

# FUNCTION SHARING: NURSE, NURSE ASSISTANT, PHYSICIAN



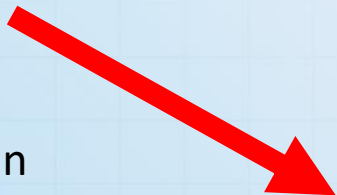
LIETUVOS RESPUBLIKOS  
SVEIKATOS APSAUGOS MINISTERIJA

2023 m. lapkričio 29 d.

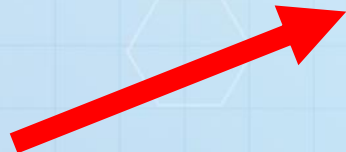
# The Teams in primary health care



Physician, Surgeon, Obstetrician (gynecologist), Pediatric doctor, Nurse



Family doctor (GP), Nurse, Midwife, professional of Lifestyle medicine, Physiotherapist, Social worker, Case manager and team Administrator



Family doctor (GP), Nurse



# The Team of GP: Intended Actions

*A nurse, midwife, lifestyle medicine professional, physiotherapist, social worker, case manager and team administrator will be able to perform the following functions according to their competence:*

- **assessment of health risk factors**
- implementation of **early disease diagnosis and prevention** programs
- **monitoring** of patients with chronic diseases
- **preparing patients** with acute and chronic diseases **for consultation with a GP family doctor** (triage, anthropometry, blood pressure, temperature measurement, etc.)
- performance of **nursing procedures**
- assessment of functional capacity and physiotherapy needs, and provision of physiotherapy services
- **maternity care**
- **assessment of social needs** and assistance in realization
- processing of medical and other documents
- etc.





## Nurse consultation

It is a **tool** for nurses working in the family doctor's team, which provides the opportunity to independently consult patients within the limits of their competence:

- take a medical history,
- perform an initial assessment of the patient's state of health,
- to advise on the use of medicines prescribed by the doctor (whether they use it, how to use it, whether they can purchase it),
- take care of newborns,
- advise the patient and his family members or relatives on issues of healthy lifestyle, preservation and preservation of health, management of chronic diseases,
- monitor multimorbidity patients,
- prescribe routine or simple laboratory tests (glycosylated Hb, monitoring of coagulation index etc.),
- examination and evaluation of the feet of diabetic patients at each visit;
- prepare the patient for planned surgery,
- creation of an individual nursing plan: classification of nursing problems according to their nature,
- determination of the most important nursing diagnoses, formulation of nursing goals and provision of nursing actions;
- prescribe and perform immunoprophylaxis.



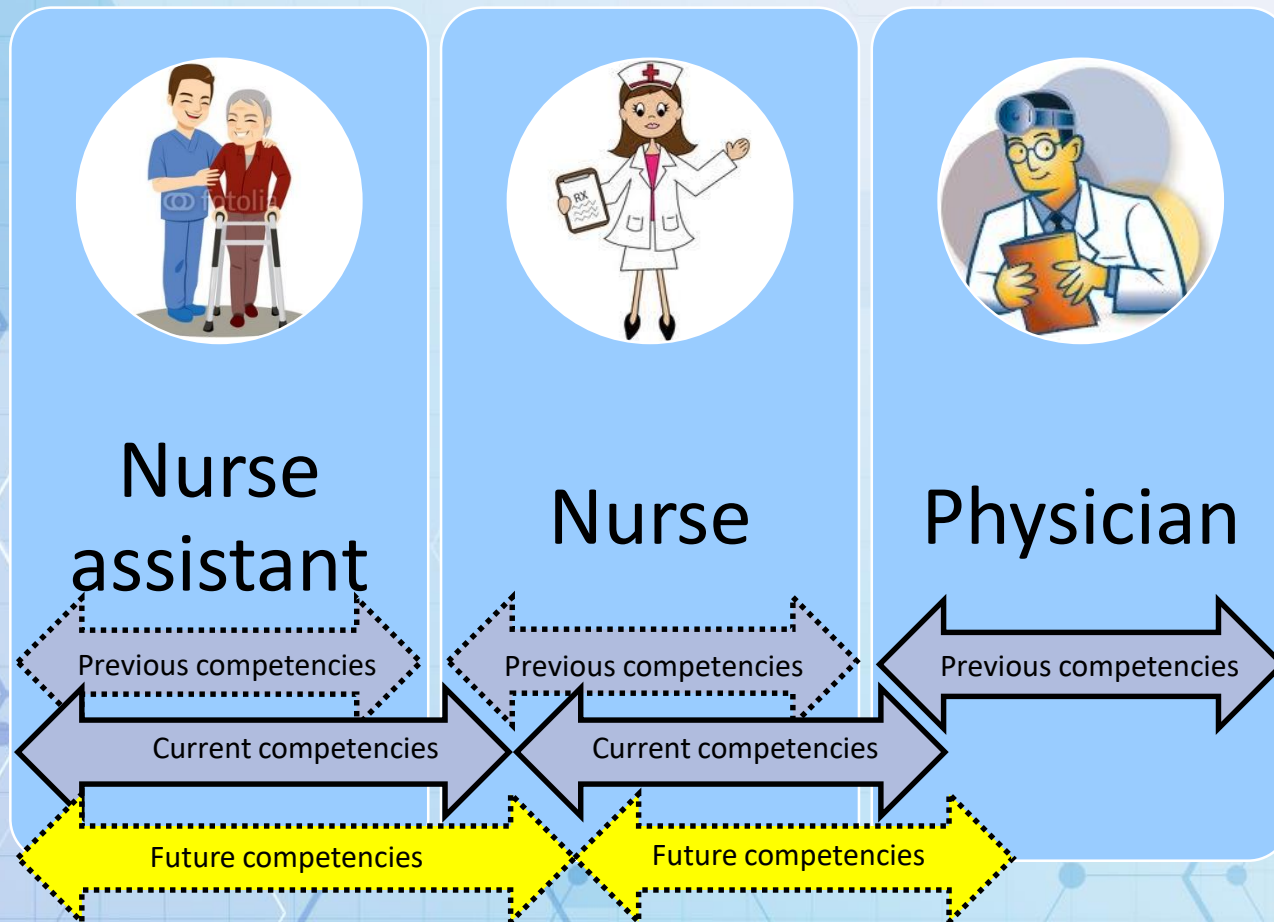
# Nurse consultation

ACCORDING TO THE NEED:

- appointment of diagnostic laboratory tests (general urine, general blood test, blood tests for glycosylated hemoglobin, glucose level, prothrombin index, C-reactive protein level) and evaluation of their results or appointment of nursing procedures according to competence;
- appointment of diagnostic laboratory tests carried out in the course of preventive programs;
- discuss the results of performed diagnostic and/or nursing services and procedures with the patient or his representative;
- prescribing and/or prescribing medical aid measures;
- prescribing and (or) prolonging the administration of medicinal products (performed by an advanced practice nurse);
- discuss the application of self-control measures for chronic diseases;
- discuss the application of nursing procedures or measures with a chronically ill patient or his representative;
- counseling regarding the use of medicines prescribed by the doctor (whether they are taking them, how they are taking them, or whether they can purchase them);
- perform preventive examinations of children and adults;



