

**SURVEY OF THE WORKLOAD
OF
PUBLIC HEALTH NURSES**

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SURVEY of the WORKLOAD of PUBLIC HEALTH NURSES

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CHAPTER 1

THE SURVEY

INTRODUCTION

1.1 The workload of the public health nurse either from observation or from official reports appears to be over-complex, multidisciplined, physically demanding and emotionally stressing. Generalisations are frequently made but difficult to substantiate, though easy to articulate. As a result the real workload and role of the public health nurse has become obscured even to some of themselves. In an effort to quantify the actual daily duties of the nurses, a survey was proposed and eventually undertaken through the co-operation of the Superintendent Public Health Nurses Association. It was decided to hold it from mid-February to mid-March, 1985.

DESCRIPTION

1.2 To make the survey more effective, the defects of previous surveys and questionnaires from the nurses' viewpoint were studied. In advance of the survey, nurses were instructed about it at local level. They were given guidelines of the simplest form (Appendix 1), so as not to inhibit personal response. It was to be voluntary and while numbered and identified by local areas for purpose of computing, it would be anonymous.

A record of the daily activities was to be made for a period of four weeks which should be adequate in covering most of the activities and situations relevant to the public health nurses' work.

1.3 It was left to the nurse to describe in her own way the nature of her work. While such freedom is desirable, it resulted in many instances in general descriptions which had to be interpreted from other parts of the survey. A mere listing of activities is not adequate since the nurse's service may involve several elements or of more than one person in a family. To

identify the activity or clarify the nature of the nursing, a further column was included in the survey sheet for comments by the nurse, a feature that proved most helpful.

1.4 Previous surveys and questionnaires had imposed a digital timing system and sometimes computer coding of activities. From discussion with nurses, it was felt that such imposition would militate against the true findings since it would be a great distraction for busy people not familiar with such methods.

The survey form, as a result, was of the simplest form as shown in Appendix 2.

NURSING TIME

1.5 The survey was concerned primarily with the actual nursing activity undertaken by the nurse. As a result, no account was taken of travel time and the reports did not include any time for breaks, though in many instances the latter were cited in the comments column to indicate the stress or heavy workload involved. For convenience the day was divided into two sections, a.m. and p.m., that is, the period up to lunch break and the period from the lunch break respectively. In some cases the work extended beyond the normal working hours, as noted in the comments. In computing activity time, leave or off duty times were not included, though they had been recorded in accordance with the guidelines. However, in the case of the Eastern Health Board areas, the matter should be reviewed, because "time off in lieu" of weekends worked as "planned essential services commitments" is taken at the expense of services on other days. The practice in the rest of the country of "extra payment schemes" seems more satisfactory and more cost-effective. With the return of more persons to care in the community, the basic five day week reflected in the survey will prove not only inadequate but impossible for meeting the needs. In particular, the stress imposed on nurses in the Eastern region in making up for duties of others legitimately absent on leave warrants investigation.

TERRAIN

1.6 While the travel time was not included in the survey, it is implied in the detail of the district whether "urban", "rural" or "mixed" identified at the top of the survey form. Since some of the districts covered in the survey are mountainous with rough terrain, this should be taken into consideration with the nursing activity. In some Western areas elderly sick are living alone and in isolated places putting an added burden on the public health nurse.

NURSE STATUS/QUALIFICATIONS

1.7 At the top of the survey form are boxes to identify P.H.N. or R.G.N. and Permanent, Temporary or Relief. This feature is not of significance when one is concentrating on the activities rather than the person. However, the survey contains the information to ascertain the affect of weekend work, sick and annual leave on the quantity of the services performed.

RESPONSE

1.8 With the exception of the North Western Health Board, the survey was conducted in some community care areas of all the Health Boards. A total of 732 nurses completed the survey forms, with a distribution over the country as shown in Table 1.1. In the Eastern Health Board eight of the ten community care areas responded: The exception were Counties Wicklow and Kildare. In the report the regions are indicated as follows: Eastern (E); South-Eastern (S.E.); Southern (S); Mid-Western (M-W); Western (W); North-Eastern (N-E) and Midland (Midl), corresponding to Health Board boundaries.

TABLE 1.1

Region	E	S.E	S	M.W	W	N.E	Midl	TOTAL
Nurses	282	51	92	118	66	74	49	732

Nurse Response

REPORTING SURVEY

1.9 In an effort to distinguish the different interventions - primary, secondary and tertiary - the nursing duties were grouped in appropriate categories. However, for the public health nurse, curative and preventive work frequently intertwine. While home nursing is clearly concerned with curative care, it does involve in most cases a preventive element which should be characteristic of and essential to the role of the public health nurse. In all activities which are technical or basic nursing there is an educational aspect which is not easily quantified and which varies with nurse and service. In a special way this applies to Mother and Child Health Care which goes beyond a monitoring function, promoting health education in responding to a person's need. Clinics too have an important preventive element, vital to the health of the community. Primary intervention is evidenced in other duties, such as school health inspection and supportive care.

In general, community care, particularly of people who present a variety of problems, mental, physical or both, demands both an educational and curative approach.

With the assistance of a group of nurses, a list of main categories was determined and the associated activities in each group listed.

CODING AND COMPUTERISING THE RESULTS

1.10 The main categories of nursing duties numbered fifteen, most of which have several activities associated with them. It was necessary to minimise the number of activities and in the final analysis these were reduced to thirty five. In addition, parameters had to be included to cover the region, area, survey day and date as well as the information about the nurse - a number to classify her and her status. To these parameters were related the number of the activities, the time taken in minutes and the mean time.

Because of the huge amount of information which was to

be processed, it was recognised from the beginning of the survey that computer facilities should be used. Given the facilities, it was necessary to code the activities and to transfer the information given on the survey forms into the appropriate code. This work was done by a group of public health nurses in the Eastern Health Board. A program package commonly used in social science studies called SPSSX was modified to meet the needs of the survey and in particular the analysis to be made. The computer print out gave the total number and total time of the activities for each area, as well as the mean value and standard deviation. The analysis was made on these data. The information is stored so that further analysis can be undertaken on other features of the nurses' workload.

DATA

1.11 The data for each area surveyed within a Health Board boundary are given in the Appendices. The numbering of the area does not always coincide with the Health Board designation. They are indicated in Fig. 1.1.

HEALTH BOARD	COMMUNITY CARE AREA	CODE	HEALTH BOARD	COMMUNITY CARE AREA	CODE
<u>Eastern:-</u>		1	<u>Mid-Western:-</u>		4
	Dun Laoghaire	1.1		Limerick	4.1
	Dublin S.E.	1.2		Tipperary N.R.	4.2
	Dublin S.W.	1.3		Clare	4.3
	Crumlin/Tallaght	1.4			
	Dublin W.	1.5	<u>Western:-</u>		5
	Dublin N.W.	1.6		Roscommon	5.1
	Dublin N.	1.7		Mayo	5.2
	Dublin N.E.	1.8			
<u>South Eastern:-</u>		2	<u>North Eastern:-</u>		6
	Waterford	2.1		Cavan/Monaghan	6.1
	Tipperary S.R.	2.2		Louth	6.2
				Meath	6.3
<u>Southern:-</u>		3	<u>Midland:-</u>		7
	North/South Lee	3.1		Laois/Offaly	7.1
	North Cork	3.2		Longford/Westmeath	7.2
	West Cork	3.3			
	Kerry	3.4			

Fig. 1.1 Public Health Nursing Area

CHAPTER 2

GENERAL NURSING DUTIES

2.1 In order to get a picture of the workload of the public health nurses, the nursing time and number of activities were first determined for each area and region under the categories: home nursing, child welfare visits, ineffective calls, clinics, school health inspection, organised health education, care team consultation, supportive care and clerical. It was recognised that the number of itself does not reflect the reality of the situation, some people requiring more nursing time than others because of the nature of their illness, even though classified the same. There is a danger of sacrificing quality of service in order to cope with numbers. In most of the tables given in this report percentage of total times has been used in preference to that of total numbers, the latter being available in the data for each area. The distribution in percentage time for the various categories in each region is shown in the diagrams in Fig. 2.1.

HOME NURSING

2.1 Table 2.1 gives the distribution in terms of percentage of total nursing time for the different Health Board areas surveyed.

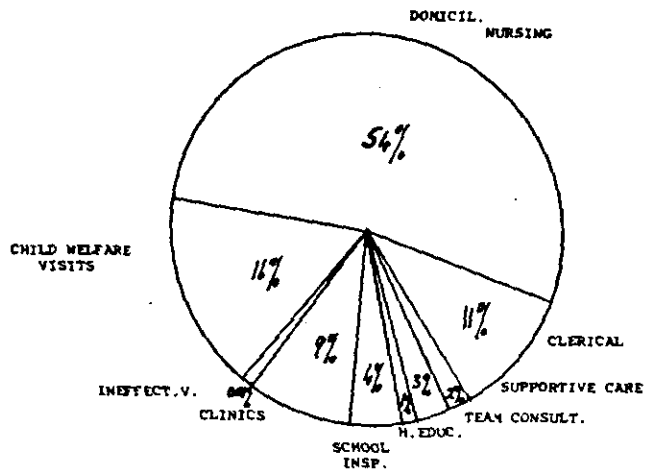
TABLE 2.1

E	S.E	S	M.W	W	N.E	Midl	Mean
39	41	42	39	37	54	56	44

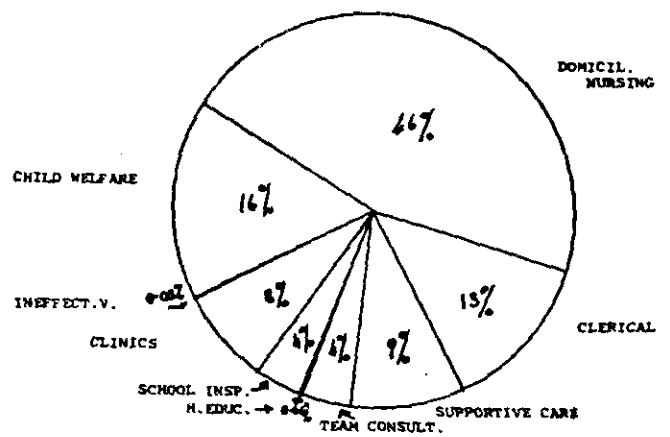
Home Nursing: Percentage of Total Time

The values range from 39% in the Eastern region to 54% in the North Eastern. In urban areas where a more homogeneous situation prevails the percentages were relatively low. The 47% for the Western region is the mean of two areas one of which was 37% and the other 62%. The latter indicates the main nursing activity in County Mayo and the islands. The presence of elderly living in isolated areas would account for this. The mean value for the

