

TASK REDISTRIBUTION FROM GENERAL PRACTITIONERS TO NURSES IN ACUTE INFECTION CARE

Background

Due to an increasing demand for primary healthcare and a shortage of general practitioners, both the accessibility and quality of care are being put under pressure. To address this challenge, healthcare organizations are experimenting with new forms of collaboration and task substitution in both chronic and acute care.

Aim(s)

This study aims to examine the impact of implementing nurse-led consultations compared to physician-led consultations for patients with acute infectious symptoms in a primary care practice.

Methods

The study is a monocentric, prospective cohort study conducted in a multidisciplinary, capitation-based general practice in Belgium. Through analysis of patient files, the number of follow-up contacts (in-person or telephonic) within 14 days after an infection consultation was investigated to determine any difference between physician-led or nurse-led consultations. Secondary outcomes included pharmacological interventions and the prescribing behavior of medical leave certificates.

Results

A total of 352 consultations were analyzed, of which 174 conducted by physicians and 178 by nurses. Patients typically presented with respiratory (90,6% of consultations) and/or gastrointestinal (36,6% of consultations) symptoms. There were no significant differences between the two groups in terms of demographic variables, nature of complaints, or duration of illness. No significant difference was found in the number of follow-up contacts within 14 days ($p = 0.547$) between physician-led and nurse-led acute infection consultations. However, the probability of a pharmacological intervention by a physician was revealed to be significantly higher (with a factor of 3.8) in the cohort that consulted a physician compared to nurse-led consultations (OR 3.84, 95% CI 1.60-9.23). The presence or absence of such pharmacological intervention did not significantly influence the number of follow-up contacts within 14 days for both physician-led consultations ($p = 0.82$) and nurse-led consultations ($p = 0.67$).

Discussion

Although these results are promising, more extensive research is needed. This should also incorporate the experiences of patients and healthcare providers. Furthermore, it is advisable to consider the experience and education of the nurses and incorporate them into the analyses. Finally, it is important to develop a facilitating legal and financial framework, as well as a structured tailored training for nurses, to safely and efficiently implement this task substitution as a standard practice.

Implications and future perspectives

This study demonstrates that nurses can be safely, effectively and efficiently utilized in acute infection care within a general practice setting. The redistribution of tasks in acute infection care can help to alleviate the burden on physicians and can potentially enhance the attractiveness of the nursing profession by increasing the variety and responsibility of tasks.