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"The Specialist Nurse in European Healthcare towards 2030"

Task Shifting

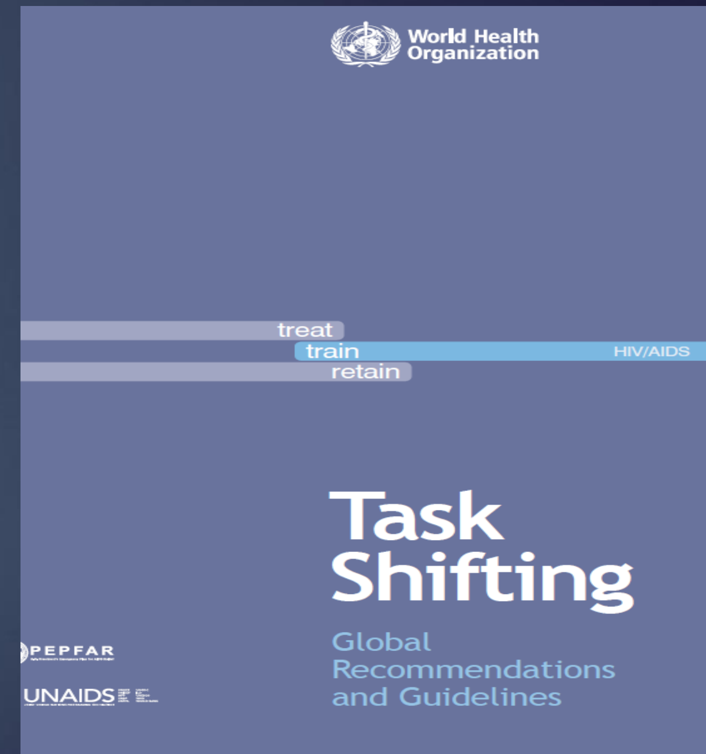
LUIGI APUZZO

NATIONAL AGENCY FOR REGIONAL HEALTH SERVICES AGE.NA.S.

ROME, ITALY

What is Task Shifting

- “The rational re-distribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers who have fewer qualifications in order to make more efficient use of the available HRH.” (WHO, 2008)



https://www.who.int/healthsystems/TTR-TaskShifting.pdf

Why Task Shifting

- *To face staff shortage:* TS can contribute to the sustainability of the health workforce
- *To increase the skills of the staff:* TS can be a means to improve quality of care, where evidence shows that activities are performed better by one group than another
- *To increase collaboration beetween heatlhcareworkers:* TS can enhance the resilience of the health system, especially where different professional groups can substitute for one another in emergencies
- *To face the costs:* TS can contribute to the financial sustainability of health system. Many health professionals spend a considerable amount of their time undertaking activities for which they are overqualified

Which types of Task Shifting

Changing roles	
Enhancement	Increasing the depth of the job by extending the role or skills of a particular group of workers
Substitution/ Delegation	Exchanging one type of work from one profession to another profession, breaking traditional professional divides
Innovation	Creating new jobs by introducing a new type of worker (or technology)

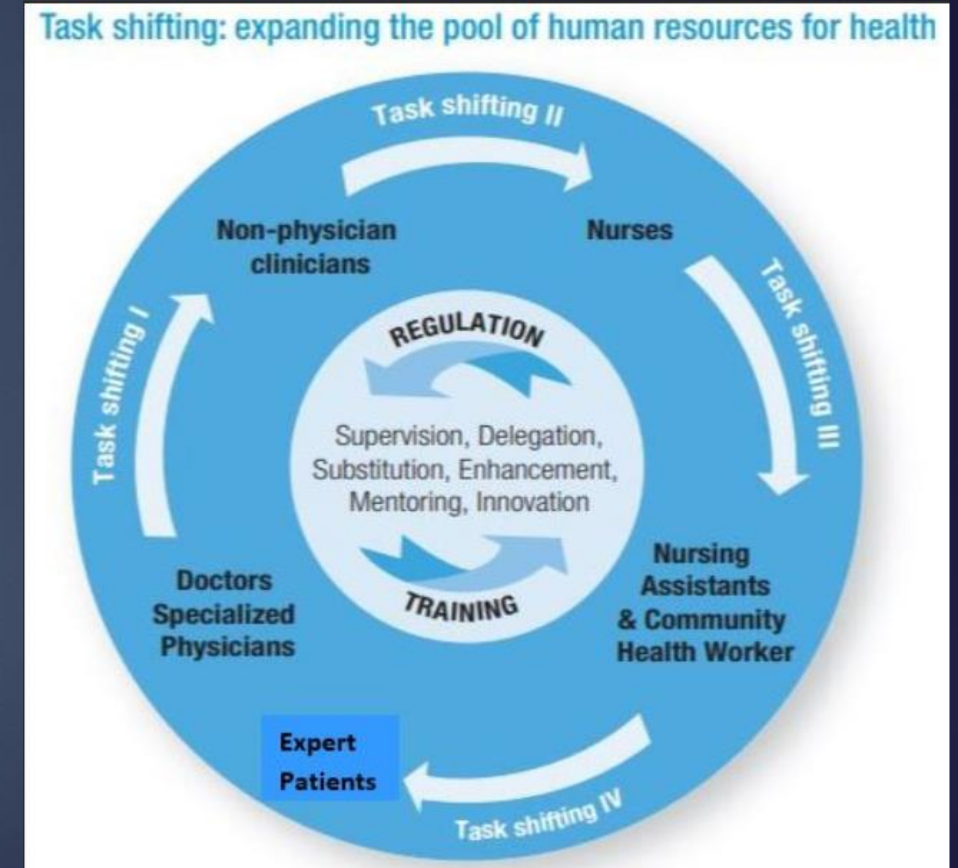
https://op.europa.eu

When and Where
Examples of TS during Covid-19

- Temperature measured by electronic devices or by non-HCWs
- Swabs carried out by pharmacists
- Innovative technologies

