generations and what motivates them.

In looking at your team, let's see who is at the center? It's the resident. The resident and person-centered care in the nursing home setting describes a philosophy that puts the needs, interests, and choices of residents at the center of care. It provides residents with the ability to exercise control and autonomy over their own lives, to the fullest extent possible. Evidence has shown that including the resident as a member of the team improves their health. Learning to work with the resident and their family members as true partners is neither easy nor intuitive. The LVN must be able to:

- a. Learn to listen.
- b. Ask residents how involved they prefer to be in their own care, this includes medical decisions as well as lifestyle choices.
- c. Explain things to residents and their families in language they will understand. Speaking in lay terms, regardless of the resident's ability to understand medical terminology, can prevent any inadvertent embarrassment or confusion.
- d. Ask residents about their concerns before any details are provided. This can help ensure residents will be active listeners and understand what is being said to them.
- e. Remind residents and families that they have access to relevant information.
- f. Continually ask residents and their families for feedback and to be proactive participants in their care and life at the nursing home.

Residents, families, and other visitors may have questions and concerns from time to time. Understanding the complexities for the facility staffing structure may be confusing to residents, families, and visitors. Consideration should be given to directing the residents and the families and visitors to the appropriate staff person to alleviate the concerns and have their questions answered. Posting the facility's organizational structure and names of department contacts can be a useful tool that may be very much appreciated by the residents and their families. So, why teamwork? Well the answer is quite simple, teamwork has many goals including:

---

<sup>5</sup> Huston, C. J. (2006). *Professional Issues in Nursing*. Lippincott Williams & Wilkins.

- a. Reduce clinical errors.
- b. Improve resident outcomes.
- c. Improve process outcomes.
- d. Improve resident satisfaction.
- e. Increase family satisfaction.
- f. Increase staff satisfaction.
- g. Reduce staff turnover.
- h. Reduce resident and family grievances and complaints.

It is important that the individuals who make up the team are part of a high performing team. Some of the common traits of high performing teams include:

- a. Team members are able to anticipate each other's needs.
- b. Have clear roles and responsibilities.
- c. Have a clear, valued and shared vision.
- d. Strong team leadership.
- e. Engage in regular discipline of feedback.
- f. Develop a strong sense of collective trust, team identity, and confidence.
- g. Create mechanisms to cooperate, coordinate, and generate ongoing collaboration.
- h. Manage and optimize performance outcomes.

The LVN should understand that teamwork requires the assistance of everyone who is providing care for the residents. There is no one person who is more important than another, each adding in a unique perspective on the resident and the care being provided. If there is any time in which the LVN isn't aware of the role that he/she plays on the team, it is crucial that he/she asks a supervisor, to determine the role and how best to fulfill it.

## Chapter 2:

### **Communication<sup>6</sup>:**

“Communication is the response one gets from the message that is sent, regardless of its intent”.  
–Author Unknown.

Effective communication is a vital skill that the LVN should possess. In addition to the wide range of technical proficiencies that the LVN needs to properly treat and provide comfort for

---

<sup>6</sup> TeamSTEPPS Communication. <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/longtermcare/index.html>.

his/her residents, he/she must also appropriately communicate with those residents, building strong relationships with the residents and their families.

Communication is an important component of the team process because it serves as a coordinating mechanism or supporting structure for teamwork. Effective communication skills are needed to convey clear information, provide awareness of roles and responsibilities, and explain how performance affects outcomes. Direct care workers monitor situations by communicating any changes, keeping the team informed and the resident protected. Communication delivery includes the intended audience, the mode of communication (written and oral), and the delivery technique (clear and brief). Effective information exchange involves:

- a. Sending techniques: seeking information from all available sources, sharing information before asked, and providing situation updates as necessary.
- b. Recurring techniques: analyzing the data (information) provided and synthesizing it into or modifying the existing plan of care.
- c. Verifying techniques: checking back information to investigate the intent of the sender.
- d. Validating techniques—confirming the intent of the sender orally or in writing.

Lack of communication among staff can result in a failure to:

- a. Share information with the team.
- b. Request information from others.
- c. Direct information to specific team members.
- d. Include residents in communication involving their care.

