

Comments on Draft Report of Doctor Work Reform Submitted by Nursing in Oct 2007

I. Nursing Concerns about Technical Care Assistants (TCA) taking up the proposed roles

Concerns about technical care assistants to conduct IV cannulation were raised especially on the part of saline flushing because these care assistants have not adequate intellectual capabilities, anatomical and pharmaceutical knowledge and skills and other knowledge (e.g. the differentiation between identifying sodium chloride and potassium chloride) as required.

At present, there are different practices in different clusters and hospitals in the workflow logistics. In some hospitals, nurses have to accompany these TCAs for the follow through work of connecting IV lines, which eventually creates extra workload and time pressure for the already stringent manpower whilst some clusters have not faced such problems.

Another concern is on infection control risk of septicaemia in IV cannulation and flushing which are invasive procedures.

Accountability line between such TCA, nurses and doctors should be clearly delineated.

Graduates of the existing Associate Degree for Health Care Studies, organized by the Hong Kong Polytechnic University, who are potential, targeted trainees for these TCA posts, may not be interested to stay in this supporting work for long. Through occasional experiences drawn from clusters, it was noted that their ultimate professional study is Degree of Nursing and they wish to pursue their long term career in Nursing.

II. Other Concerns affecting Nurses

As regards to the developments of common ward languages, we agree that this strategy will contribute to patient safety. The proposal will be particularly helpful to those frontline nurses with less years of work experience.

Concern about the future role of Advanced Practice of Nursing in this project is also articulated. It is envisaged from UK experience that nursing roles could be expanded to support the 'Hospital at Night program' for the betterment of patient safety and quality, a carefully designed competence-based program has to be conducted for the potential nursing candidates to take up more independent roles. Therefore, current nursing manpower stringency should not be the blockers for this future development.

Telephone follow up by nurses emphasized in the report is one of the means for empowering and expanding the nursing roles which should not be restricted. This is an essential part in motivating nurses for HR consideration

III. Recommendations

IHC could be a one of the training providers for TSA and Phlebotomists or in collaboration with Human Resources personnel at head office level. It depends on whether the organization preferred a more centralized or de-centralized approach in accommodating a potentially large group of trainees. However, guidance and designing could be taken up by IANS/ IHC (skill part) in collaboration with HR (policy part))

To enhance communications to the frontline nursing staff, there should be wider consultation for this project in cluster levels in coming months as much inter-disciplinary collaboration is required for new initiatives such as duty hand-over etc

More nursing representatives should be invited into the future committees, deliberating matters relating to clinical matters and human resources issues.

Hospital Management Participation should be enhanced. It is imminent to assure how these pilot hospitals were chosen in supporting these initiatives and whether key decision making and implementation involves various levels of participation.

Having noted the benefits of developing common ward languages in ward level , nursing colleagues could work closely with the project team to facilitate the developments particularly in proposed model wards.

IV. Conclusions

Hospital at Night Project has proven its value to attain reasonable work hours for doctors whilst maintaining quality and safe services for patients. There should be a comprehensive review of existing work practices for targeted modification of our system.

Competency and intellectual abilities of support workers employed/deployed in the project should meet the contemporary requirement of the increasingly complex service mode in Hong Kong. Increased utilization of skill inventories available from Associate Degree graduates or undergraduate nursing students could be capitalized through meticulous career planning, enhanced clinical practicum or even temporary employment (TUNS - Temporary Undergraduate Nursing Student Scheme).

Multidisciplinary approach is one of the key success factors from the UK experience. Nurses are key players in the team.

Equipped with the broad spectrum of patient assessment competence and experience as well as the hospital operations, Advance Practice Nurses or Nurse Consultants are ideal personnel in the team to take up the role of the site supervisor. A longer term plan on nursing education and optimal staff mix must be put forth.

*Submitted by Nursing Services Department, HAHO and 7 CGM(N)s
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