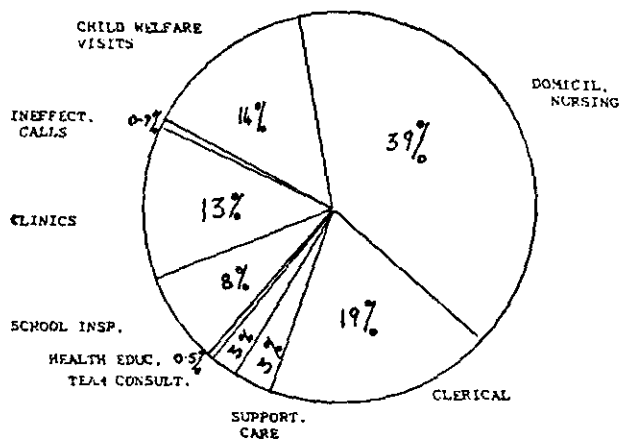
NORTH EASTERN



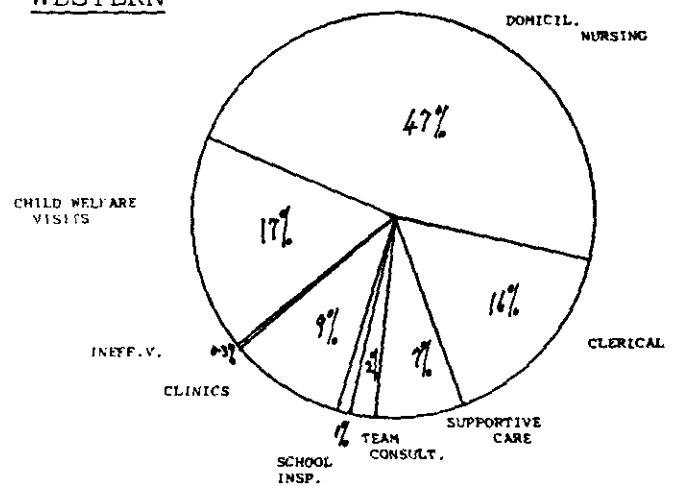
MIDLAND



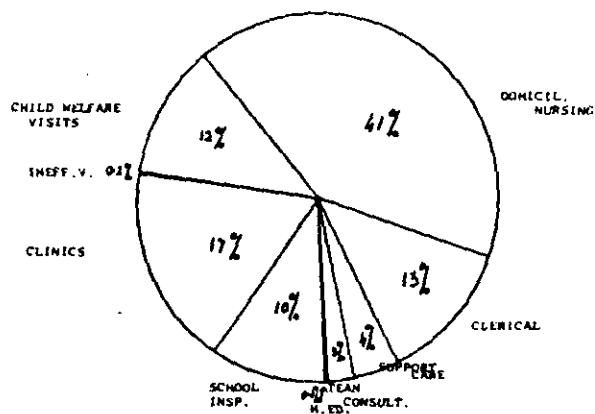
MID-WESTERN



WESTERN



SOUTH EASTERN



SOUTHERN

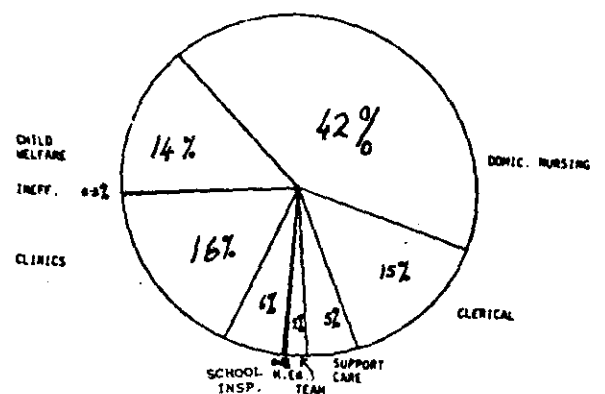


Fig. 2.1: Distribution of General Nursing Duties as Percentage of Total in the Different Regions.

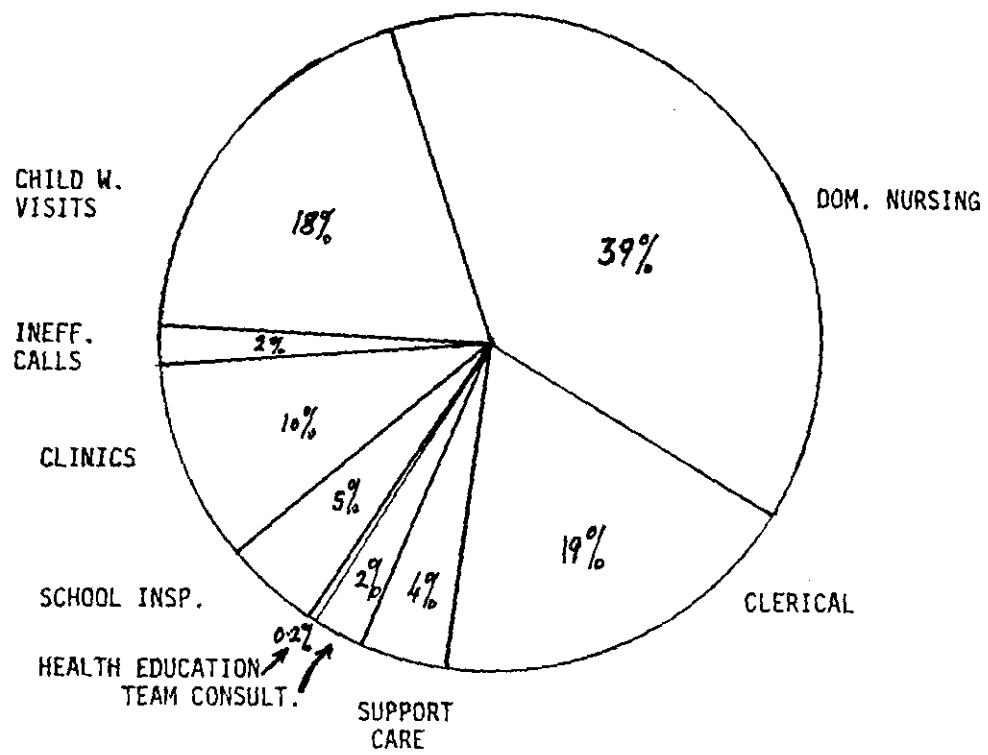


Fig. 2.2: Distribution of General Nursing Duties as Percentage of Total in the Eastern Region.

areas surveyed, 44%, is a sizable but understandable amount of nurses' time devoted to home nursing.

CHILD WELFARE VISITS

2.3 While this service is not specified by statute, it has developed over the years as circumstances demanded. It should be noted that a single visit recorded for the survey frequently included the examination of a few young children as well as the mother. The variation in the time devoted to child welfare visits for the different regions is shown in Table 2.2.

TABLE 2.2

E	S.E	S	M.W	W	N.E	Midl	Mean
18	12	14	14	17	16	16	15

Child Welfare Visits: Percentage of Total Time

The lower percentage, 12%, for the South Eastern region is balanced by a bigger percentage of time given to developmental clinics. The 17% for the Western region is again the mean for two areas which are quite different. The 20% for Roscommon balances the lower percentage for home nursing there while the Mayo area's 12% indicates the greater time demanded for home nursing.

INEFFECTIVE CALLS

2.4 Because of comments made in the survey and the increase in the number of ineffective visits they were classified separately. They are a new feature in the nurses' workload. To some extent a product of our times, they are associated with urban areas. The figures recorded in the survey do not reflect the real situation. As stated by the nurses, ineffective calls were considered more of a nuisance, fruitless energy or waste of time. In many instances they were ignored in recording the activities or only recorded occasionally and as a total number for the day. Nevertheless, the average value for the Eastern areas was 2% of the total nursing time. It was in fact 558.4 hours for the period of the survey. For the other regions the percentage values

were small but not insignificant, as shown in Table 2.3.

TABLE 2.3

E	S.E	S	M.W	W	N.E	Midl	Mean
2	0.2	0.3	0.7	0.3	0.7	0.03	0.6

Ineffective Calls:Percentage of Total Time

CLINICS

2.5 Nurse, developmental, immunisation and other clinics as well as dispensaries are held regularly in all Health Board areas. In a few, specialist clinics including cytological investigations for pre-invasive cervical cancer are also held. Dispensaries are still prominent in places and are associated with, what might be termed, attached general practitioners.

TABLE 2.4

E	S.E	S	M.W	W	N.E	Midl	Mean
10	17	16	13	9	9	8	12

Clinics: Percentage of Total Time.

The clinics are served by the nurses on a rota basis and generally held a few times per week. In some places dispensaries are held daily and are nurse assisted. The variation in the percentage values shown in Table 2.4 indicates the more successful practice of bringing people to the clinics for dressings or examinations, thus reducing the home nursing time.

SCHOOL INSPECTION

2.6 In some Health Boards, the school health examinations are done by nurses on headquarters duties. In the Eastern region as elsewhere nurses on district duties are involved in these examinations. The average percentage of total nursing time for the country is 5.3%. The record at the local level varied considerably; this could be due to the fact that the period of

the survey did not coincide with the inspection programme for the area.

HEALTH EDUCATION

2.7 This activity refers specifically to organised health education whether to small family groups or in the community. Understandably, through the complexity of their community care service, nurses educate individual members in health matters. However, such education is confined to home visits or clinic services. Where health educators are employed by a Board, a planned programme may exist. The evidence of the survey is that public health nurses are not involved in it. While the public health nurses are trained to undertake such work especially in schools, parentcraft classes and clinics, their skills are not utilised. In general, the nurses do not give group instruction in antenatal, postnatal or child care, and their school work is confined to screening and examination of children. With an increase in social problems among older school pupils, the public health nurse should be involved in a health education programme in post-primary schools. The survey indicated such involvement only in isolated cases and on local initiative. The time devoted to organised health education is minimal. The average value for all the areas surveyed was 0.3% of the total nursing time.

TEAM CONSULTATION

2.8 The public health nurse is an essential part of a primary care team. Within the period of the survey care-team meetings were held and noted. These meetings review a local situation and deal with common problems. However, more regular - even daily - consultation between members of the team must take place if an integrated patient-centred service is to be provided.

Table 2.5 shows the percentage of total nursing time for each region taken up by team consultation either individually or at meetings.

TABLE 2.5

E	S.E	S	M.W	W	N.E	Midl	Mean
2	3	2	3	2	3	4	3

Team Consultation: Percentage of Total Nursing Time.

The average figure of less than 3% is small when one considers the importance of the activity in the context of community health. Furthermore, since the average time recorded per individual consultation was about 25 minutes for most areas, it is clear that the total number of consultations was not great.

SUPPORTIVE CARE

2.9 In the survey nurses recorded their supportive care of people who were bereaved or depressed or frightened. It was clearly an activity directed to young people and old alike where normal nursing care did not apply. Sometimes it was difficult to distinguish the record from that of geriatric surveillance. If from the comments the support aspect was stressed, the item was coded as supportive care. Table 2.6 gives the percentage of total time for the different regions. The mean value is less than 5%.

TABLE 2.6

E	S.E	S	M.W	W	N.E	Midl	Mean
4	4	5	3	7	2	9	5

Supportive Care: Percentage of Total Nursing Time.

The values of 7% for the Western and 9% for the Midland reflect the service to older people, at a time when several elderly in the West had been attacked in their homes. For the other regions it was about 4%.

CLERICAL

2.10 While the percentage time for clerical work appears unusually high it does not highlight the burden it is in fact to the nurses, as indicated in their comments. Table 2.7 shows the variation in percentage of total nursing time, ranging from 11% in the North-Eastern region to 19% in the Eastern and Mid-Western.

TABLE 2.7

E	S.E	S	M.W	W	N.E	Midl	Mean
19	13	15	18	16	11	13	15

Clerical: Percentage of Total Nursing Time.

It is clear from the survey that most of the clerical work is proper to nurses and cannot be done by a substitute such as a clerk typist. However, a review of the system and of the method of reporting is warranted. The legal demands for proper and accurate records will increase so that nurses in order to safeguard their service and themselves must keep their files and reports up-to-date. The survey showed that clerical work was done by many at home and in off-duty or late hours.

OTHER ACTIVITIES

2.11 In the survey, the nurses recorded staff meetings attended by them. When computing the overall workload, these activities would be duplicated since the same event was attended in each instance by several nurses and recorded by each. In a similar way, conferences and seminar attendance, while recorded by the nurses, was excluded from a percentage computation as for leave and off-duty. Travel times were not included either. The survey concentrated on the normal nursing activities.

2.12 Frequently, but not always, during the period of the survey the nurses were accompanied on their duties by a student nurse. This is an important but demanding service. In many cases the nurses did not state specifically that they were accompanied though it was implied. However, in a number of comments, nurses drew attention to the difficulty - even stress - that it gave rise

to in instructing and helping the student. Perhaps not all public health nurses can cope with the added burden to the normal workload. The survey indicates that a review of this practice is warranted.

CHAPTER 3

HOME NURSING

3.1 Following the guidelines the nurses recorded on the survey day form the primary activity for which the home visit was made. For example, the nurse may attend a terminal case but when visiting monitor the situation of some older person in the family. The terminal case only is registered in the statistical data.

From the comments column, it is clear that the public health nurse continues to be the family health specialist. On a visit to an elderly sick person she will monitor or assess the health situation of other members of the family.

One must keep in mind too that, as a health educator, the nurse will instruct people about health matters, advise on social problems and entitlements, and prepare for involvement of other members of the primary care team.

ACTIVITIES IN HOME NURSING

3.2 In categorising the various activities for the purpose of computerising the data, it was necessary to group some in a general way, for example, as general nursing care. Frequently the general activity was particularised in the comments column, so that "general nursing care" from the comment clearly indicated service to the elderly sick or to a physically handicapped, and would be coded appropriately. The activities were distinguished as much as possible. Thus injections were distinguished as "diabetic" or "other". Similarly dressings were specifically concerned with leg ulcers or with other body dressings. "Physical Handicap" covered the home visiting of people suffering from M.S. or of paraplegics, quadraplegics, etc., more of whom are being transferred from institutions back to the community. "Mental handicap" in all regions was relatively small in number because adult mentally handicapped are still cared for in special centres or agencies. A number of public health nurses are qualified for "mental handicap" through special courses.

