HEALTH PROFESSIONALS IN EUROPE: NEW ROLES, NEW SKILLS

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HOPE EXCHANGE PROGRAMME 2009

HOPE, the European Hospital and Healthcare Federation, is a non-profit organisation representing national public and private hospital associations and hospital owners of 26 Member States of the European Union, plus Switzerland. HOPE mission is to promote improvements in the health of citizens, high standard of care, efficiency and humanity in hospital and healthcare services throughout Europe. One of its basic objectives is to support exchange of knowledge and expertise within the European Union.

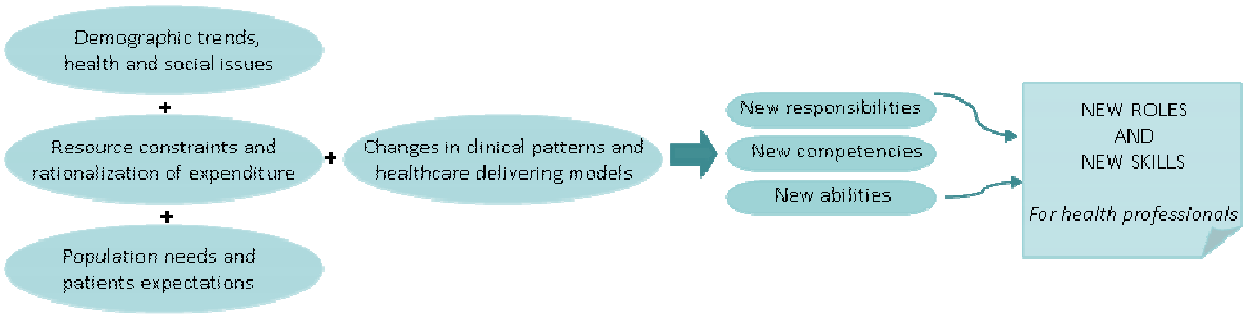
Since 1981, HOPE organises the **EXCHANGE PROGRAMME**, a 4-week training in a foreign country targeted to hospital and healthcare professionals involved in management, which aims at leading a better understanding of the functioning of healthcare and hospital systems within the EU. Each year a different topic is associated to the programme. At the end of the training, participants gathered by country of destination work together to prepare a presentation about what they have learnt. During a final conference, hosted and organised by a HOPE Member, the annual topic is discussed and participants show their findings, underlying what they had discovered and learnt about their hosting countries.

"NEW ROLES AND NEW SKILLS FOR HEALTH PROFESSIONALS" was the topic of HOPE Exchange Programme 2009. The final conference was hosted by the Portuguese Association for Hospital Development (APDH) in Lisbon (Portugal) on 14 and 15 June 2009. During the conference 23 presentations of good practices regarding new trends and new needs in the European healthcare systems and their impact on roles, skills, and tasks of health professionals were displayed.

The main findings of the conference and content of participants' presentations are summarised in the following pages. The diagrams have been using the presentations of participants of HOPE Exchange Programme 2009.

CHANGES IN HEALTHCARE SYSTEMS

The medical and the demographic structure of population, as well as the social, economic and technological environment are greatly changing all over Europe. These changes affect the ability of healthcare systems to respond to increasing patient needs. This has consequences on how healthcare facilities function, and hence affects the roles and skills of healthcare professionals.



In order to ensure healthcare systems can continue to meet patient needs in the future a variety of changes are being considered by hospital organizations in most European Member States, even though with different levels of intensity. They can be summarized as follows:

- creating a good balance between inpatient and outpatient care;
- reducing hospitalization and sustaining other patterns of care, such as home care and community services;
- addressing the transition of a number of different services and treatments from formal care to informal care;
- integrating health and social care, establishing a continuity of care system.

Each country responds to these challenges in a different way but these tendencies and the consequent decisions clearly have a strong impact on healthcare professionals' activities. Some major examples are presented below.

In **IRELAND**, the Health Service Executive has decided to move resources from the hospitals into the community, creating ***Primary community teams*** throughout the country, where resources can be utilised in a more efficient way and also ensure better quality services to the entire population. Human resources will be redeployed from the hospital settings into the primary and community care. Hence, while professionals will still be doing what they know best, they are also expected to acquire new ways of working within a wider interdisciplinary team and in a different working environment.

The objective of reducing inpatient beds in favour of outpatient facilities is being reached in **LATVIA** through the development of ***Day Treatment Centres*** and ***Day Stationeries***. The need to improve a continuous, fluent health care process requires health professionals to create a linkage between different services and easily exchange data and information, enhancing their skills with cooperation, team working and Information technologies.

In **MALTA**, the role of community care is being improved; new services such as "***Meals on Wheels*** - Free Food for Elderly at home" have been developed and ***community based hostels*** for the Elderly have been opened; nurses lead ***community multi-disciplinary services*** and more and more professionals are being trained in community care.

A new concept of ***home care*** has been developed in **FINLAND**, where dedicated specialist doctors, nurses and domestic caregivers are trained in both health and social care. Moreover a new cost effective model of acute care delivering has been introduced: ***hospital at home***. It consists in specialized professionals who are able to provide acute care at home, giving eligible inpatients the choice to go home earlier enjoying a better, familiar environment. This proved to be improving their recovery.