Examples of missed communication opportunities include:

- a. Inconsistencies in the utilization of automated systems.
- b. Poor documentation—not timed, nonspecific, illegible, and incomplete.

Strategies to avoid these pitfalls:

- a. Having the right information will facilitate the right action.
- b. Directing information to the particular individual you expect to execute the order ensures that it will not be delayed or missed.
- c. Remembering that residents and their families are an important information source will improve communication.

Whether sharing information with the team, resident, or family, the LVN must understand that communication should meet four standards to be effective. Effective communication is:

- a. Complete:

- i. Communicate all relevant information while avoiding unnecessary details that may lead to confusion.
- ii. Leave enough time for residents to ask questions, and answer questions completely.
- b. Clear:
  - i. Use information that is plainly understood (avoid medical jargon, use layperson's terminology with residents and their families).
  - ii. Use common or standard terminology when communicating with members of the team.
- c. Brief:
  - i. Be concise.
- d. Timely:
  - i. Be dependable about offering and requesting information.
  - ii. Avoid delays in relaying information that could compromise a resident's situation.
  - iii. Note times of observations and interventions in the resident's record.
  - iv. Update residents and families frequently.
  - v. Verifying requires checking that the information received was the intended message of the sender.
  - vi. Validate or acknowledge.

The LVN should understand that there are often challenges or barriers to communication that can make caring for a resident unsuccessful. These include:

- a. Language barriers: non-English speaking residents/staff can pose particular challenges.
- b. Distractions: emergencies can take the LVN's attention away from the current task at hand.
- c. Physical Proximity
- d. Personalities: sometimes it is difficult to communicate with particular individuals, based on the differences in personalities.
- e. Workload: during heavy workload times, all of the necessary details may not be communicated, or they may be communicated but not verified.
- f. Varying communication styles: health care workers are traditionally trained with a different communication style than that of the residents.
- g. Conflict: disagreements may disrupt the flow of information between communicating individuals.
- h. Verification of information: it is important to verify and acknowledge information that is exchanged.
- i. Shift change: transitions in care are the most significant times when communication breakdowns occur.

Good communication facilitates development of mutual trust and shared mental models, enabling teams to quickly adapt to changing situations. Communication is especially important as the environment becomes more complex (e.g., emergency situations), it distributes needed

information to other team members and facilitates the continual updating of the team's shared mental model and engagement in other team activities.

### **Getting Report:**

Both the receiving nurse and the reporting nurse have very important roles with regards to the patient report. The LVN who is receiving the report should be sure to practice listening, this means listening to everything that the reporting nurse has to say before asking any questions. When the LVN asks questions before the reporting nurse finishes speaking, he/she can derail the reporting nurse's train of thought, causing him/her to need extra time to get back on track or possibly miss giving important details about the patient.

The LVN who is giving report should be sure to save as much time as possible during the reporting process by painting a picture for the receiving nurse. When painting the picture, it should not be of what the reporting nurse's shift looked like but rather of what situations are most likely to develop in the next 8 hour shift. This allows the receiving nurse to have an idea of what might happen so that he/she can be prepared for it.

1. **Walking Rounds<sup>7</sup>:** Walking rounds is a reporting method used when the members of the care team walk to each resident's room and discuss care and progress with each other and with the resident (as appropriate). The LVN should become accustomed to performing walking rounds on his/her residents with the oncoming shift nurse in order to ensure that no information about any one resident is left out. If the facility does not require walking rounds as part of the end-of-the shift report, the oncoming nurse needs to make initial rounds on the residents that have had a change of condition. The goals of walking rounds are to allow the oncoming nurse to visualize the residents who have had a change of condition or status, make note of their priority and to also possibly change the plan of care for the next shift.

Walking rounds should be done with the oncoming nurse and nurse aides. This allows the nurse aides who will be on shift with the LVN to receive the same information about the residents and to know which residents they may need to observe more frequently. Walking rounds may take longer than other reporting systems; however it gives the nurses and the resident an opportunity to evaluate the effectiveness of the resident care together.