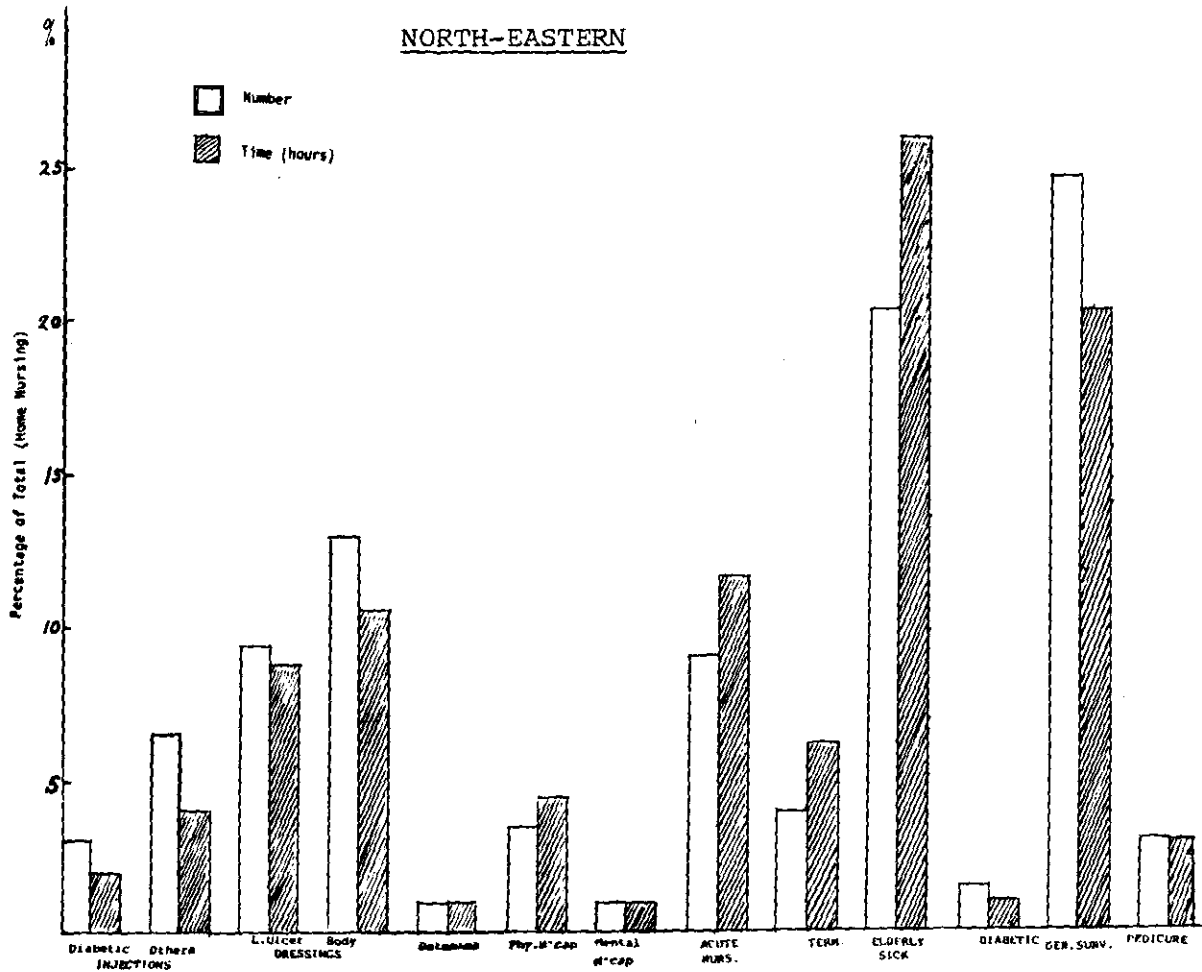


Fig. 3.1: Distribution of Activities as Percentage of Total Home Nursing in the North-Eastern Region.

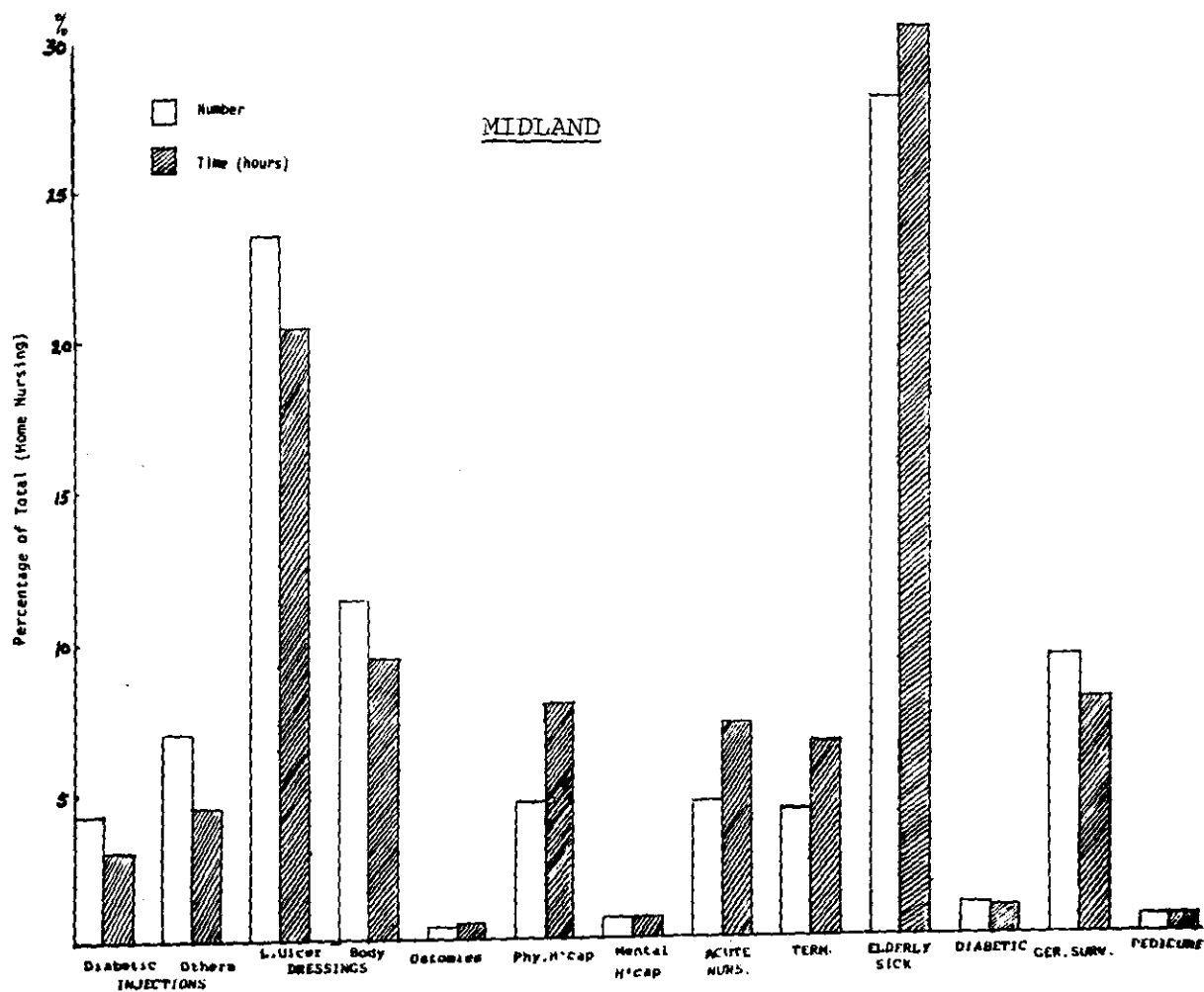
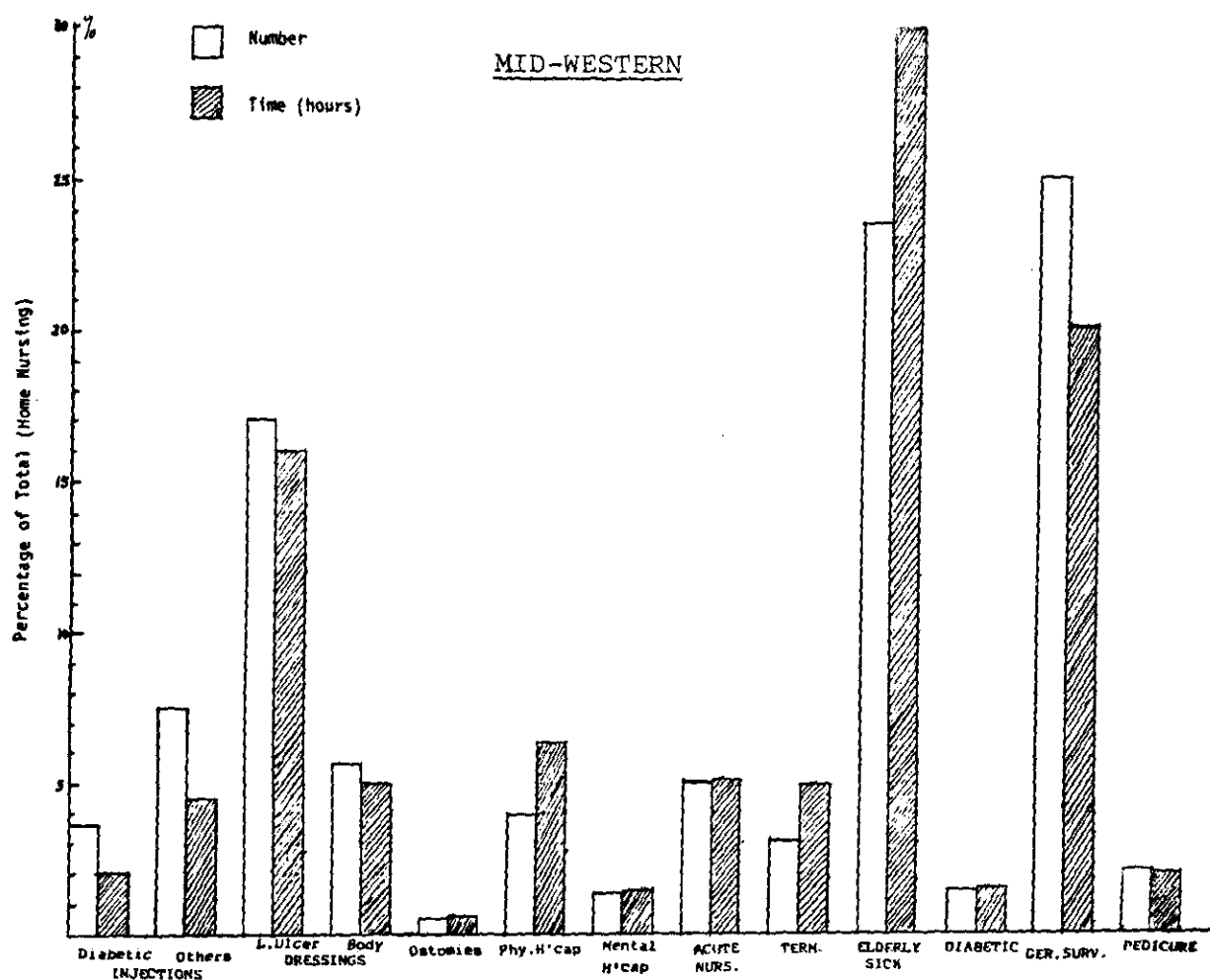


Fig. 3.2: Distribution of Activities as Percentage of Total Home Nursing in the Mid-Western and Midland Regions.