NEW ROLES, NEW SKILLS

In this wide framework of changes for all the European Member States the new challenges for healthcare professionals working in hospitals are also visible.

Three trends have been identified which are often interrelated and often developed at the same time in one organization:

✓ ***New roles***: to create a new role, with new tasks and new competences to fulfil a position in a healthcare organization;

✓ ***New skills***: to develop new competences or improve some abilities in healthcare professionals working in healthcare organizations;

✓ ***Skills transfer***: to give new tasks and new responsibilities to people employed at different levels in healthcare organizations.

☑ *New roles*

Every new role arises from environmental changes and grows to fulfil new demands of the system. Significant examples were found in the UK and in the Netherlands. They involve the positions of nurses.

In the **UNITED KINGDOM** *(figure 1)* changes have incurred as the the healthcare and the social system were asked to be flexible and to reach a higher level of integration. Some kinds of services have been transferred from hospitals to home or community care, trying to avoid hospitalization as long as possible.

UNITED KINGDOM	
OUTSIDE THE HOSPITAL	**IN THE HOSPITAL**
Emergency Care Practitioner [ECP] Visits patients directly at home ↳ avoid hospitalization ↳ is cost effective **Crisis Intervention Team [CIT]** Supports staying at home of people with mental health problems even in deep crisis ↳ respect, dignity and patients' empowerment	**Ward Pharmacist** Pharmacist closely involved in patient care from admission to discharge Joint working with GP **Nurse specialist** Nurse consultants Advanced nurse practitioner Nurse bronchoscopist Nurse Prescriber Nurse led out patient hospital Nurse led clinics Nurse surgeon

Figure 1. *An example of new roles developed in UK.*

In the **NETHERLANDS** *(figure 2)* two new study-tracks for nurses increase efficiency and effectiveness of care, offering new career opportunities to these caregivers and also supporting the shortage of doctors.

THE NETHERLANDS	
SPECIALISED NURSE ***Special courses***	**NURSE PRACTITIONER** ***Master Degree***
Act under the guidance of a doctor Performs work in a specific field of nursing Initiates care programs	Supervised by doctors Work previously performed by doctors Diagnoses health problems Prescribes within protocol
↳ Ensure a better patient care ↳ Allow nurses having a career progression, increasing staff satisfaction ↳ Increase quality and productivity of workers ↳ Cover the shortage of doctors, allowing doctors to do specialised work	

Figure 2. *The Netherlands: example of new roles for nurses.*

Germany and Switzerland are encouraging changes, in particular regarding the managerial and financial system. A central role has been played by DRGs (Diagnosis Related Groups), which has to be continuously implemented and improved.

In fact, the ***DRG Coding Assistant*** in **GERMANY** is a new major professional figure in charge of analysing the diagnoses, extracting essential clinical data from case notes, evaluating the case-mix, coding the correct DRG on the basis of a full, accurate list of diagnoses and formalized "DRG Coding Rules" and finally invoicing the payment.

In **SWITZERLAND**, due to the starting of DRG-System and Swiss wide quality assurance, new positions for ***DRG-analysts*** and ***quality managers*** are needed, while the free choice of hospital for all patients requires ***active marketing roles*** to attract customers.

Finally, in the healthcare system of **GREECE**, which has always had to face issues linked to foreigners (either migrants or tourists) and the problems of providing healthcare on the numerous islands, the ***translating hospital departments*** assist in overcoming the challenge of basic, daily communication, while the new role of ***professionals in the air***, with the supports of new tools such as videoconferences and telemedicine, gives patients better answers in lesser time and to safely arrange transfers when necessary.

☑ *New skills*

While the increasing new roles are influenced by changes in the organizational and financial healthcare system, the development of new skills is usually linked to the clinical and managerial pathways, which require both technological abilities and "soft-skills".

The hi-tech progress increases the need of healthcare professionals to be constantly updated and able to use new tools. In most European Member States systematic training on new Information and Communication Technologies are being organized.

In **SWEDEN**, an Integrated Healthcare Administration System (VAS) has been developed. It enables medical professionals to make better use of videoconferences and enables patients' autonomy (e.g. patients can do tests at home). Healthcare professionals attend ***continuous training in ICT competences***, and are educated to act as 'consultants' towards their patients, teaching them self-care and making them part of the team.

In **ESTONIA** *(figure 3)*, significant Information and Communication Technologies projects in healthcare have been developed nationwide. The Picture Archiving and Communication System allow hospital clinicians to view images on secure, IP-based digital workstations at 24 hospitals, along with 98% of General Practitioners. This implementation of e-Health solutions identified the need to manage the skill-mix of professionals and ***ICT training*** has emerged as the main tool in order to achieve new skills.

ESTONIA

New tools and technologies	*New skills for health professionals*
E-Health Foundation: management of E-health projects, standardisation and development of medical digital documents **Digital Imaging and Communication in Medicine** (DICOM): standard of handling, storing, printing and transmitting information in medical imaging into a **Picture Archiving and Communication System** (PACS)	⇨ **User Training on National Paperless (Electronic) Health Information System**: a project working on the establishment of possibilities and conditions for medical service providers to learn on-line how to use, fulfill and forward the digital documents in the country wide health information system. ⇨ **Flexibility** and **team-working abilities** enhanced.