---

<sup>7</sup> White, L. Documentation and the Nursing Process, 1<sup>st</sup> Ed , 2003, Thompson Delmar Learning, Clifton Park

2. Exchange of Information<sup>8</sup>: When getting or giving information on a resident from/to another nurse, it is imperative that the information is exchanged clearly so as to avoid any issues that may arise. Ways in which to ensure the effective exchange of information include:
  - a. Focus on safety: This would include any information related to allergies and advanced directives that the resident may have.
  - b. Address the resident's medical history: This is especially important as there may be nurses who have never worked with this resident before and may not know about their immediate medical needs without searching through the medical records.
  - c. Discuss the physical assessment: The parts of the assessment that reveal no abnormalities do not need to be discussed during this time, this time should be used to discuss the abnormalities that the resident has at the present time, if any.
  - d. Discuss issues related to medication: If the resident has had any recent changes to his/her medication regimen, these should be discussed.
  - e. Discuss pain management or PRN medication use: If the resident is having issues with pain, it is important that these issues are passed along during report. Additionally, if the resident has a PRN medication that has recently been administered, that information, along with the resident's response should be provided to the oncoming nurse.
  - f. Discuss any upcoming treatments or tests: The oncoming nurse should be aware of any treatments or tests that need to be completed. For example, if the resident receives dialysis, the oncoming nurse should know this in order to ensure that the resident is ready to go, or if a resident has lab work that needs to be done/was already done, the nurse also needs to know this to be sure to check for the results that will need to be provided to the physician.
  - g. Discuss discharge planning: In the event that there are residents in the facility that are set to be discharged, for any reason, the nurse should be aware of this in order to ensure that everything is ready for the resident when he/she leaves.

The LVN should be aware of the aforementioned areas of information; if he/she is the one receiving report, he/she can then ask questions if any of the previously mentioned areas are not covered. This will allow the LVN to obtain all of the necessary information to have a successful shift.

### **Access to the RN during the shift:**

It is a requirement of the Texas Board of Nursing (BON) that the LVN practice under the supervision of an RN at all times. This does not mean that an RN is required to be in the facility at all times, however, it does require that an RN be accessible. Accessibility may vary depending on the facility's policies, and the LVN should be familiar with these policies. There

---

<sup>8</sup> Ward, J. Making an Effective and Professional Nursing End-of-Shift Report. <http://www.nursetogether.com/making-effective-and-professional-nursing-end-shift-report>

may be a requirement that during the dayshift there is an RN on site for the purposes of supervising the LVNs, whereas during the night shift, there may be an RN on-call who the LVN must contact in the event of an emergency.

1. Collaboration: When it comes to caring for residents in a nursing facility, the LVN is generally charged with caring for individuals with many different chronic conditions at one time. This may be a bit overwhelming for the LVN, so it is important that he/she know who is available to assist when times may get a bit tough. Collaborating with the RN is an important part of that process. The LVN must realize that he/she cannot do it all alone and must reach out to others for assistance. The LVN should make it a practice to collaborate with the RN any time that he/she feels it is necessary, keeping the RN informed of any difficulties; this will allow the RN the opportunity to assist the LVN when he/she is having trouble.

## Chapter 3:

### **Accessibility of the Facility's Last Inspection:**

Information related to the facility's last inspection should be readily available to any and everyone who requests to see it. The Health and Safety Code, Title 4, Subtitle B, Chapter 242, Subchapter A, Sec 242.042<sup>9</sup> requires each institution to prominently and conspicuously post for display in a public area of the institution that is readily available to residents, employees, and visitors a notice regarding the availability of the inspection report. This posting should be in a form prescribed by the department stating that licensing inspection reports and other related reports, which show deficiencies cited by the department are available at the institution for public inspection. The posting must also provide the department's toll-free telephone number that may be used to obtain information concerning the institution and a concise summary of the most recent inspection report relating to the institution.

The LVN, when deciding where he/she will work should not be afraid to ask to review the report of the last inspection during the interview process. This may allow the potential new hire, the LVN, to learn about the practices of the facility to determine if that particular facility is one in which he/she wants to work. Knowing all of the information about a facility prior to employment is a benefit to the LVN.