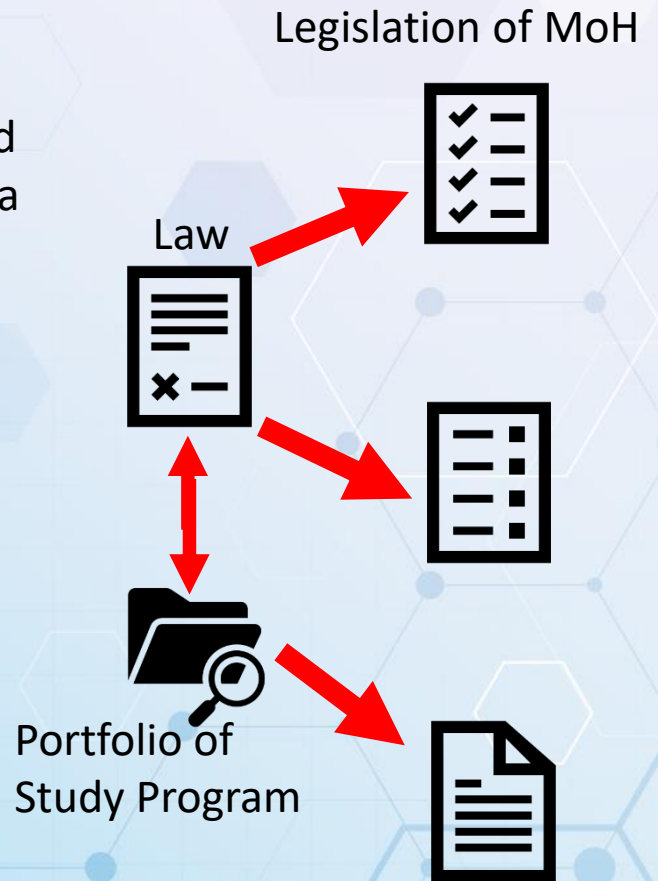
# Competences: present and future





# Legislation issues

Some competences must have a legal basis determined by law, which takes a long time to change, resulting in a lack of flexibility of implementation in practice.



# Function Sharing: Comparison

Physician	Nurse of General Practice / Midwife	Nurse Assistant
To continue the appointed treatment of chronic diseases by a doctor and write recipe for medicines	To continue the appointed treatment of chronic diseases by a doctor and write recipe for medicines	monitor, assess and document the patient's diuresis
Issuing referrals for other personal health care services	Issuing referrals for other personal health care services (obstetrician gynecologist, nurse diabetologist, etc.)	monitor, record and assess the patient's fluid balance
Prescription of Laboratory tests	Prescription of Laboratory tests	maintain an enteral feeding tube
	monitor patients with chronic diseases	feed the patient through a tube, stoma
Pregnancy care	Care for an uncomplicated pregnancy	put drops in the eyes, nose, ears
		determine the intensity of pain using a pain scale
		apply lubricants
		take a smear from the front part of the nose





# Slaugytojo konsultacijos nuo 2024-07-01

Legislation	Health Care Professional	Competences	The effect
<p><b>LAW ON SICKNESS AND MATERNITY SOCIAL INSURANCE OF THE REPUBLIC OF LITHUANIA</b></p> <p>2) to care for sick family members. This benefit is awarded if it is necessary to care for a sick family member of the insured person on the instructions of a doctor, general practice nurse, advanced practice nurse or midwife;</p>	<p>A general or advanced practice nurse or midwife working in a GP team.</p>	<p>In cases determined by the Minister of Health, when there is a clear diagnosis (confirmed by laboratory test data according to diagnostic algorithms), a sick leave is issued for the care of a sick family member.</p>	<p><b>The administrative burden on the family doctor is reduced. The family doctor's team can provide services to patients faster, as a result queues are reduced, service waiting times are reduced, service availability is improved Professional competences are realized, the prestige of the profession increases. Documented actions become visible, assumptions are made for objective workload calculation and salary increase.</b></p>







Empowering EU health policies  
on Task SHifting

# **Introduction of the Lithuanian case study. Tasks delegation to increase the accessibility and quality of primary health care services in Lithuania**



MINISTRY OF HEALTH  
OF THE REPUBLIC OF LITHUANIA





# The goal of the pilot project

- To strengthen the quality of healthcare services which are provided by family medicine doctors and psychiatrists through task shifting to other healthcare specialists.
- Output: report of the best practices; the list of competencies of nurses and nurse's assistants which should be strengthened; legislation improvement (if needed).



# Objectives of the pilot project

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1.1. To identify the tasks that could be delegated to other primary healthcare specialists;

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1.2. To identify the most effective ways (to a specific healthcare specialist) of delegating tasks;

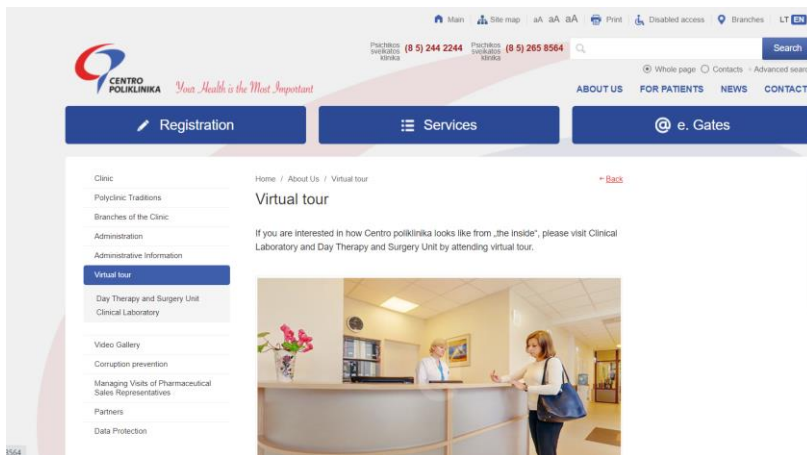
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1.3. To identify the competencies which should be additionally provided to nurses and nursing assistants;

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1.4. To provide the recommendations for improvements to institutions which are implementing the policy.

- Two largest primary care providers are involved in the pilot - „Centro poliklinika“ and „Kauno miesto poliklinika“;
- Two institutions cover over 200 000 persons in the database;
- Health care professionals working in the selected institutions have the most intense schedules.

