

July 26-27, 2018  
Rome, Italy

Lucy Chapman et al., Arch Med 2018, Volume 10  
DOI: 10.21767/1989-5216-C1-002

## TRANSFER OF TASKS: THE IMPACT OF HUMAN FACTORS ON MEDICAL TASK REALLOCATION

Lucy Chapman<sup>1</sup>, Domhnall McGlacken Byrne<sup>1,2</sup> and Emily Tone<sup>2</sup>

<sup>1</sup>St. James's Hospital, Republic of Ireland

<sup>2</sup>Trinity College Dublin, Republic of Ireland

**Introduction:** The Transfer of Tasks (ToFT) initiative, an industrial relations agreement, involves the transfer of phlebotomy and cannulation tasks from non-consultant hospital doctors (NCHDs) to nurses in acute Irish hospitals. It aims to facilitate timely, effective patient interventions. This national strategy was first enacted in 2016. St. James's Hospital, Dublin instigated the process in May 2017 with a local implementation team delivering standardized training. We conducted a study to determine the impact of nurse training on NCHD task workload.

**Methods:** A prospective study gathered data on the number of phlebotomy and cannulation tasks per hospital ward performed by NCHDs over a three-week period from March 5<sup>th</sup> to March 25<sup>th</sup> 2018. Average times per task were obtained using observational methods. Point prevalence analysis of nurse training rates was performed at the end of data collection. Indices related to ward-based nursing work demands were obtained concurrently. Wards not involved in the ToFT initiative were excluded.

**Results:** Eighteen wards were included in the study. 464 phlebotomy and 326 cannulation tasks were performed by NCHDs (n=42) over a three-week period. Average times per task were 10 minutes and 15 seconds (SD 5 minutes and 51 seconds) per phlebotomy task and 11 minutes and 8 seconds (SD 3 minutes and 11 seconds) per cannulation task respectively. Nursing training rates did not consistently correlate with number of tasks performed by NCHDs. Reduced ward-based nursing work demands were not significantly associated with a reduction in tasks performed by NCHDs.

**Conclusions:** In spite of intensive training, organizational management oversight and a standardized national initiative, nursing training rates are not consistently inversely correlated with the number of tasks performed by NCHDs. Human factors like interpersonal relationships, attitudes towards task reallocation and job-design factors may impact upon the implementation of ToFT.



### Recent Publications

1. Transfer of Tasks from NCHDs to Nurses [Internet]. www.imo.ie. 2016 [cited 24 April 2018]. Available from: <https://www.imo.ie/news-media/news-press-releases/2016/transfer-of-tasks-from-nc/>
2. Lansdowne Road Agreement (LRA) Q&A on Transfer of Tasks [Internet]. www.inmo.ie. 2016 [cited 24 April 2018]. Available from: <https://www.inmo.ie/tempDocs/13-14.%20FAQ%20on%20Transfer%20of%20Tasks.pdf>
3. Faller E et al. (2016) Immune thrombocytopenia purpura associated with multiple myeloma. *Annals of Hematology*. 95(8):1371-1372.

### Biography

Lucy Chapman was elected a Scholar in Medicine of Trinity College Dublin, Republic of Ireland in 2010 and subsequently graduated in 2013 in the 93<sup>rd</sup> centile. She is pursuing a Masters in Health Informatics in Medicine of Trinity College and has a keen interest in quality improvement in healthcare. Currently, she is a Physician Lead on the implementation of an electronic medical record at St. James's Hospital and is pursuing future specialist medical training in the area of geriatric medicine.

chapmale@tcd.ie