Results of past experiencies

- Regularisation of informal practices
- A Belgian law (2016), takes a different approach. The professions are described in terms of competences rather than the previous list of interventions that can be undertaken by different health professionals.
- In Ireland, a move to manage the care of patients with epilepsy in the community stimulated the development of a new professional group, epilepsy specialist nurses. They work in a multidisciplinary team, but with substantially enhanced roles.
- A law in The Netherlands (2011) made nurses lawful for them to conduct a range of procedures that had previously been reserved for physicians, such as cardioversion/defibrillation, catheterisation, endoscopy, injections, some prescribing, and minor surgical procedures, although in practice, they had long been undertaking some of them informally.
- Progress in task shifting in England and Scotland, all of which introduced legislative or regulatory change between 2010 and 2015, found that progress in shifting tasks from doctors to nurses was greater than in other countries
- Recognition of the specialist family nurse in Italy (law 77/2020)



What's happening in Europe

- Empowering EU health policies on Task SHIfting"
- 3-year long project (1 April 2021 - 31 March 2024)
- TaSHI involves 7 partners in Italy, the Netherlands, Estonia, Norway, Lituania
- Some of the main results of TaSHI will be: A Guidebook of task shifting, 5 Case studies, Set of recommendations for task shifting actions
- Task Shifting between family doctors and nurses in primary care, in mental health, the use of telemedicine in wound care setting, task shifting in the field of ophthalmology

https://tashiproject.eu/

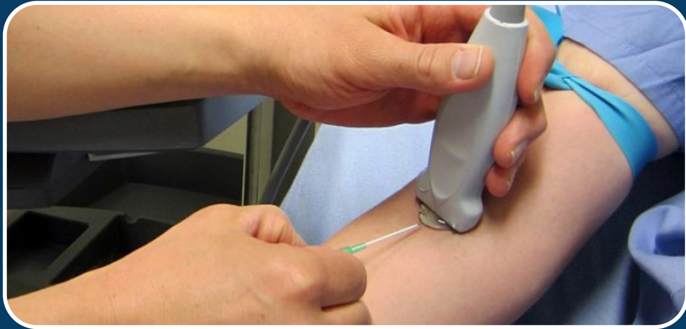
Designing Task Shifting

www.calderdaleframework.com R. Smith and J. Duffy (2010)

Task Shifting and Nurses

Strenghts	Weakness
Work in team Training already available for some areas Activity already performed informally	Nurse shortage Lack of time, resources and training for some areas Too strict regulations and hierarchies Patients' and HWFs' Culture
Opportunities	**Threaths**
Increase role, skills, abilities and attractivity, retainment. Cost reduction Better outcomes for patients	More responsabilities without payments recognition Non-formal recognition Waste of time and money Burnout No insurance coverage

Some examples (Italy)



Vascular Specialist Nurse

Trained with 1 year-post-graduate course

Cost: 2500 euros

Nurses now can formally implant PICCs

More responsability, same salary

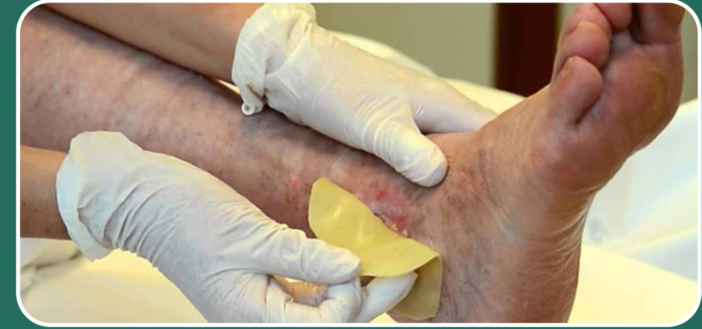
Echocardiographists Nurse

Trained with 2 years-post-graduate course

Cost: 2500 – 3500 euros

Nurses now do echocardiographies informally

Not recognised, nurses can't sign report



Woundcare Specialist Nurses

Trained with 1 year-post-graduate course

Cost: 2500 – 3500 euros

Nurses now manage chronic and severe wounds (often informally)

Often not recognised, nurses can't prescribe dressings

Task Shifting, Nurses towards 2030 and ESNO

- Follow ongoing projects in Europe
- Insist on the recognition of skills already performed by nurses, but which are not formally recognized
- Propose new nurse-led projects, new specializations and training
- Understand the regulations of the different European countries
- Understanding the consequences of TS
- Understanding the barriers and facilitators of TS
- Push for the **European Certification** of the different specializations and skills, made by ESNO

Key facilitators:	Key barriers:
In-service training	Lack of regular supervision,
Financial incentives	Limited training,
Infrastructural support and supplies	Lack of clear definition of roles,
Appropriate monitoring	Too many vertical programmes
Regular supportive supervision and evaluation	Insufficient resources
Integration of CHV programmes into the formal healthcare system	

Woldie et al. 2018

ESNO
EUROPEAN SPECIALIST NURSES ORGANISATION