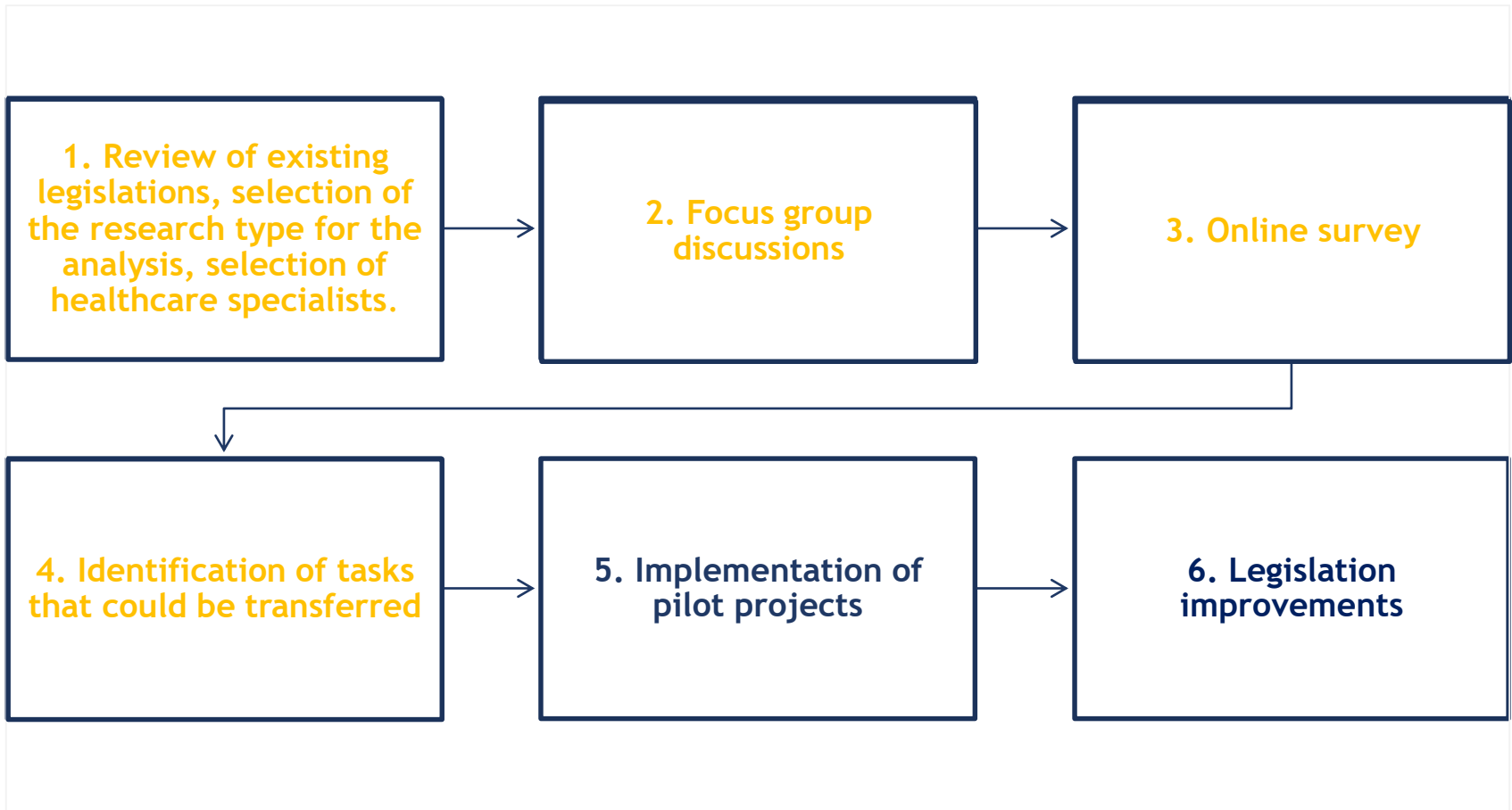




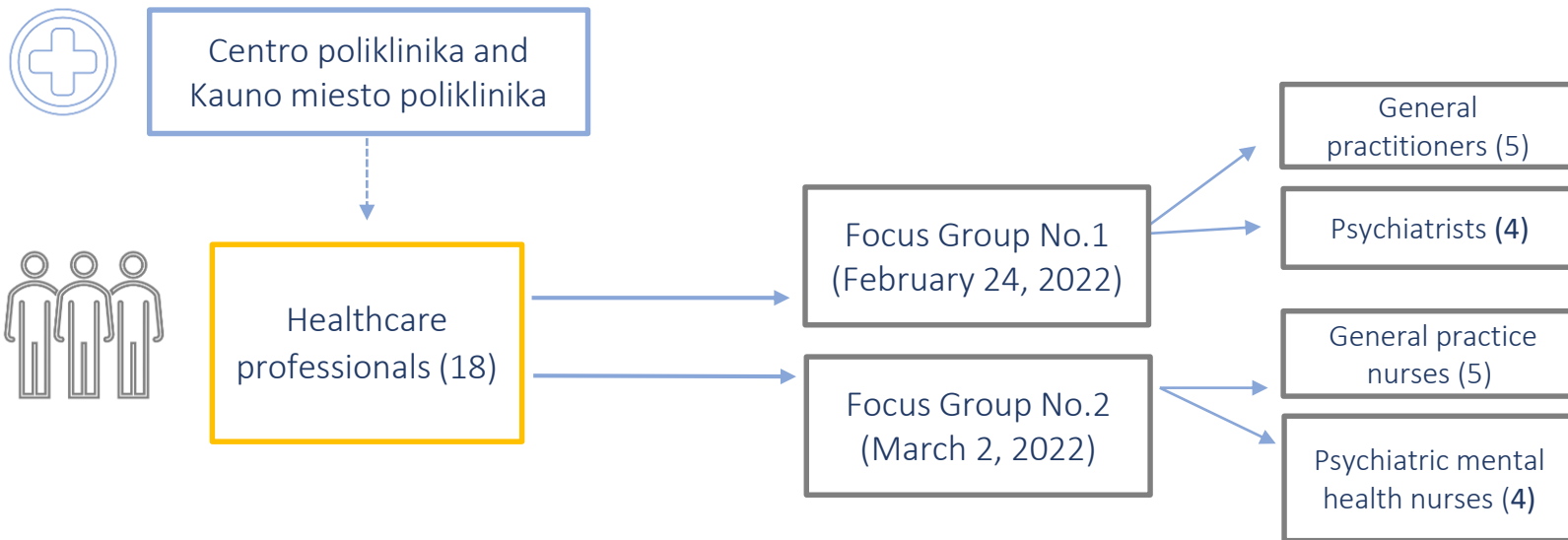




# Implementation plan



# Focus group interviews





# Focus groups results

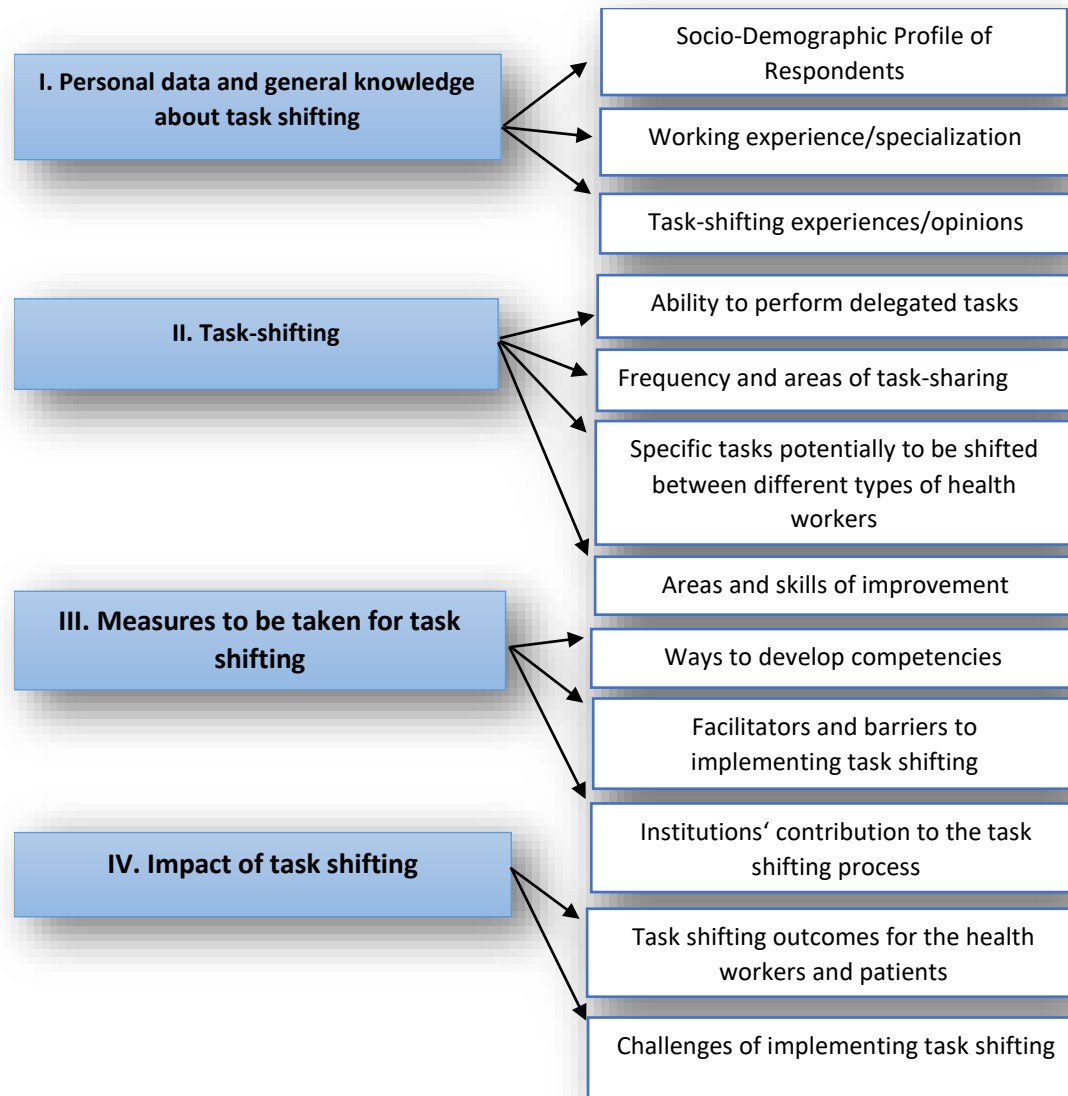
AREAS OF TASK SHIFTING	ACTIVITIES POTENTIALLY TO BE SHIFTED	BARRIERS FOR TASK SHIFTING	MEASURES TO BE TAKEN
<ul style="list-style-type: none"> <li>• CLINICAL SECTOR</li> <li>• ORGANIZATIONAL SECTOR</li> <li>• ADMINISTRATION SECTOR</li> </ul>	✓ Prescribing health-care supplies/medical	✓ Regulatory, legal constraints;	✓ Development of a nursing education programs;
	✓ equipment for home care;	✓ Lack of competencies;	✓ Legislative changes (medicine norms of family medicine doctors, psychiatrists, nurses);
	✓ Patient consultation;	✓ Patients' expectations (patients generally feel that nurses are not able to deal with simple conditions and prefer to consult with a general practitioner for more 'complex' conditions);	✓ Training programs (wound care; reporting an ECG, etc.).
	✓ Management of healthcare prevention programmes;	✓ Lack of training.	
	✓ Writing referrals for tests or scans/referring to specialists;		
	✓ Prescribing medications;		
	✓ Prescription extension;		
	✓ Follow-up;		
✓ Home visits.			



# Survey questionnaire

- The questionnaire aims to explore knowledge, perception and attitudes of general practice nurses and psychiatric mental health nurses toward task shifting experiences and practices in primary care.