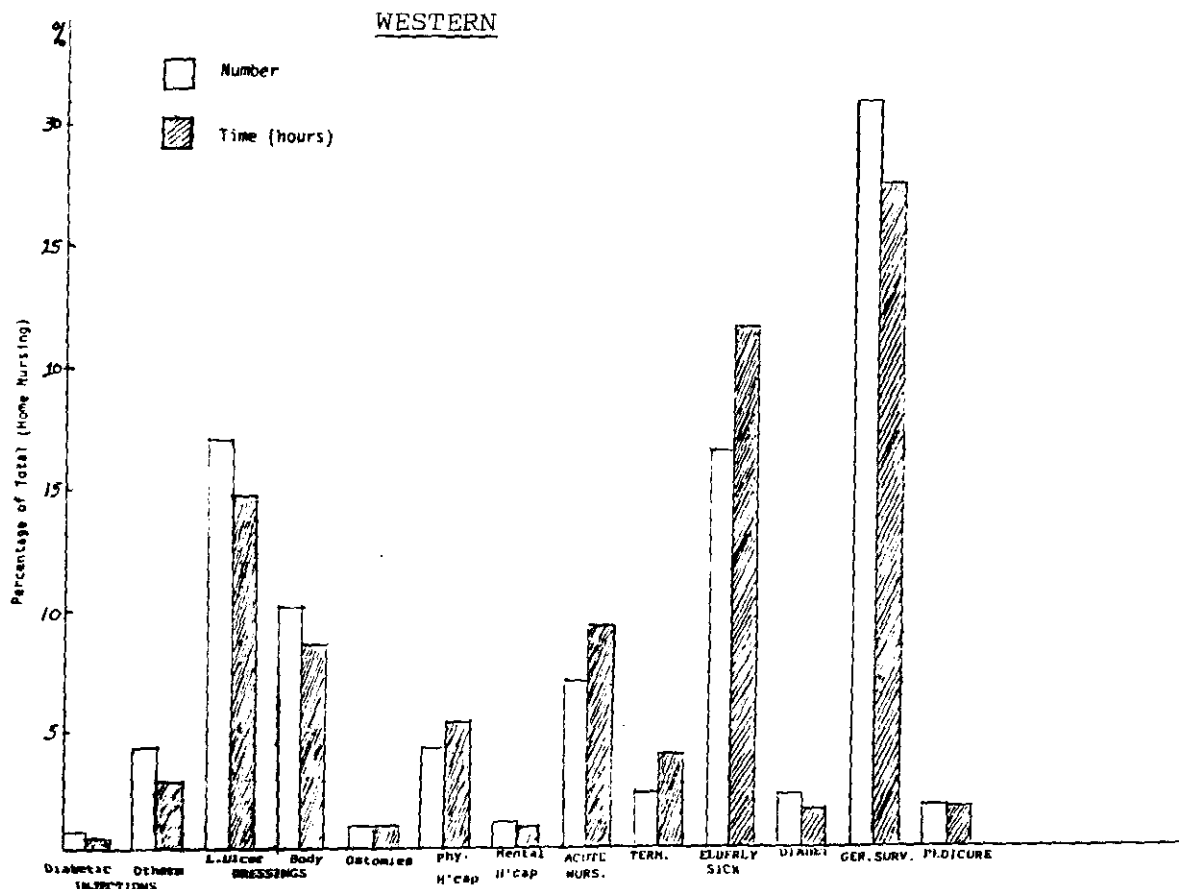
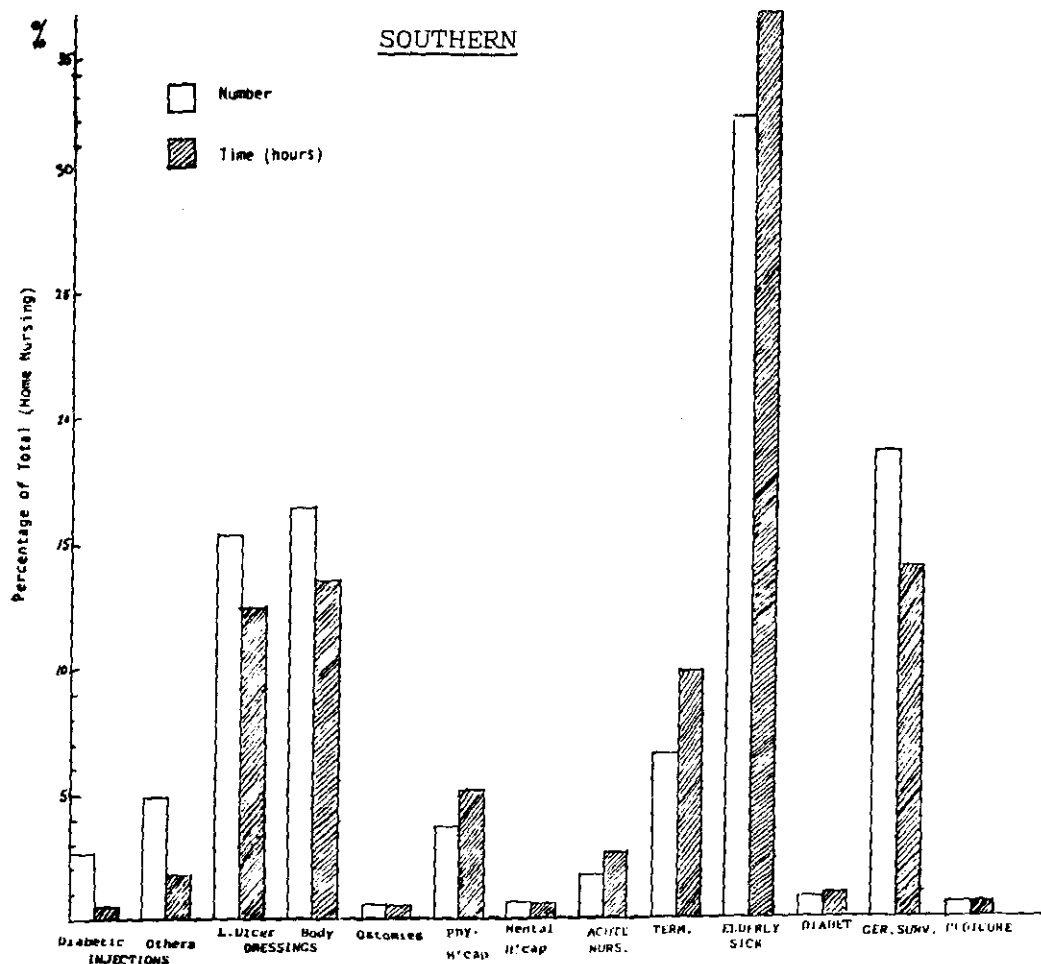


Fig. 3.3: Distribution of Activities as Percentage of Total Home Nursing in the Southern and Western Regions.

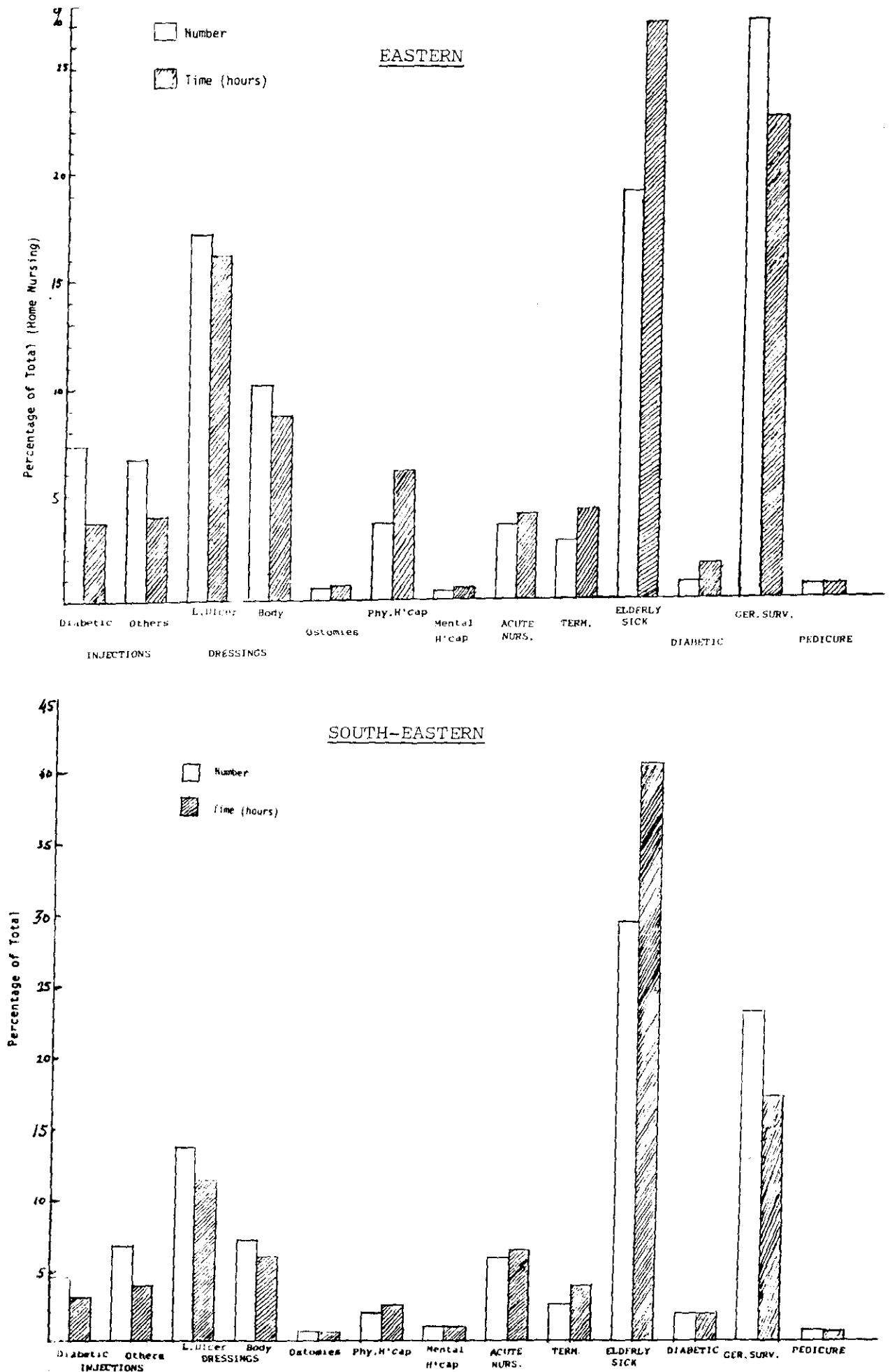


Fig. 3.4: Distribution of Activities as Percentage of Total Home Nursing in the Eastern and South-Eastern Regions.

With the earlier discharge of sick as hospital services are restricted, the public health nurse is called on to supply a service which is basically acute nursing. Heavy home nursing is demanding in energy and time. With this can be classed the terminally ill who require equivalent and constant nursing. In the survey, the care of the elderly as recorded had to be scrutinised to determine whether it was technical or basic nursing or geriatric surveillance. The surveillance as an activity was invariably more than a mere monitoring or check. It is clear that it involved, at a minimum, instruction on diet or mobility, continence training, support for those living alone or in isolation from the community, and in some cases light nursing duties. Pedicure care was listed separately from the surveillance duty because in certain areas, particularly in the West and South, it is done on a regularly monthly basis for the elderly irrespective of other visits they receive.

ANALYSIS OF THE RECORDS

3.3 The total number of and total time devoted to an activity was determined and converted to percentage of the total number and total time given to home nursing. Figure 3.1 gives in histogram form the percentages with respect to number and time for the different regions. Though the value for number and time is close in most instances, the number of activities can be misleading. In terms of quality care, the time data are more significant and a better measure of the workload of the public health nurse.

ELDERLY SICK AND GERIATRIC SURVEILLANCE

3.4 When one considers the difference in the areas surveyed across the country, that is, rural, urban or mixed and with people living alone or with others, a variation could be reasonably expected. However, the survey shows that as far as the nurses' workload is concerned a similar pattern prevails in all regions. Table 3.1 gives the percentage of total number and time of home nursing for the care of the elderly sick and for geriatric surveillance. The combination with respect to the total is significant.

TABLE 3.1

	Percentage of total	E	S.E	S	M.W	W	N.E	Midl	Mean
Elderly Sick	Number	19.1	29.5	31.7	23.5	16.6	20.3	27.9	24.1
	Time	26.9	34.0	37.2	29.9	21.6	26.0	30.2	29.4
Ger. Surv. /Pedicure	Number	27.7	24.1	19.1	27.2	32.9	27.9	10.1	24.1
	Time	23.2	24.6	14.4	22.0	29.1	23.2	8.6	20.7
Combined	Number	46.8	53.6	50.8	50.7	49.5	48.2	38.0	48.2
	Time	50.1	58.6	51.6	51.9	50.7	49.2	38.8	50.1

Care of the Elderly: Percentage of Total Home Nursing.