- Many hospitals and physician offices completely filmless and paperless
- Possibility of conciliating labour and family life thanks to tele-work
- Possibility of picture reporting regardless the physical location of professionals
- Decrease of repeated exams
- Increase of performance indicators
- Elimination of physical transport of medical files
- Enhancement of role of family doctor, by the access to the digitalized pictures
- The system encourages to excel the professional practice

Figure 3. *New skills: the importance of ICT in Estonia.*

The new structure of the work, driven by new technologies and new organizational matters, also creates new relationships and strengthens the linkage between health professionals, healthcare managers and patients. Healthcare organizations have learnt that some managerial and cooperation abilities are becoming crucial in the newborn pathways of management and care and that the so called 'soft skills' have to be enhanced.

An good example can be found in **BELGIUM** *(figure 4)*, where new skills are improved along the working-life of each health professional and are key requirements for professional career progression.

MALTA realizes ***structured training in leadership and management*** for all managers and proposes special projects for middle managers about ***job profiling*** and ***personal assessment.*** This evaluation helps to identify gaps in competence and actual service needs.

In **LATVIA** training and education on soft skills focus on ***planning ability***, on the aptitude of health professionals to be good motivators and on ***team-working*** ability, especially regarding the ***cooperation with other departments***.

BELGIUM

New skills for all health professionals

- being a good conductor: delivering a good quality service, demonstrating competence
- being a good manager and leader, able both to coordinate and to delegate
- being a good team player
- being also a caretaker, demonstrating empathy and emotional intelligence

Figure 4. *New skills: the example of soft skills developed in Belgium.*

In **GERMANY** the paradigm of Physician-centred strict division of tasks has been surpassed, and the new skill-mix for health professionals can be identified in the chain between Enhancement-Substitution-Delegation-Innovation-Transfer-Relocation-Liaison.

☑ *Tasks shifting*

The expression tasks shifting arises from the assumption that tasks should be done at the most appropriate possible level of care, and this includes also patients and carers. It aims at improving the effectiveness of care and helping to face a lack of professionals in healthcare organizations.

In this framework it is the role of nurses that shows the main changes. In fact, nurses are performing more and more tasks which until a few years ago strictly belonged to physicians. They have more responsibility and are directly involved in the pathways of care, for this reason they are often required to be higher educated.

In **DENMARK** *(figure 5)* this '*devolution of tasks*' is evidently performed at any level: clinical professionals are performing other clinical tasks, outside their normal job description, in order to relieve other staff of their demanding job; new functions and new roles for non clinical professionals have been created to relieve the nursing staff from some of their tasks.

DENMARK

CLINICAL PROFESSIONALS

- **Doctors**
  H.R. Management
  Quality and improvement
  Budget control
- **Nurses**
  Echocardiography and endoscopy
  Ultrasounds for pregnant women
  Care for the chronically ill (COPD, Diabetes), at home and in the hospital
  Disease Management
- **Nurse Assistants**:
  Anamnesis
  Blood samples
  Independent care for elderly in nursing homes (→ no nurses)

PATIENTS

- **Telemedicine** in Svendborg:
  Treatments and diagnosing without meeting a doctor
- **Internet**:
  Check your lab-results online, ordering prescriptions or plan an appointment with the doctor; use the internet as an online medical library, making the patient more knowledgeable
- **Patient experts**:
  Social networks n chronic diseases, organised by the municipality

NON CLINICAL PROFESSIONALS

- **Surgery porter**
  Not sterile:
  Preparing the operation table for the first patient
  Picks up the patient and the patient record in the ward, controls patient's identity, and that the patient had no meals
  Delivering the patient in the operating theatre, place the patient at the operation table and other procedures before operation
  Gets Rubens mask and O2 bomb ready to after surgery
  Gets a heating blanket to use by the operation table
  Assists when needed by spinal anestesia
  Assists by giving blodemptying support
  Sterile:
  Takes care of own surgical handwash and sterile dress
  Takes care of final adjustment of operation table together with the surgeon
  Assists "sterile nurse" by cowering the patient
  Hold extremities and cuts suture according to the surgeon
  Burn vessel by peang or pincet
  Suction of blood from the place of the operation
- **Pharmaconomists**:
  Work on the ward, paid by the pharmacy
  Preparing oral and i.v. medication
  Preparing medicine package for departments
  Patient information about medication after discharge

Figure 4. *The Danish example of 'tasks shifting'.*

In **SPAIN** the high, and growing, educational level of nurses enables the delegation of (further) competencies from physicians, such as ***routine procedures***, ***prevention*** or ***diagnostic endoscopy***.

In **FRANCE** the autonomy of nurses for many specific tasks such as ***'Mobile Health Care'***, Hospitalization at Home (HAD), ***Nurse Anaesthetists***. The role of ***Nurse Coordinator*** has increased, giving a major role to nurses and letting them feel more professionally recognized.