- 38 survey questions;
- 83 nurses participated in online questionnaire.

# Questionnaire design







# Results (I)

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## ACTIVITIES TO BE SHIFTED

Prescription of care supplies and medical equipment, consultations, management of preventive programs, referrals for tests or scans.

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## BARRIERS FOR TASK SHIFTING

Legal constraints, lack of competencies, patients' expectations and attitudes, lack of training.

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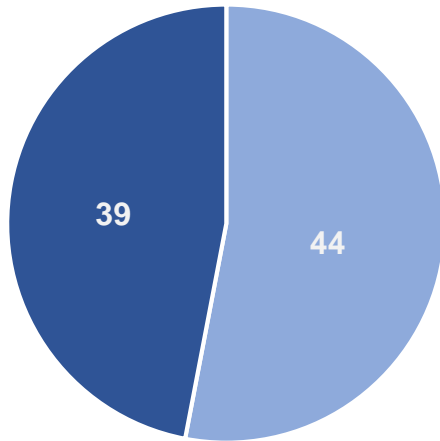
## MEASURES TO BE TAKEN

Legislative changes, education and training programs (wound care, reporting an ECG, etc.).

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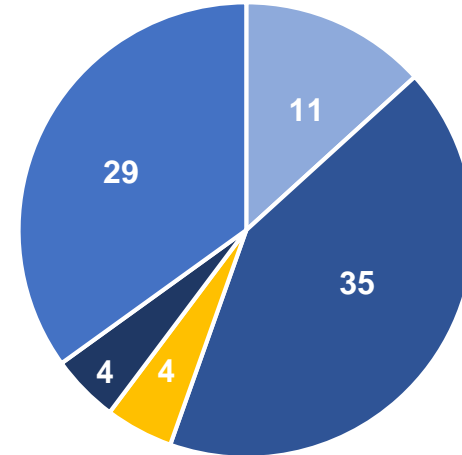
# Results (II)

Do you ever have to perform tasks belonging to the scope of practice of GPs?



■ Yes ■ No

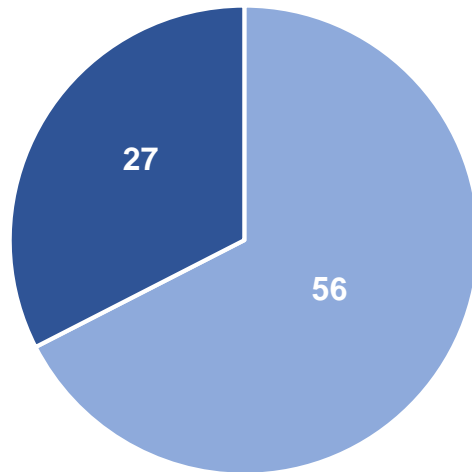
How often do you have to perform tasks belonging to the scope of practice of GPs?



■ During each patient visit ■ Several times per shift  
 ■ Once a week ■ Once a month or less  
 ■ Never

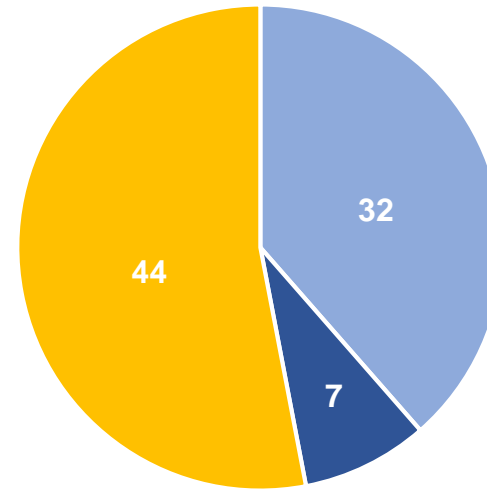
# Results (III)

In your opinion, could you perform certain functions assigned to a GP/P?