The nursing of the elderly sick took up a great amount of the nurses' time. In most cases it involves general nursing care with an average time per visit ranging from 30 to 40 minutes. Where help is not available, the work is physically demanding and stressful. The geriatric surveillance, as already noted, involved generally more than mere "looking-in" on the elderly. The mean time per visit varied from 15 to 20 minutes.

Table 3.1 shows that nearly half of all visits made (and in some areas this was more than half) were to elderly people. The mean value of 50% of the total amount of time devoted to home nursing reflects the same pattern. The fact that the figures for number and time coincide should not disguise the reality of the great number of visits made by the nurse on district duties and the associated heavy nursing of the elderly.

DRESSINGS

3.5 That the pattern of nursing duties is the same in all regions is evidenced from the next peak in the histograms, for persons suffering from leg ulcers. As shown in Table 3.2.

TABLE 3.2

Percentage of Total	E	S.E	S	M.W	W	N.E	Midl	Mean
Number	17	14	15	17	17	9	24	16
Time	16	13	12	16	15	9	20	14

Leg Ulcers: Percentage of Total Home Nursing.

the frequency is similar across the country except for the North-Eastern where it is low and the Midland where it is high. In most areas the values are near the mean, 16% of total number and 14% of total time.

Leg ulcers can be cured, or with health education, prevented. There is obvious need for a review of the service in the light of other demands on the nurses' time and skills.

3.6 The time devoted to other dressings is also significant. As shown in Table 3.3 the mean values for the percentage of the total number and time are 10 and 9 respectively so that leg ulcers and body dressings occupy nearly a quarter of the totals for domiciliary nursing activities.

TABLE 3.3

Percentage of Total	E	S.E	S	M.W	W	N.E	Midl	Mean
Number	10	7	16	6	10	13	11	10
Time	9	7	13	5	9	11	10	9

Body Dressings: Percentage of Total Home Nursing

PHYSICAL HANDICAP

3.7 With the changing patterns in institutional nursing, more people who are physically handicapped such as paraplegics are being discharged from hospitals or rehabilitation centres and returned to community care. Home nursing with its limited facilities cannot substitute at the moment for an institutional service, but the public health nurses are meeting the challenge as evidenced from the percentage distribution given in Table 3.4.

TABLE 3.4

Percentage of Total	E	S.E	S	M.W	W	N.E	MidI	Mean
Number	4	2	4	4	4	3	5	4
Time	6	3	5	6	5	4	8	5

Physical Handicap: Percentage Distribution of Total Home Nursing.

Unlike most of the other activities, the percentage of total time is greater than that of the total number. This indicates the relatively greater amount of time demanded per visit. While the quality of this service must be maintained, the evidence is that more personnel are available in an institutional setting than in a district and that this with the care of the elderly puts an extra burden on the public health nurses.

ACUTE NURSING AND TERMINALLY ILL

3.8 Like the care of the physically handicapped, acute nursing and care of the terminally ill show a greater percentage of total time to that of total number. This indicates the relatively greater amount of time per visit devoted to these activities, the mean value ranging from 30 to 40 minutes per visit. Table 3.5 gives the percentage distribution for the different regions.

TABLE 3.5

	Percentage of Total	E	S.E	S	M.W	W	N.E	Midl	Mean
Acute Nursing	Number	3.5	5.9	1.7	5.0	7.1	9.1	4.7	5.3
	Time	4.0	7.2	2.5	6.0	9.3	11.7	7.2	6.8
Terminal Ill	Percentage of Total	E	S.E	S	M.W	W	N.E	Midl	Mean
	Number	2.8	2.7	6.5	3.1	2.3	3.9	4.2	3.6
	Time	4.2	4.5	9.7	4.9	4.0	6.2	6.7	5.7

Percentage Distribution of Total Home Nursing.

3.9 With the earlier discharge of such patients into community care, the situation should be constantly reviewed to ensure maintenance of service quality as well as the physical and mental welfare of the community nurses. Where a number of cases have to be dealt with in one day, assistance should be provided for the public health nurse dealing with basic nursing care.

CHAPTER 4

CHILD HEALTH CARE and OTHER DUTIES

4.1 As already stated, the average value for all regions of the total nursing time for child health care visits was a little over 15%. Since this community health service is primarily preventive, the data are a measure of the progress to date of the policy of involving the public health nurses.

4.2 It was possible from the survey to distinguish the type of child welfare visits, coded as antenatal, developmental or routine, vulnerable or at risk children and finally for family surveillance if problems existed or were suspected. The survey records for the Eastern Health Board areas is shown in Table 4.1

TABLE 4.1

E.H.B. Community Care Area	1	2	3	4	5	6	7	8	Total	Percentage Total
Ante Natal: Number	10	3	3	2	5	3	23	5	54	0.4%
Time (Hrs.)	2.7	1.3	1.1	0.5	1.5	4.5	9.7	1.6	22.9	0.4%
Developmental: No.	960	777	851	1605	2165	1852	2098	2371	12679	88.6%
Time (Hrs.)	298.9	330.6	288.8	527.8	739.4	669.8	669.7	882.0	4407.0	83.8%
Vulnerable: No.	58	81	47	242	279	286	197	207	1397	9.8%
Time (Hrs.)	26.8	44.2	22.0	116.3	150.3	156.7	109.5	127.9	753.1	14.3%
Fam. Surv: No.	15	17	3	15	16	42	57	13	178	1.2%
Time (Hrs.)	9.0	9.6	2.3	4.9	6.3	20.9	19.4	7.3	79.7	1.5%

Distribution of Numbers and Nursing Times in the Eastern Health Board Region.

Of the total given to child health visits in the Eastern Health Board areas surveyed, 88.6% of the number and 83.8% by time were devoted to developmental or routine calls.

Table 4.2 gives the mean values of the activities in each region as percentage of the total time given to child health visits.

TABLE 4.2

	E	S.E	S	M.W.	W	N.E.	Midl	Mean
Ante Natal	0.4	2.7	0.7	1.4	1.9	2.7	0.7	1.5
Developmental	83.4	72.1	85.3	80.1	88.9	86.4	77.1	82.0
Vulnerable	14.3	21.0	12.7	17.9	8.7	7.6	20.9	14.7
Fam. Surv.	1.5	4.2	1.3	0.6	0.5	5.3	1.3	2.1
Total Number of Visits	14308	1238	3070	4295	2948	3311	2039	

Percentage of Total Time Given to Child Health Visits with Actual Number of Visits for Each Region.

As advocated for some years and strongly recommended by the Report on Health Care for Mothers and Infants (1983), public health nurses should be more actively involved in the provision of antenatal and postnatal care. In the Report of the 1970's Workload Survey it was stated that the average time devoted to antenatal care was 10 minutes per nurse per week; and deploring this, it added "we are of the opinion that antenatal and postnatal care should form an increasingly important part of the public health nurses' duties" (7.10). What was envisaged was more personal care and advice for the expectant mother and more health education classes in child care. The data of Table 4.2 indicate how little antenatal care is met by public health nurses. In some centres through the co-operation of a doctor or general practitioner, nurses are more involved. However, in general, the expertise and training in antenatal care of the public health nurse is not availed of; and from the comments of the nurses such involvement is resented by other members of the health care-team.

4.3 In all regions developmental visits form the bulk of the child welfare calls. All babies receive an initial visit (Birth Notification visit) within 24 hours of their receiving notification. This is followed by a second visit at three months or earlier if deemed necessary. Visits are scheduled at six months and one year. Nurses in their comments point out the difficulty because of their workload in making these follow-up visits. Of necessity selectivity has to be applied. There is need for a review of the situation in the light of developmental clinics which are held weekly in most areas.

The relatively high percentage of total time spent with vulnerable families highlights the need for this care in modern society and the concern of the public health nurses in meeting this need. With apparent increase in child abuse and other problems, surveillance of certain families through routine visits is now demanded of the nurses.

4.4 For comparison purposes, the actual total number of child health visits for each region is included in Table 4.2.

INEFFECTIVE CALLS

4.5 In the report of the 1970's Survey, it is stated that the average time shown by the survey for ineffective calls was 10 minutes per nurse per week. The present survey in this regard reflects social changes which are affecting the response of the nurses to community needs. In the case of geriatric care, nurses frequently find the elderly absent from their homes when they call. With the gradual disappearance of the extended family in urban areas, the nurses almost daily get no reply on some child welfare calls. Where elderly people and young children are concerned, the public health nurse cannot dismiss or ignore an ineffective visit and consequently must return even several times before being satisfied.

TABLE 4.3

Comm. Care Areas	1	2	3	4	5	6	7	8	Totals
Ineffective Calls: Number	315	507	478	604	641	715	981	872	5113
Time (Hours)	38.5	58.2	63.3	56.8	66.4	79.8	103.5	91.1	558.4
Total Number of Home Visits	4876	4990	3996	5308	6691	7568	8302	6871	48602
Total Time (Hours)	1729.2	1743.5	1322.1	1645.1	2369.2	2558.0	2626.4	2525.6	16519.1

Ineffective Calls: Distribution for Numbers and Time in Eastern Health Board.

Table 4.3 gives the data for ineffective visits in areas surveyed in the Eastern Health Board. The total number and time for all home visits (home nursing, child welfare and ineffective) are included for comparison. The ineffective calls were 10.5% of the total number and 3.4% of the total time spent on visits. The

distribution, given as percentage of total nursing time, was shown earlier in Table 2.3, where that for the Eastern region is 2% and the average for the country as 0.6%. The reality is better reflected in Table 4.4 which gives detailed percentages for each region.

TABLE 4.4

C.C. Areas	E	S.E	S	M.W	W	N.E	Midl	Mean
Percentage of Total Visits	10.5	1.4	1.7	3.6	1.7	3.3	1.6	3.4
Percentage of Total Time	3.4	0.7	0.5	1.2	0.5	1.0	0.5	1.1

Ineffective Calls: Percentage of Total Visits and Total Time.

This shows a significant increase in the number of ineffective calls even though they are generally still a small percentage of the total number. The urban situation shows a radical change over the past decade and the figures for Dublin in particular point to a need for a review. In terms of actual time spent in visits which are ineffective, it occupies nearly 28 hours daily for the Eastern Health Board areas surveyed or about 6 minutes per nurse per day.

The fact that some nurses did not record "no reply" calls except in special circumstances means that all the figures must be taken as minimum values which aggravates the situation further.

CLINICS

4.6 In the survey the nurses recorded their work at clinics which are held in health centres every week or fortnight. These are categorised as nurse, developmental, immunisation and cytology clinics. Other clinics were held for B.C.G., blood pressure, ear, nose and throat, orthopaedic, ophthalmic and tuberculosis. In addition, where the dispensary system still prevails, a doctor is assisted by a nurse, here recorded as dispensary duties. Table 4.5 shows the distribution in percentage of total time for the various clinic categories throughout the country

Developmental paediatric clinics take up about 20% of the total clinic time in most centres. However, the nurses

TABLE 4.5

C.C. Area	E	S.E	S	M.W	W	N.E	Midl	Mean
Nurse	32.5	3.6	4.5	11.5	2.7	9.0	7.4	10.2
Developmental	27.8	15.7	23.7	13.6	23.6	20.6	24.3	21.3
Immun.	11.8	7.2	11.0	14.7	13.3	17.4	14.7	12.9
Cytology	0.8	0.8	0	6.6	0	1.8	0.1	1.4
Others/Disp.	27.1	72.6	60.7	53.6	60.3	51.2	53.5	54.1

Clinics: Distribution by Percentage of Total Clinic Time.

remark that they are often poorly attended and are therefore in need of review. As with immunisation and cytology clinics, must be recognised s a great resource for primary care.

It is regrettable that in almost all areas cytology screening was not available. The high percentage for other clinics and dispensary service highlights the existence of the traditional dispensary system in many places. The average time for all the regions is over half the total time devoted to all clinics.

SCHOOL INSPECTION

4.7 The school health inspections by nurses involve an initial examination of the school children which includes testing of vision, inspection for cleanliness and posture, and audiometry monitoring. Table 4.6 gives the distribution for the different regions.