### **State Rules and Regulations:**

---

<sup>9</sup> Texas Health and Safety Code, Title 4, Subtitle B, Chapter 242, Subchapter A, Sec 242.042 Posting.  
<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.242.htm>

It is imperative that the LVN knows not only his/her practice abilities, but also the rules and regulations by which the facility is required to operate. The Centers for Medicare and Medicaid Services (CMS) have detailed the required practices of all certified facilities in the State Operations Manual Appendix PP. The LVN who chooses to work in a nursing facility should be familiar with this document and understand the implications for not following the rules and regulations as prescribed. The State Operations Manual Appendix PP can be found at [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CB0QFjAAahUKEwjZ2MvsmJXJAhUNxWMKHYP9Ahc&url=https%3A%2F%2Fwww.cms.gov%2FRegulations-and-Guidance%2FGuidance%2FManuals%2Fdownloads%2Fsom107ap\\_pp\\_guidelines\\_ltcf.pdf&usq=AFOjCNHmwegbtvABU7XwCe7Ebgj4aRNSmg&sig2=qU79bPO3YqTypjLBWdAaeg&bvm=bv.107467506,d.cGc](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CB0QFjAAahUKEwjZ2MvsmJXJAhUNxWMKHYP9Ahc&url=https%3A%2F%2Fwww.cms.gov%2FRegulations-and-Guidance%2FGuidance%2FManuals%2Fdownloads%2Fsom107ap_pp_guidelines_ltcf.pdf&usq=AFOjCNHmwegbtvABU7XwCe7Ebgj4aRNSmg&sig2=qU79bPO3YqTypjLBWdAaeg&bvm=bv.107467506,d.cGc).

In addition to the federal requirements that nursing facilities must follow for certification, there are state requirements that the LVN should be aware of also. There are several State statutes and rules regarding the operations of a nursing facility in Texas. These include:

- a. Health and Safety Code, Title 4, Chapter 242: Convalescent and Nursing Homes and Related Institutions: <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.242.htm>
- b. Health and Safety Code, Title 4, Chapter 250: Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly or Persons with Disabilities: <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm>
- c. Texas Administrative Code , Title 40, Part 1, Chapter 19: Nursing Facility Requirements for Licensure and Medicaid Certification: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=40&pt=1&ch=19](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19)
- d. Texas Administrative Code, Title 40, Part 1, Chapter 19, Subchapter E, Rule §19.419 Directives and Medical Powers of Attorney: [http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=40&pt=1&ch=19&rl=419](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=19&rl=419)
- e. Texas Administrative Code, Title 40, Part 1, Chapter 99: Criminal Convictions Barring Facility Licensure: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=40&pt=1&ch=99&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=99&rl=Y)

## Chapter 4:

### **Reporting when something goes wrong:**



Anyone who knows of a situation when something has gone wrong (such as a medication error, etc.) must report the incident to the proper organization or department. This may involve making a report to the Texas BON as required by the Nursing Practice Act (NPA); this includes situations when the LVN is the one who did something wrong. The facility may also have policies and procedures that require him/her to report the situation to a designated individual within the facility. When an LVN does report an incident as required by facility policy, regulations or the NPA, he/she should know that in doing so, there will be no retaliation against him/her. The Texas BON maintains the confidentiality of any individual who makes a report. The LVN should inquire about the policies and procedures for reporting an incident within the facility to determine if the facility also maintains the confidentiality of the reporting and has a policy against retaliation of a reporter.

The LVN must understand that the overall goal for reporting situations that may cause issues is to ensure the safety of the residents that are being served in the facility. The LVN, as an advocate for the resident, is charged with ensuring the continued safety regardless of who is caring for the individual. If the LVN even suspects that there may be an issue with the care that is being provided, he/she must report it to the individual/entity that requires reporting. The motive behind reporting these instances is to ensure resident safety and compliance with the rules and regulations for licensure/certification.

The LVN has the ability to learn as much about the nursing facility where he/she chooses to work as he/she wants. The LVN ultimately can decide which facility to work for based on the way that they care for their residents and their staff; these are things that he/she should determine, if desired, prior to accepting a position with a facility. Ultimately, the LVN has the power to have as much as success in his/her workplace as he/she wants to have.