■ Yes ■ No

In your opinion, could task shifting be useful in your professional practice?



■ Yes ■ No ■ I don't know



## What's next?

- During Pilot project 2 GPs' offices will test task shifting.
- The activities (tasks), which were identified during the focus groups discussions and the survey, will be shifted.





# Thank you for your attention!

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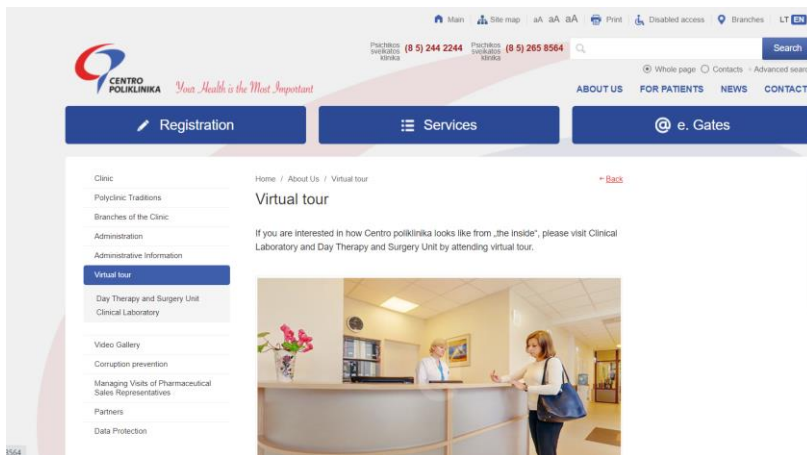
Empowering EU health policies  
on Task SHifting

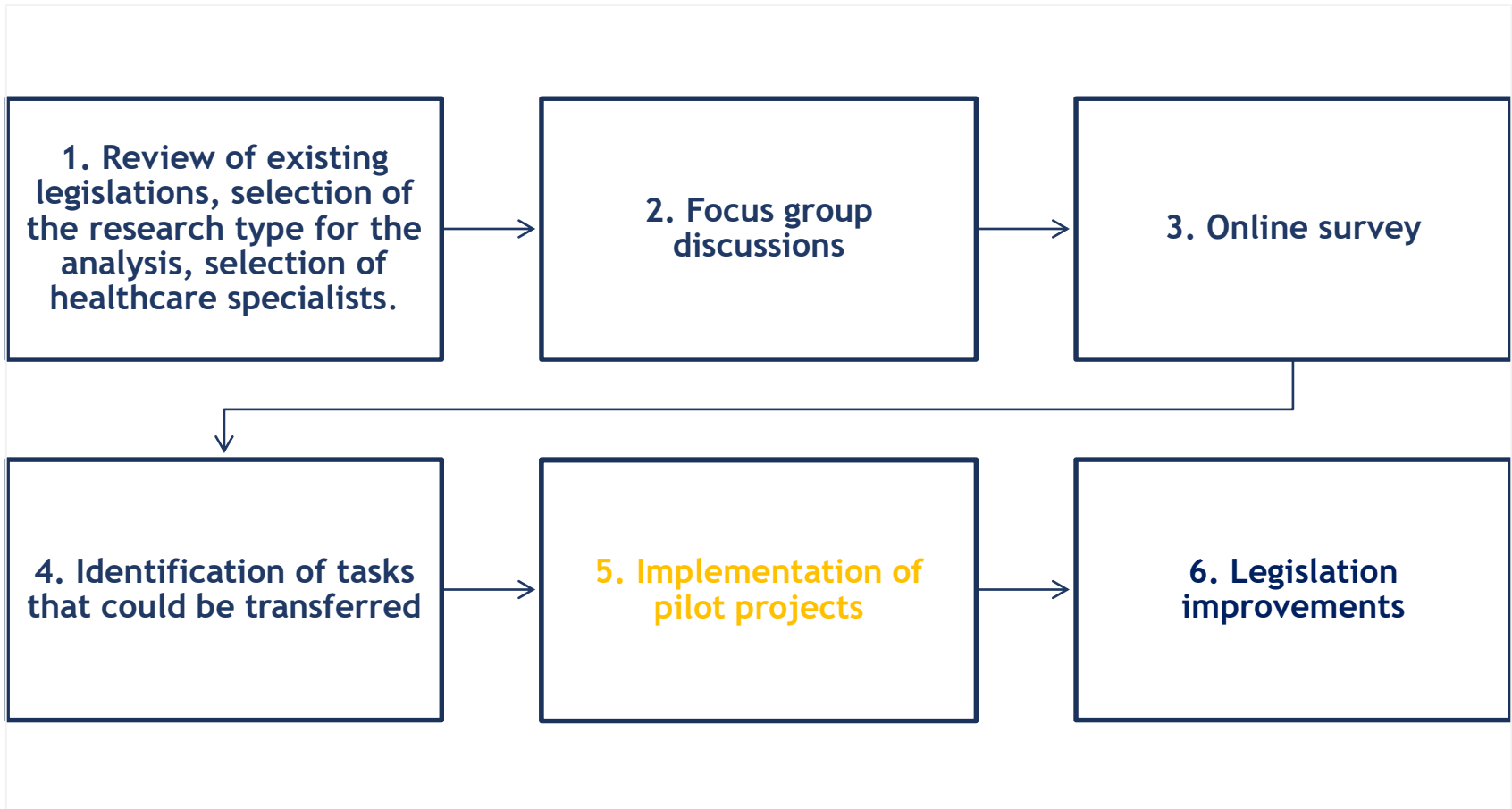
**Pilot project: experiences in Lithuania.  
Enabling task shifting to increase the  
accessibility of primary care provision in  
Lithuania**



MINISTRY OF HEALTH  
OF THE REPUBLIC OF LITHUANIA

- Two largest primary care providers are involved in the pilot - „Centro poliklinika“ and „Kauno miesto poliklinika“;
- Two institutions cover over 200 000 persons in the database;
- Health care professionals working in the selected institutions have the most intense schedule.









# Background

- Uneven distribution of healthcare professionals;
- Increased waiting times;
- Regional inequalities in access to healthcare services.

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Growing demand to redistribute the roles of healthcare professionals.



# Pilot study

- Scope - 2 GP offices (family medicine doctors, general practice nurses);
- Duration - 3 months;
- Education and consultations;
- Task shifting under family medicine doctor supervision;
- Data gathering.



# Piloting objects

## SHIFTED ACTIVITIES

Prescribing health-care supplies/medical equipment for home care

Patient consultation, follow-up

Management of healthcare prevention programmes

Writing referrals for tests or scans/referring to specialists, prescribing medication/prescription extension

Cardiovascular care

Hypertension care

Health promotion

Alzheimer's and dementia care

Parkinson's disease care

Wound care

Pain management

Diabetic care management

Other

Tasks were split into three groups:

- the tasks that could be performed independently;
- the tasks that could be performed with supervision and training from physicians;
- and tasks, that could not be performed due to lack of competencies.

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- nurses filled daily sheets to provide information on performed assigned pilot project tasks.
- Nurses were also asked to identify competencies, that could be transferred to nursing assistants or other specialists.