TABLE 4.6

E	S.E	S	M.W	W	N.E	Midl	Mean
4.7	10.3	5.5	7.7	1.0	4.2	3.7	5.3

School Health Service: Distribution by Percentage of Total Nursing Time.

During the survey period of February/March the returns show an average value of 5.3% of all nursing duties' time. The comments indicate a certain dissatisfaction with the service from the

nurses' point of view and suggest that it be reviewed at Health Board level.

HEALTH EDUCATION

4.8 The 1970's Survey showed that very little time was devoted by nurses to organised health education. There has been no improvement in the situation. In some community care areas, a nurse has been appointed as health education officer. But this is not so generally. While the nurse makes use of health education in all of her domiciliary nursing, child welfare visits and in clinics, little use appears to be made of her skills in organised health education, especially in schools or for community groups.

TABLE 4.7

E	S.E	S	M.W	W	N.E	Midl	Mean
0.2	0.1	0.2	0.5	0.04	1.2	0.04	0.3

Organised Health Education: Percentage of Total Nursing Time.

In isolated instances, nurses are engaged in a school health programme which treats of personal and food hygiene, body care, interpersonal relationships and other matters related to local community health needs.

Table 4.7 gives the percentage of total nursing time devoted to Organised Health Education in each region. The mean value of 0.3% indicates a neglect in this most important field of preventive health care.

TEAM CONSULTATION

4.9 The survey frequently refers to the nurse's frustration in handling illness that originates or is related to social problems such as unemployment or substance abuse. The public health nurse and other members of the primary health care team have different functions and skills but close liaison and co-

operation must exist for the benefit of the local community and a higher effective service.

The average value of 2.6% of the total nursing time, already noted, devoted to consultation with other agencies seems rather small for the importance of effective working relationships. The figures include both individual consultation time and care team meetings which are held regularly at local level. Analysis of the data for the different areas suggests better co-operation exists in some more than in others.

SUPPORTIVE CARE

4.10 It was necessary to create a special category called "supportive care", to cover activities which were not specifically geriatric surveillance or care of the aged. It included support for young mothers or older women who were finding it hard to cope, for many who were depressed, lonely or frightened, for families and friends who were bereaved and overcome with grief. Coded in this category was assessment work, that is, assessment for entitlement to benefits and appliances, for welfare home and sheltered accommodation and geriatric unit admissions.

It is basically preventive care. Since many of the people who need this support are elderly, the data should be taken in conjunction with the other categories which refer to elderly sick and geriatric surveillance. Table 4.8 gives the percentage distribution for the different regions.

TABLE 4.8

E	S.E.	S	M.W.	W	N.E.	Midl	Mean
3.9	3.9	4.7	3.2	7.2	2.0	9.3	4.9

Supportive Care: Percentage of Total Nursing Time.

The percentage of total nursing time varied for the different regions from 2.0% in the North-Eastern to 9.3% in the Midland. The mean value for all regions was 4.9%. However, the actual

values in many areas was high because the survey description leaned more to supportive care than geriatric surveillance. The lower percentage for geriatric surveillance in the Midland region for example, can be accounted for by the higher value for supportive care.

CLERICAL

4.11 In the report of the 1970's Survey, it was strongly recommended that the nature of the clerical work done by the public health nurses should be investigated and that the heavy load of clerical work in some areas warranted a review in order to ascertain the feasibility of allocating some of this to trained clerical staff. The situation over the past decade has if anything got worse. From the comments in the present survey, nurses are forced to do their clerical work at home after their day's duties or in off-duty time in order to keep records up-to-date.

4.12 The clerical duties covered in this category were primarily record keeping and report writing especially where social and behavioural problems are involved. In addition, there are the sorting of record cards, the compiling of summary returns, the requisitioning of supplies, the transporting and delivering of appliances and postal items. The nurses' comments criticise the duplicating of information, and the number of cards under different classification about the same person whether adult or child. There is no doubt about the stressful nature of the clerical work and the cost in energy and time for the nurse.

At a time when information systems are readily available, the up-dating of the clerical work of the public health nurses is an urgent matter. The system of delivering stocks or supplies warrants examination and review.

4.13 Table 4.9 shows the distribution for the different regions of the clerical work as a percentage of the total nursing time. The mean value of 15.1% seems very high. The actual number of hours devoted to clerical work during the survey period is also shown in the table. A reduction of a few percent in the mean

TABLE 4.9

E	S.E	S	M.W	W	N.E	Midl	Mean
19.2	13.0	15.0	18.9	16.2	10.5	12.9	15.1
5324	536	1436	2117	1028	827	584	

Clerical Work: Upper - Percentage of Total Nursing Time
Lower - Total Time (Hours) for Survey Period.

value would show a significant saving in terms of actual clerical workload.

OTHER ACTIVITIES

4.14 Three other activities were recorded in the survey, namely, staff meetings, student training and seminars, conferences or courses. These were not included in the overall computation because the same meeting or conference was registered by all attending, and the student accompaniment was not always recorded.

The staff meeting is the regularly monthly assembly for all nurses free to attend. In the Eastern Health Board areas general nursing students as well as students on the public health nursing training course are assigned over a series of weeks to accompany the public health nurses on the district duties. In other Health Board areas, trainee public health nurses do practical fieldwork with a local public health nurse. The work of accompaniment is by no means light and frequently in the survey the stress and interference it gives rise to are noted in the comments. Several nurses stated once only that students are accompanying them, a fact which made the objective data about this activity unreliable. The actual figures can be obtained from the Health Boards who foster this practice.

Sometimes nurses are seconded to attend seminars, courses or lectures. This activity was noted by a few nurses during the survey period.

CHAPTER 5

CONCLUSION

5.1 The survey was undertaken in order to ascertain factually the nature and extent of the daily activities involved in the work of the public health nurse. The complexity of her duties was readily acknowledged but not always understood. Traditional services were met but for a community which is changing rapidly with the years. In addition, the needs of the changing society have made new demands on the community nurses' skills.

The structure of the nursing service is moving from the institutional model to a community based system. The numbers and times recorded in the survey do not of themselves give a complete picture. The public health nurses continue to follow the traditional mould without the updated resources and adequate personnel appropriate to the development of a health policy in keeping with the needs of the community today. It means that they cannot provide an acceptable level of cover, and in many areas because of a heavy workload they are not in a position to meet the demands made on them. This is particularly acute in their preventive work.

It is clear that a number of major issues confront public health nursing. This survey should help to substantiate the nurses' argument for a review of the health policy, at least with respect to the aspects which affect or are related to their services and for which they have special training and expertise.

APPENDIX 1.

Workload Survey of the Public Health Nurses

The survey is being undertaken in different community care areas throughout the country so that the workload of the public health nurses may be ascertained and the needs they meet and those that are not met may be determined.

The form to be completed daily during the four weeks of the survey is intended to record the nature of the nursing duties and activities, the time taken for each separate duty and comments on the work if so desired.

Guidelines

1. One form should be completed for each day of the survey whether the nurse is on duty or off duty. The survey commences with Day 1 on 18th February 1985 and concludes on Day 28 on 17th March 1985.
2. The forms for each day will be provided by the Superintendent. A number of spare forms should be available in case the one for the Survey Day is spoiled or more space is required for recording the nursing duties.
3. The form used should have the Survey-Day number entered on it and the matching date.
4. The form should be completed on the day to which it relates.
5. The Superintendent will make arrangements about collecting the completed forms.

Nursing Duty

6. In the first column list in order the nursing duties and/or activities for the day. In the case of some duties e.g. home visiting the care of more than one person may be involved. Indicate this briefly in the third column e.g. "care of 3 persons in family".

Time

7. Record the time taken for each duty e.g. 15 minutes or 1½ hour as appropriate.
8. The time involved in travelling or the distance travelled need not be recorded. The description "urban" or "rural" for the area is sufficient.
9. If the nurse is on leave (annual, sick or special) on any day during the survey, the form for that day should be completed by writing across the first columns "annual leave", "sick leave" or "special leave" as appropriate. "regular day off" should be recorded for such a day adding "on call", if such is the case.
10. Where duties are undertaken outside the regular morning or afternoon periods, that is for example in the evening time, the activities and time taken should be recorded in the usual way.
11. The Comment Column should be used freely to give more information about the duty classification or more particulars about the activity and the situation of the nurse.

APPENDIX 2.
SURVEY FORM

AREA:

Urban ☐

Rural ☐

SURVEY DAY ☐ ☐

DATE:

NURSE:

PHN ☐

SRN ☐

Perm/Temp ☐

Relief ☐

NURSING DUTIES	TIME TAKEN	COMMENT(if any)
<u>MORNING</u>		
<u>AFTERNOON</u>		

General Comments:

Board: EASTERN

Area: 1

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	20	260	4.3	13.0
012	" (Others)	180	2475	41.3	13.8
021	Dressings (L.Ulc.)	474	10940	182.3	23.1
022	" (Body)	258	4910	81.8	19.0
031	Ostomies	10	140	2.3	14.0
041	Phy. Hand.	91	3585	59.8	39.4
042	Ment. Hand.	12	260	4.3	21.7
043	Acute Nurs.	49	1262	21.0	25.8
044	Term. Ill	71	2370	39.5	33.4
045	Eld. Sick	972	32274	537.9	33.2
046	Diabetic	53	715	11.9	13.5
051	Ger. Surv.	1314	21722	362.0	16.5
052	" Pedicure	14	330	5.5	23.6
061	H. V.-ante natal	10	165	2.7	16.5
062	-devel.	960	17935	298.9	18.7
063	-vuln/at risk	58	1570	26.2	27.1
064	-fam. surv.	15	540	9.0	36.0
065	Ineffective v.	315	2310	38.5	7.3
071	Clinics: nurse	60	8570	142.8	142.8
072	" developm.	23	3520	58.7	153.0
073	" immunis.	15	2190	36.5	146.0
074	" cytology	-	-	-	-
075	Disp./other cl.	113	8685	144.8	76.9
081	Sch.Insp.: nurse	21	3365	56.1	160.2
082	" " medical	24	5445	90.8	226.9
083	H. Education (Sch.)	14	525	8.8	37.5
091	H.Educ.: home	-	-	-	-
092	" " Community	3	120	2.0	40.0
101	Care Team: Consl.	146	2715	45.3	18.6
102	" " Meeting	29	1290	21.5	44.5
111	Support, Assess.	211	4500	75.0	21.3
121	Clerical	511	22165	396.4	43.4
131	Staff Meeting	-	-	-	-
141	Stud. Training	3	70	1.2	23.3
151	Seminars, Lect.	8	1481	24.7	185.1

Board: EASTERN

Area: 2

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	213	2387	39.8	11.2
012	" (Others)	256	3095	51.6	12.1
021	Dressings (L.Ulc.)	791	15450	257.5	19.5
022	" (Body)	214	4382	73.0	20.5
031	Ostomies	32	632	10.5	19.8
041	Phy. Hand.	37	1575	26.3	42.6
042	Ment. Hand.	10	400	6.7	40.0
043	Acute Nurs.	157	3567	59.5	22.7
044	Term. Ill	86	2845	47.4	33.1
045	Eld. Sick	634	21052	350.8	33.2
046	Diabetic	6	85	1.4	14.2
051	Ger. Surv.	1162	22359	372.7	19.2
052	" Pedicure	7	155	2.6	22.1
061	H. V.-ante natal	3	75	1.3	25.0
062	-devel.	777	19835	330.6	25.5
063	-vuln/at risk	81	2650	44.2	32.7
064	-fam. surv.	17	575	9.6	33.8
065	Ineffective v.	507	3490	58.2	6.9
071	Clinics: nurse	8	1290	21.5	161.3
072	" developm.	48	7150	119.2	148.9
073	" immunis.	10	1350	22.5	135.0
074	" cytology	-	-	-	-
075	Disp./other cl.	18	1375	22.9	76.4
081	Sch.Insp.: nurse	35	4740	79.0	135.4
082	" " medical	53	8895	148.3	167.8
083	H. Education (Sch.)	6	215	8.6	35.8
091	H.Educ.: home	4	120	2.0	30.0
092	" " Community	2	120	2.0	60.0
101	Care Team: Consl.	69	3003	50.1	43.5
102	" " Meeting	46	3740	62.3	81.3
111	Support, Assess.	115	3907	65.1	34.0
121	Clerical	553	34970	582.8	63.2
131	Staff Meeting	16	2255	37.6	140.0
141	Stud. Training	15	1710	28.5	114.0
151	Seminars, Lect.	30	6330	105.5	211.0

