Sjukhusläkarna

Task-shifting Swedish perspective Elin Karlsson

Swedens situation



High number of doctors

Low number in primary care



High number of nurses



Low number of nurses working in direct healtcare

Task shifting to doctors







Task shifting to nurses

Anestethic nurses Endoscopic nurses **ICU-nurses** Nurse practitioners / Advanced Contact nurses specialist nurse

Nurse practitioners — from one swedish hospital

Make ordination of

- Medications
- Infusions and bloodproducts
- Nutritional tratments
- Radiological examinations
- Labarotory tests
- Consult specialists on other clinic

Evaluate

- clinical status
- Medical tratment
- Infusion treatment
- Nutrition treatment
- Results of radiological examination
- Labresults
- Answers from consultations
- Meet consultants from other clinics



Task shifting for the administrators



Less support to the health care workers



More strategical work

Task shifting vs optimizing tasks

- must be guided by patient benefit and the needs of the medical activities. Improved quality must be the driving force rather than economics or staffing shortages.
- Must provide the same or improve patient safety
- must include well-defined tasks and well-defined outcome areas.
 - requires relevant training, supervision, monitoring, and ongoing evaluation.
- which includes medical assessment must be accompanied by responsibility. There must never be any doubt as to who is responsible for the patient.
- from physician to other staff must give relief from routine duties for the doctor.
- must not interfere with doctors' opportunities to further their education. Clinical experience is crucial for patient safety.





Optimizing tasks vs teams

- Teams with medical leadership
- Teams working towards medical benefits for the patient
- It must be clear who is responsible for each step of the care