# Pilot project results (I)

**The list of tasks which were delegated from family physicians to nurses and were approved by participants:**

- Writing referrals for prevention programmes (including selective mammography screening);
- Management of healthcare prevention programmes;
- Writing referrals for tests (including tests before surgery) or scans/referring to specialists;
- Prescribing medications;
- Prescription extension (if correction not needed);
- Patient consultation on tests results (in case of deviation, refer to the doctor);
- Education and health promotion: patient consultation on healthy lifestyle;
- Assessing memory disorders by taking psychiatric charts/tests (e. g. the mini-mental state examination (MMSE));
- Wound dressing replacement (including independent decision making of changing the applied medicine), wound care / assessment and management (more complicated wounds should be addressed to doctor);
- stitches removal.



### The participants of the pilot project:

- recommended changing the law so that nurses could lawfully do all the aforementioned tasks;
- provided insight that the Medical Norm of Nurses should be more specific regarding the competencies of nurses and their tasks.
- provided insight into the possibility of implementing a project of a similar nature in smaller healthcare institutions.
- suggested that the registration directly to the nurses is needed - institutions already do that but it could be implemented on a larger scale.
- emphasized that patients may object to direct registration because they prefer to visit a doctor rather than a nurse.
- correlation of workload and remuneration was mentioned as one of the possible success factors.

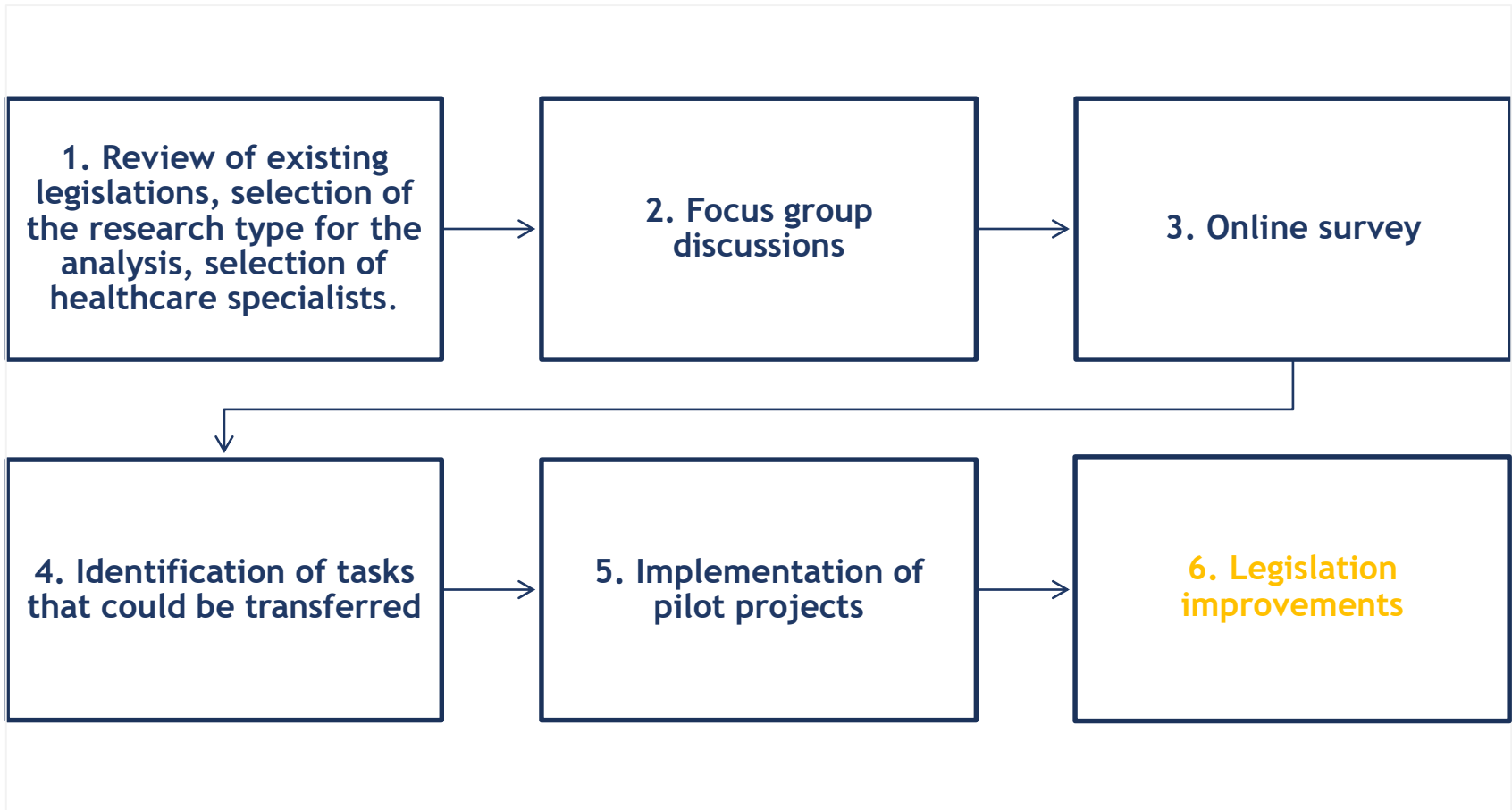
### Identified barriers for task shifting from family physicians to nurses:

- regulatory, legal constraints;
- patients' expectations (public opinion: patients generally feel that nurses are not able to deal with simple conditions and prefer to consult with a GP for more “complex” conditions);
- lack of competencies;
- lack of training;
- lack of funding for training.

## Pilot project results (IV)

Identified tasks that could be delegated from nurses to nurses' assistants:

- management of healthcare prevention programmes (invitation, registration, ordering structured tests etc.);
- prescribing health-care supplies/medical equipment for home care (wheelchairs etc.);
- data collection, preparation, and submission for social care services (determination of disability; compensation for electricity; help providing if the patient lives alone; insurance etc.);
- management of various documentations;
- helping/accompanying patients who register from smaller cities to institutions based in bigger cities for continuous healthcare services;
- measuring blood pressure, height, weight;
- surveys of drinking and smoking prevention.





# Thank you for your attention!

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***Empowering EU health  
policies on Task shifting  
- TaSHI  
in Kaunas City Polyclinic***