Board: EASTERN

Area: 3

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	166	2020	33.7	12.2
012	" (Others)	130	1730	28.8	13.3
021	Dressings (L.Ulc.)	587	11450	190.8	19.5
022	" (Body)	114	2125	35.4	18.6
031	Ostomies	25	1005	16.8	40.2
041	Phy. Hand.	311	11515	191.9	37.0
042	Ment. Hand.	10	280	4.7	28.0
043	Acute Nurs.	165	3575	59.6	21.7
044	Term. Ill	50	1895	31.6	351.1
045	Eld. Sick	238	6035	100.6	25.3
046	Diabetic	22	355	5.9	16.1
051	Ger. Surv.	780	14275	237.9	18.3
052	" Pedicure	16	415	6.9	25.9
061	H. V.-ante natal	3	65	1.1	21.7
062	-devel.	851	17330	288.8	20.3
063	-vuln/at risk	47	1320	22.0	28.1
064	-fam. surv.	3	135	2.3	45.0
065	Ineffective v.	478	3795	63.3	7.9
071	Clinics: nurse	5	765	12.8	153.0
072	" developm.	18	2375	39.6	131.9
073	" immunis.	7	940	15.7	134.3
074	" cytology	-	-	-	-
075	Disp./other cl.	7	675	11.3	96.4
081	Sch.Insp.: nurse	16	1380	23.0	86.2
082	" " medical	22	3340	55.7	151.8
083	H. Education (Sch.)	7	585	9.8	83.6
091	H.Educ.: home	2	90	1.5	45.0
092	" " Community	2	210	3.5	105.0
101	Care Team: Consl.	122	5970	99.5	48.9
102	" " Meeting	23	1860	31.0	80.9
111	Support, Assess.	75	2645	44.1	35.3
121	Clerical	375	27160	452.7	72.4
131	Staff Meeting	25	3465	57.8	138.6
141	Stud. Training	21	3465	57.8	165.0
151	Seminars, Lect.	12	1935	32.3	161.3

Board: EASTERN

Area: 4

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	304	3265	54.5	10.7
012	" (Others)	286	3150	52.5	11.0
021	Dressings (L.Ulc.)	474	7719	128.7	16.3
022	" (Body)	481	7480	124.7	15.6
031	Ostomies	36	615	10.3	17.1
041	Phy. Hand.	129	4840	80.7	37.5
042	Ment. Hand.	30	735	12.3	24.5
043	Acute Nurs.	43	1190	19.8	27.7
044	Term. Ill	118	3395	56.6	28.8
045	Eld. Sick	541	16076	267.9	29.7
046	Diabetic	15	220	3.7	14.7
051	Ger. Surv.	373	7405	123.4	19.9
052	" Pedicure	10	225	3.8	22.5
061	H. V.-ante natal	2	30	0.5	15.0
062	-devel.	1605	31666	527.8	19.7
063	-vuln/at risk	242	6980	116.3	28.8
064	-fam. surv.	15	295	4.9	19.7
065	Ineffective v.	604	3410	56.8	5.6
071	Clinics: nurse	58	8205	136.8	141.5
072	" developm.	43	5345	89.1	124.3
073	" immunis.	25	3170	52.8	126.8
074	" cytology	-	-	-	-
075	Disp./other cl.	31	1290	21.5	41.6
081	Sch.Insp.: nurse	42	4070	67.8	96.9
082	" " medical	22	3550	59.2	161.4
083	H. Education (Sch.)	-	-	-	-
091	H.Educ.: home	12	310	5.2	25.8
092	" " Community	-	-	-	-
101	Care Team: Consl.	99	2965	49.4	29.9
102	" " Meeting	50	2810	46.8	56.2
111	Support, Assess.	668	16297	271.6	24.4
121	Clerical	781	46696	778.3	59.8
131	Staff Meeting	6	405	6.8	67.5
141	Stud. Training	23	3640	60.7	158.3
151	Seminars, Lect.	9	1700	28.3	188.9

Board: EASTERN

Area: 5

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	150	2050	34.2	13.7
012	" (Others)	213	3065	51.1	14.4
021	Dressings (L.Ulc.)	510	11210	186.8	22.0
022	" (Body)	412	8975	149.6	21.8
031	Ostomies	24	1025	17.1	42.7
041	Phy. Hand.	251	8150	135.8	32.5
042	Ment. Hand.	3	60	1.0	20.0
043	Acute Nurs.	286	9005	150.1	31.5
044	Term. Ill	229	7920	132.0	34.6
045	Eld. Sick	318	9781	163.0	30.8
046	Diabetic	34	720	12.0	21.2
051	Ger. Surv.	1128	21676	361.3	19.2
052	" Pedicure	27	680	11.3	25.2
061	H. V.-ante natal	5	90	1.5	18.0
062	-devel.	2165	44365	739.4	20.5
063	-vuln/at risk	279	9015	150.3	32.3
064	-fam. surv.	16	380	6.3	23.8
065	Ineffective v.	641	3985	66.4	6.2
071	Clinics: nurse	86	11510	191.8	133.8
072	" developm.	41	6215	103.6	151.6
073	" immunis.	22	3385	56.4	153.9
074	" cytology	3	510	8.5	170.0
075	Disp./other cl.	96	5840	97.3	60.8
081	Sch.Insp.: nurse	20	3430	57.2	171.5
082	" " medical	1	15	0.2	15.0
083	H. Education (Sch.)	3	70	1.2	23.3
091	H.Educ.: home	2	75	1.3	37.5
092	" " Community	14	430	7.2	30.7
101	Care Team: Consl.	96	2535	42.3	26.4
102	" " Meeting	9	395	6.6	43.9
111	Support, Assess.	193	4980	83.0	25.8
121	Clerical	622	42420	707.0	68.2
131	Staff Meeting	3	185	3.1	61.7
141	Stud. Training	4	70	1.2	17.5
151	Seminars, Lect.	9	1585	26.4	176.1

Board: EASTERN

Area: 6

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	523	6432	107.2	12.3
012	" (Others)	272	3840	64.0	14.1
021	Dressings (L.Ulc.)	1093	22697	378.3	20.8
022	" (Body)	177	3175	52.9	17.9
031	Ostomies	22	550	9.2	25.0
041	Phy. Hand.	48	2655	44.3	55.3
042	Ment. Hand.	9	220	3.7	24.4
043	Acute Nurs.	46	1440	24.0	31.3
044	Term. Ill	84	2685	44.8	32.0
045	Eld. Sick	1217	34871	581.2	28.7
046	Diabetic	46	740	12.3	16.1
051	Ger. Surv.	1093	17434	290.6	16.0
052	" Pedicure	40	830	13.8	20.8
061	H. V.-ante natal	3	270	4.5	90.0
062	-devel.	1852	40185	669.8	21.7
063	-vuln/at risk	286	9403	156.7	32.9
064	-fam. surv.	42	1255	20.9	29.9
065	Ineffective v.	715	4785	79.8	6.7
071	Clinics: nurse	21	2690	44.8	128.0
072	" developm.	77	12180	203.0	158.2
073	" immunis.	18	2655	44.3	147.5
074	" cytology	-	-	-	-
075	Disp./other cl.	76	4861	81.0	64.0
081	Sch.Insp.: nurse	6	1465	24.4	244.2
082	" " medical	37	7150	119.2	193.2
083	H. Education (Sch.)	-	-	-	-
091	H.Educ.: home	3	55	0.9	18.3
092	" " Community	6	330	5.5	55.0
101	Care Team: Consl.	103	1920	32.0	18.6
102	" " Meeting	12	855	14.3	71.3
111	Support, Assess.	394	10060	167.7	25.5
121	Clerical	864	47081	784.7	54.5
131	Staff Meeting	13	1230	20.5	94.6
141	Stud. Training	13	4095	68.3	315.0
151	Seminars, Lect.	6	680	11.3	113.3

Board: EASTERN
 Area: 7

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	529	5227 87.1	9.9
012	" (Others)	305	3695 61.6	12.1
021	Dressings (L.Utc.)	828	17942 299.0	21.7
022	" (Body)	482	9115 151.9	18.9
031	Ostomies	25	560 9.3	22.4
041	Phy. Hand.	58	1270 21.2	21.9
042	Ment. Hand.	36	990 16.5	27.5
043	Acute Nurs.	246	5295 88.3	21.5
044	Term. Ill	111	3580 59.7	32.3
045	Eld. Sick	881	23640 394.0	26.8
046	Diabetic	53	700 116.7	13.2
051	Ger. Surv.	1337	23399 390.0	17.5
052	" Pedicure	55	1160 19.3	21.1
061	H. V.-ante natal	23	580 9.7	25.2
062	-devel.	2098	40184 669.7	19.2
063	-vuln/at risk	197	6572 109.5	33.4
064	-fam. surv.	57	1165 19.4	20.4
065	Ineffective v.	981	6209 103.5	6.3
071	Clinics: nurse	68	10230 170.5	150.4
072	" developm.	17	2780 46.3	163.5
073	" immunis.	18	2385 39.8	132.5
074	" cytology	2	330 5.5	165.0
075	Disp./other cl.	73	5475 91.3	75.0
081	Sch.Insp.: nurse	45	4720 78.7	104.9
082	" " medical	42	6760 112.7	161.0
083	H. Education (Sch.)	4	165 2.8	41.3
091	H.Educ.: home	2	40 0.7	20.0
092	" " Community	31	1725 28.8	55.6
101	Care Team: Consl.	136	2971 49.5	21.8
102	" " Meeting	21	1135 18.9	54.0
111	Support,Assess.	250	5705 95.1	22.8
121	Clerical	622	47219 787.0	75.9
131	Staff Meeting	26	4260 71.0	163.8
141	Stud. Training	16	2990 49.8	186.9
151	Seminars, Lect.	6	460 7.7	76.7

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	223	3305 50.1	14.8
012	" (Others)	307	4785 79.8	15.6
021	Dressings (L.Utc.)	275	6535 108.9	23.8
022	" (Body)	805	16455 274.3	20.4
031	Ostomies	2	55 0.9	27.5
041	Phy. Hand.	132	5305 88.4	40.2
042	Ment. Hand.	10	295 4.9	29.5
043	Acute Nurs.	22	550 9.2	25.0
044	Term. Ill	80	2205 36.8	27.6
045	Eld. Sick	780	28659 477.7	36.7
046	Diabetic	13	230 3.8	17.7
051	Ger. Surv.	726	15045 270.8	20.7
052	" Pedicure	28	565 9.4	20.2
061	H. V.-ante natal	5	95 1.6	19.0
062	-devel.	2371	52921 882.0	22.3
063	-vuln/at risk	207	7675 127.9	37.1
064	-fam. surv.	13	440 7.3	33.8
065	Ineffective v.	872	5515 91.9	6.3
071	Clinics: nurse	76	11155 185.9	145.8
072	" developm.	49	6975 116.3	142.3
073	" immunis.	27	3675 61.3	136.1
074	" cytology	3	505 8.4	168.3
075	Disp./other cl.	211	17104 285.1	81.1
081	Sch.Insp.: nurse	87	13460 224.3	154.7
082	" " medical	26	4525 75.4	174.0
083	H. Education (Sch.)	4	125 2.1	31.2
091	H.Educ.: home	1	30 0.5	30.0
092	" " Community	-	-	-
101	Care Team: Consl.	98	2180 36.3	22.2
102	" " Meeting	52	2705 45.1	52.0
111	Support,Assess.	569	17482 291.4	30.7
121	Clerical	794	51700 861.7	65.1
131	Staff Meeting	34	4865 81.1	143.1
141	Stud. Training	35	7285 121.4	208.1
151	Seminars, Lect.	13	2131 35.5	163.9