**Dr. Loreta Marmienė**

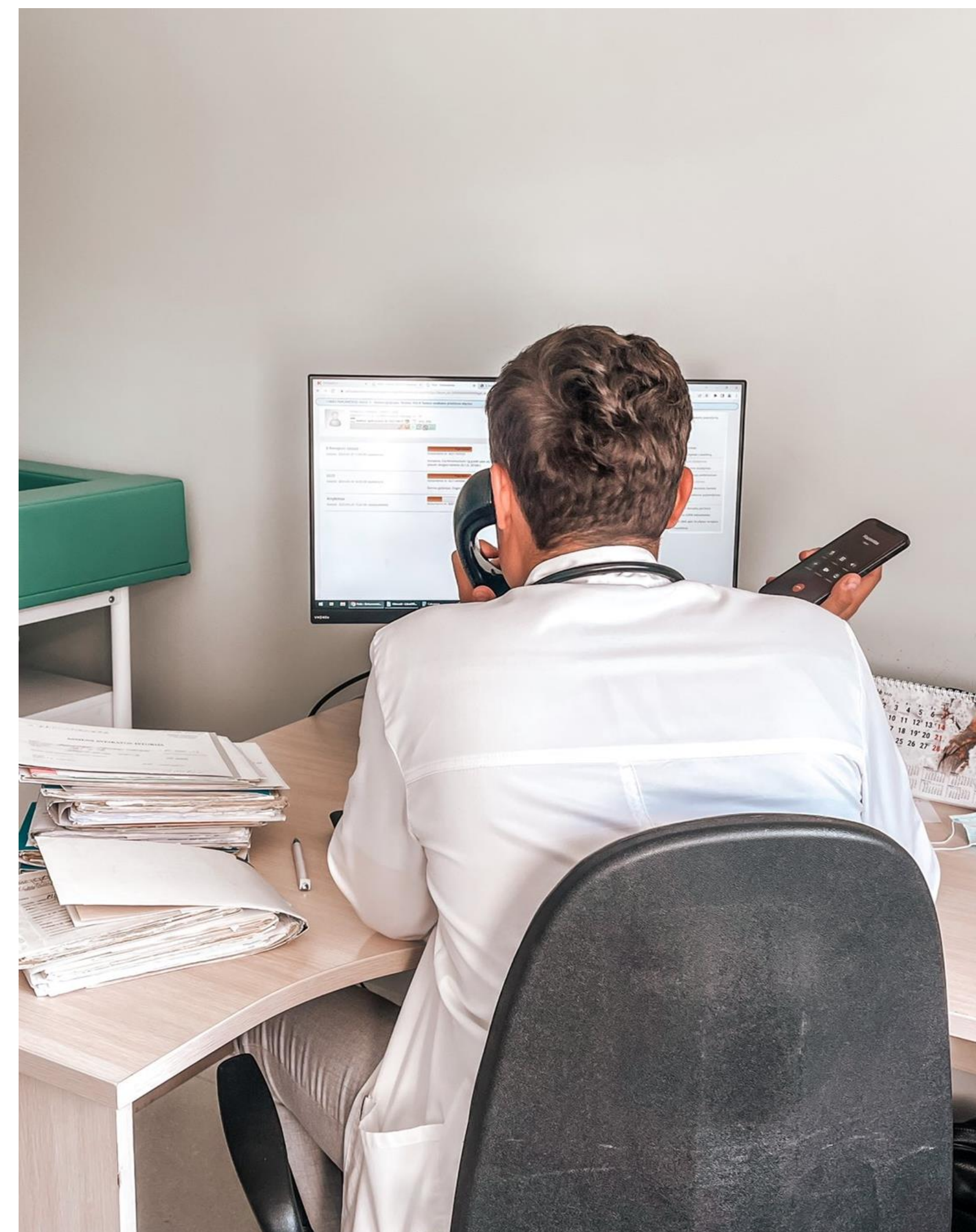
- **Project aim** - to improve the quality of healthcare services provided by reallocating functions.

Kaunas City Polyclinic participated in piloting of identified functions within the institution.

# Family Physicians and their work

Before project Family Physicians worked using

- Work phones
  - Paper cards.
  - Patients are registered only with family doctors.
  - They shared the office with a nurse
- And
- The reception a separate operational unit







# Training planning and evaluation

- Evaluated results obtained.
- A training plan has been developed to enhance the competencies of nurses.
  - Training was organized for nurses.
- A repeated assessment of nurse competencies has been conducted.

VšĮ KMP Kalniečių padalinys ŠSPS

Bendrosios praktikos ir bendruomenės slaugytojų mokymų planas 2022 metams.

Eil. Nr.	Veikla	Nematomas laikas	Atsakingas vykdytojas	Laukiamas rezultatas	Ivertinimas	Pastabos
1	Pirminio ir neinfekcinio vertinimo duomenų rinkimas, įvedimas.	2022 02 17	VSA Ramunė Jurevičienė			
2	EKG užrašymas	2022 03 03	VSA Ramunė Jurevičienė			
3	Darbas be kortelių, slaugos dokumentų pildymas, kompiuterinių programų įvaldymas.	2022 03 17	VSA Ramunė Jurevičienė			
4	Pacientų vakcinavimas ir dokumentavimas Informuoti apie numatomą skiepų planą bei galimus šalutinius poveikius po skiepo bei skiepyti vaikus ir suaugusiuosius teisės aktų nustatyta tvarka.	2022 03 31	VSA Ramunė Jurevičienė			
5	Išrašyti kompensuojamas slaugos priemones 2 mėnesių laikotarpiui slaugytojas teikdamas NSP paslauga gali išrašyti elektroninį receptą tęsti anksčiau paskirtiems vaistams ar medicinos pagalbos priemonių skyrimą suaugusiems pacientams (vaikams receptą	2022 04 21	IPS Vygailė Jakutienė			
6	Teikti būtinają medicinos pagalbą. Atlikti išorinį širdies masažą ir dirbtinį kvėpavimą.	2022 04	Gyd. Algita Kugrenaitė – Korolkevič			
7	Glikemijos koregavimas. Siekiant palaikyti pacientui optimalią, tolygią glikemiją, pagal išankstinę gydytojo rekomendaciją koreguoti paskirtus antglikeminius vaistinius preparatus dozes. Siekti gerai kompensuoto CD eigos, atsižvelgiant į gliukozilinto	2022 05 12	IPS Vygailė Jakutienė			
8	Informuoti apie profilaktinių programų, jų teikiamą naudą, bei jas vykdyti ( užsakyti tyrimus, užregistruoti pas gydytoją vertinimui).	2022 05 19	VSA Ramunė Jurevičienė			
9	Siekiant optimalaus INR rodiklio, koreguoti paskirtų antikoagulantų dozę pagal išankstinę gydytojo rekomendaciją.	2022 08 25	IPS Vygailė Jakutienė			
10						
11						
12						



- 
- **Results of changes**



# Results of changes

Family Physicians worked without

- Work phones
- Paper cards.

• Patients are registered with the nurse:

- prevention programs
- vaccinations
- prescription of medical assistance measures
- consultation on nursing questions



## During the project, the nurses performed the following functions the most:

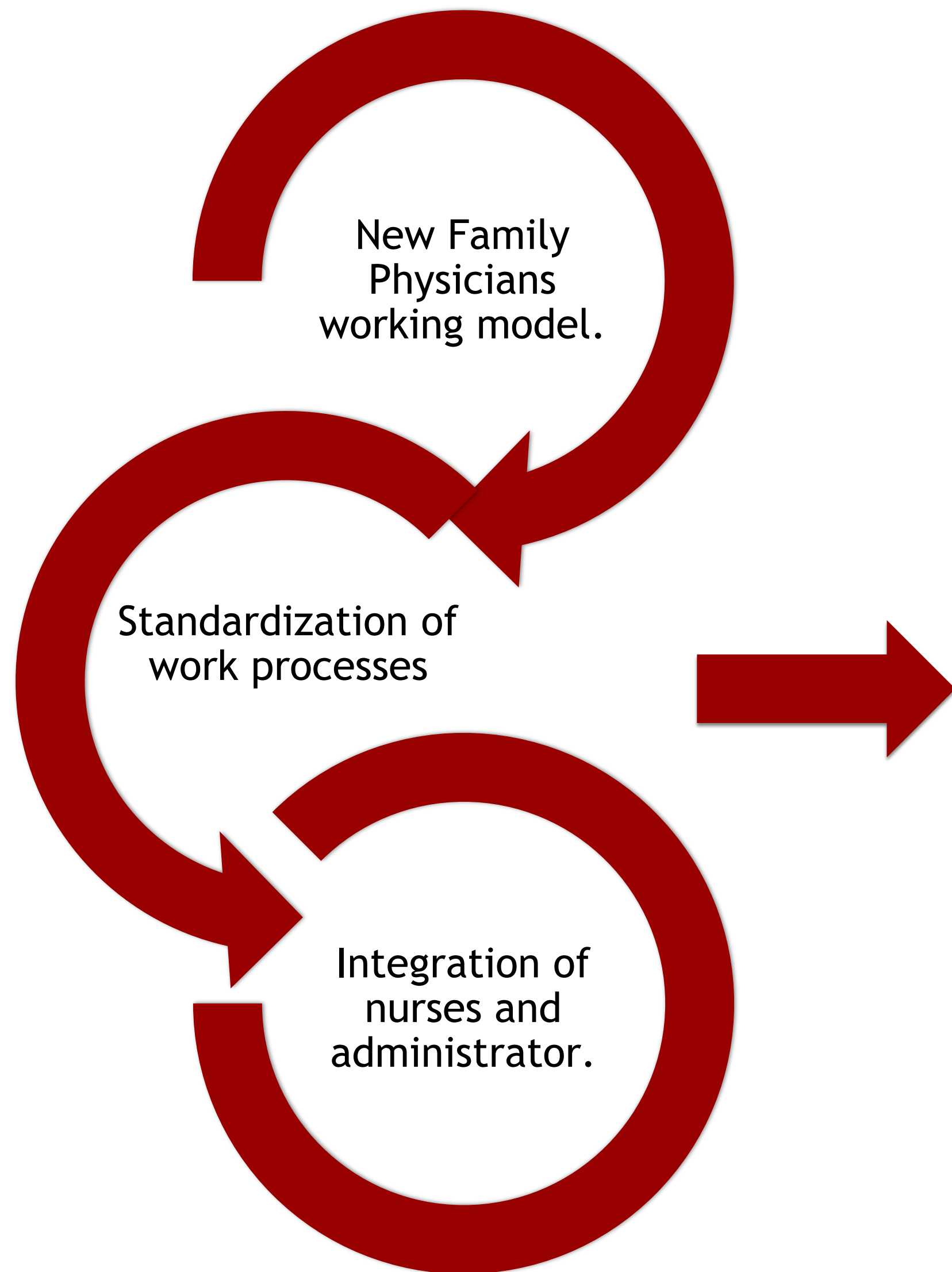
- Diabetes care (monitoring elevated blood glucose levels and detecting abnormal glucose tolerance).
- Independent assessment and implementation of preventive programs.
- Assignment of studies for diagnosing health disorders and evaluation of their results (general urine analysis and albumin/creatinine ratio in urine, complete blood count, inflammatory markers (C-reactive protein, erythrocyte sedimentation rate (ESR)), blood typing, and Rh factor tests).

**During the project, nurses, under the supervision of doctors, performed the following functions:**

- Referral making;
- Pain management;
- Hypertension care;
- Cardiovascular disease care.



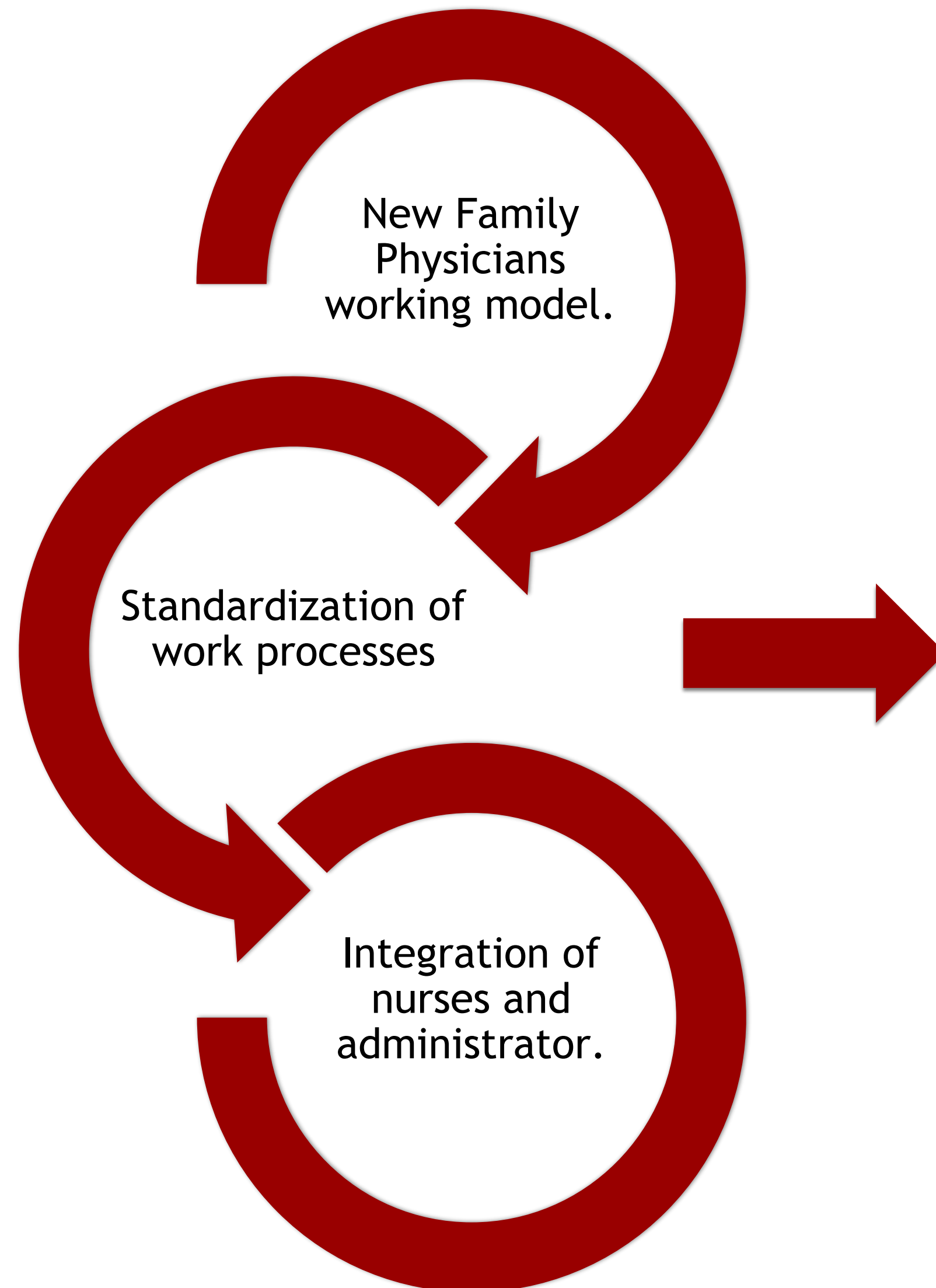
# Strengths



- Quality attention to the patient.
- Coordinated patient pathway.
- Improved patient health literacy.
- Coordinated implementation of preventive services.
- Improved workload distribution.
- Higher competence of team members.



# Challenges



- Lack of qualified team members.
- Low funding for employee retraining.
- Negative patient attitude towards GP's team members.
- Complicated legal regulation of services.
- Low patient motivation to take care of their health.





**The best choice in Kaunas - for patients, employees, and partners!**