Board: SOUTH EASTERN
Area: 1

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	66	1025	17.1
012	" (Others)	94	1265	21.1
021	Dressings (L.Ulc.)	256	6040	100.7
022	" (Body)	56	1020	17.0
031	Ostomies	25	480	8.0
041	Phy. Hand.	31	1195	19.9
042	Ment. Hand.	20	425	7.1
043	Acute Nurs.	93	1870	31.2
044	Term. Ill	61	2195	36.6
045	Eld. Sick	481	12175	202.9
046	Diabetic	31	670	11.2
051	Ger. Surv.	168	3730	62.2
052	" Pedicure	7	105	1.8
061	H. V.-ante natal	9	330	5.5
062	-devel.	212	4925	82.1
063	-vuln/at risk	82	3040	50.7
064	-fam. surv.	26	1030	17.2
065	Ineffective v.	15	100	1.7
071	Clinics: nurse	3	390	6.5
072	" developm.	18	2640	44.0
073	" immunis.	13	940	15.7
074	" cytology	-	-	-
075	Disp./other cl.	80	6110	101.8
081	Sch. Insp.: nurse	91	14020	233.7
082	" medical	23	3720	62.0
083	H. Education (Sch)	4	240	4.0
091	H. Educ.: home	-	-	-
092	" Community	2	240	4.0
101	Care Team: Consil.	109	2535	42.3
102	" Meeting	3	180	3.0
111	Support. Assess.	110	2355	39.3
121	Clerical	195	11705	195.1
131	Staff Meeting	7	840	14.0
141	Stud. Training	7	980	16.3
151	Seminars, Lect.	3	360	6.0

Board: SOUTH EASTERN
Area: 2

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	162	2500	41.7
012	" (Others)	227	3025	50.4
021	Dressings (L.Ulc.)	414	7120	118.7
022	" (Body)	296	5740	95.7
031	Ostomies	3	60	1.0
041	Phy. Hand.	66	1785	29.8
042	Ment. Hand.	34	950	15.8
043	Acute Nurs.	192	5430	90.5
044	Term. Ill	72	2390	39.8
045	Eld. Sick	953	22284	371.4
046	Diabetic	56	1060	17.7
051	Ger. Surv.	975	16315	271.9
052	" Pedicure	20	380	6.3
061	H. V.-ante natal	28	435	7.3
062	-devel.	771	15481	258.0
063	-vuln/at risk	106	2915	48.6
064	-fam. surv.	4	155	2.6
065	Ineffective v.	74	505	8.4
071	Clinics: nurse	15	1155	19.3
072	" developm.	32	4080	68.0
073	" immunis.	22	2155	35.9
074	" cytology	3	360	6.0
075	Disp./other cl.	278	24950	415.8
081	Sch. Insp.: nurse	23	2775	46.3
082	" medical	32	4530	75.5
083	H. Education (Sch)	6	175	2.9
091	H. Educ.: home	3	45	0.8
092	" Community	-	-	-
101	Care Team: Consil.	87	2415	40.3
102	" Meeting	23	1260	21.0
111	Support. Assess.	190	7293	121.6
121	Clerical	318	20440	340.7
131	Staff Meeting	4	150	2.5
141	Stud. Training	12	2360	39.3
151	Seminars, Lect.	27	5380	89.7

Board: SOUTHERN

Area: 1

CODE	ACTIVITY	NUMBER	TIME Mins - Hours	MEAN TIME Mins
011	Injections (Diab.)	148	1990 33.2	13.4
012	" (Others)	105	1745 29.1	16.6
021	Dressings (L.Ulc.)	445	11455 190.9	25.7
022	" (Body)	406	8865 147.8	21.8
031	Ostomies	-	-	-
041	Phy. Hand.	57	1645 27.4	28.9
042	Ment. Hand.	11	230 3.8	20.9
043	Acute Nurs.	33	1505 25.1	45.6
044	Term. Ill	213	8103 135.1	38.0
045	Eld. Sick	844	27220 453.7	32.3
046	Diabetic	9	205 3.4	22.8
051	Ger. Surv.	390	7435 123.9	19.1
052	" Pedicure	10	295 4.9	113.6
061	H. V.-ante natal	1	50 0.8	50.0
062	-devel.	1252	31840 530.5	25.4
063	-vuln/at risk	111	3440 57.3	31.0
064	-fam. surv.	10	380 6.3	38.0
065	Ineffective v.	76	665 11.1	8.8
071	Clinics: nurse	25	3405 56.8	136.2
072	" developm.	66	9230 153.8	140.0
073	" immunis.	41	5895 98.3	143.8
074	" cytology	-	-	-
075	Disp./other cl.	184	26530 442.2	144.2
081	Sch.Insp.: nurse	41	6565 109.4	160.1
082	" medical	54	8870 147.8	164.3
083	H. Education (Sch.)	2	150 2.5	75.0
091	H.Educ.: home	-	-	-
092	" Community	1	120 2.0	120.0
101	Care Team: Consl.	51	1205 20.0	23.6
102	" Meeting	32	1705 28.4	53.3
111	Support.Assess.	361	9015 150.3	25.0
121	Clerical	949	37025 617.1	39.0
131	Staff Meeting	2	120 2.0	60.0
141	Stud. Training	5	575 9.6	115.0
151	Seminars, Lect.	16	2550 42.3	159.4

Board: SOUTHERN

Area: 2

CODE	ACTIVITY	NUMBER	TIME Mins - Hours	MEAN TIME Mins
011	Injections (Diab.)	43	280 4.7	6.5
012	" (Others)	125	1715 28.6	13.7
021	Dressings (L.Ulc.)	574	10390 173.2	18.1
022	" (Body)	243	4485 74.8	18.5
031	Ostomies	23	520 8.7	22.6
041	Phy. Hand.	192	8055 134.3	42.0
042	Ment. Hand.	28	595 9.9	21.3
043	Acute Nurs.	50	1425 23.8	28.5
044	Term. Ill	207	7910 131.8	38.2
045	Eld. Sick	1358	40472 674.5	29.8
046	Diabetic	17	390 6.5	22.9
051	Ger. Surv.	209	3885 64.8	18.6
052	" Pedicure	20	505 8.4	25.3
061	H. V.-ante natal	13	290 4.8	22.3
062	-devel.	443	10695 178.3	24.1
063	-vuln/at risk	109	3780 63.0	34.7
064	-fam. surv.	8	390 6.5	48.8
065	Ineffective v.	44	400 6.7	9.1
071	Clinics: nurse	6	720 12.0	120.0
072	" developm.	31	4290 71.5	138.4
073	" immunis.	6	1035 17.3	172.5
074	" cytology	-	-	-
075	Disp./other cl.	114	14000 233.3	122.8
081	Sch.Insp.: nurse	18	2610 43.5	145.0
082	" medical	11	1890 31.5	171.8
083	H. Education (Sch.)	-	-	-
091	H.Educ.: home	35	760 12.7	21.7
092	" Community	3	210 3.5	70.0
101	Care Team: Consl.	123	2125 35.4	17.3
102	" Meeting	17	1035 17.3	60.9
111	Support.Assess.	134	2765 46.1	20.6
121	Clerical	195	8865 144.4	44.4
131	Staff Meeting	1	55 0.9	55.0
141	Stud. Training	12	5760 96.0	480.0
151	Seminars, Lect.	2	1450 7.5	225.0

Board: SOUTHERN

Area: 3

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	19	140 2.3	7.4
012	" (Others)	155	2595 43.3	16.7
021	Dressings (L.Ulc.)	219	4515 75.3	20.6
022	" (Body)	521	11320 188.7	21.7
031	Ostomies	4	115 1.9	28.8
041	Phy. Hand.	38	955 15.9	25.1
042	Ment. Hand.	3	75 1.3	25.0
043	Acute Nurs.	69	3030 50.5	43.9
044	Term. Ill	91	3625 60.4	39.8
045	Eld. Sick	421	11915 198.6	28.3
046	Diabetic	23	460 7.7	20.0
051	Ger. Surv.	778	14710 245.2	18.9
052	" Pedicure	11	285 4.8	25.9
061	H. V.-ante natal	5	115 1.9	23.0
062	-devel.	366	9040 150.7	24.7
063	-vuln/at risk	28	855 14.3	30.5
064	-fam. surv.	2	90 1.5	45.0
065	Ineffective v.	52	430 7.2	8.3
071	Clinics: nurse	-	- -	-
072	" developm.	20	2795 46.6	139.8
073	" immunis.	9	970 16.2	107.8
074	" cytology	-	- -	-
075	Disp./other cl.	69	9020 150.3	130.7
081	Sch.Insp.: nurse	17	1975 32.9	116.2
082	" " medical	11	1815 30.3	165.0
083	H. Education (Sch.)	-	- -	-
091	H.Educ.: home	-	- -	-
092	" " Community	1	30 0.5	30.0
101	Care Team: Consl.	83	1870 31.2	22.5
102	" " Meeting	4	210 3.5	52.5
111	Support,Assess.	356	9100 151.7	25.6
121	Clerical	489	22245 370.8	45.5
131	Staff Meeting	1	105 1.8	105.0
141	Stud. Training	-	- -	-
151	Seminars, Lect.	-	- -	-

Board: SOUTHERN

Area: 4

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	30	510 8.5	17.0
012	" (Others)	51	835 13.9	16.4
021	Dressings (L.Ulc.)	157	3415 56.9	21.8
022	" (Body)	326	7835 130.6	24.0
031	Ostomies	5	120 2.0	24.0
041	Phy. Hand.	42	1545 27.4	39.2
042	Ment. Hand.	1	15 0.3	15.0
043	Acute Nurs.	1	15 0.3	15.0
044	Term. Ill	79	4080 68.0	51.6
045	Eld. Sick	269	10935 182.3	40.7
046	Diabetic	22	1145 19.1	52.0
051	Ger. Surv.	320	7725 128.8	24.1
052	" Pedicure	3	95 1.6	31.7
061	H. V.-ante natal	4	130 2.2	32.5
062	-devel.	659	16605 276.8	25.2
063	-vuln/at risk	54	2095 34.9	38.8
064	-fam. surv.	5	145 2.4	29.0
065	Ineffective v.	41	310 5.2	7.6
071	Clinics: nurse	2	180 3.0	90.0
072	" developm.	45	6155 102.6	136.8
073	" immunis.	18	2550 42.5	141.7
074	" cytology	-	- -	-
075	Disp./other cl.	60	7860 131.0	131.0
081	Sch.Insp.: nurse	22	3330 55.5	151.4
082	" " medical	23	4340 72.3	188.7
083	H. Education (Sch.)	-	- -	-
091	H.Educ.: home	1	20 0.3	20.0
092	" " Community	1	120 2.0	120.0
101	Care Team: Consl.	50	1525 25.4	30.5
102	" " Meeting	7	265 4.4	37.9
111	Support,Assess.	190	6080 101.3	32.0
121	Clerical	342	18250 304.2	53.4
131	Staff Meeting	-	- -	-
141	Stud. Training	3	60 1.0	20.0
151	Seminars, Lect.	3	455 7.6	151.7

Board: MID WESTERN

Area: 1

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	23	310	5.2	13.5
012	" (Others)	381	5410	90.2	14.2
021	Dressings (L.Ulc.)	805	17100	285.0	21.2
022	" (Body)	258	5255	87.6	20.4
031	Ostomies	25	720	12.0	28.8
041	Phy. Hand.	173	6715	111.9	38.8
042	Ment. Hand.	61	1405	23.4	23.0
043	Acute Nurs.	217	5735	95.6	26.4
044	Term. Ill	144	4865	81.1	33.8
045	Eld. Sick	916	26545	442.2	29.0
046	Diabetic	74	1390	23.2	18.8
051	Ger. Surv.	1185	21145	352.4	17.8
052	" Pedicure	183	3970	66.2	21.7
061	H. V.-ante natal	20	410	6.8	20.5
062	-devel.	1368	26373	439.6	19.3
063	-vuln/at risk	188	3510	58.6	18.7
064	-fam. surv.	3	120	2.0	40.0
065	Ineffective v.	165	980	16.3	5.9
071	Clinics: nurse	37	3980	66.3	107.6
072	" developm.	37	3835	63.9	103.6
073	" immunis.	39	4030	67.2	103.3
074	" cytology	9	1440	24.0	160.0
075	Disp./other cl.	218	17835	297.3	81.8
081	Sch.Insp.: nurse	126	14455	240.9	114.7
082	" " medical	11	1540	25.7	140.0
083	H. Education (Sch)	4	125	2.1	31.3
091	H.Educ.: home	8	175	2.9	21.9
092	" " Community	16	1355	22.6	84.7
101	Care Team: Consl.	126	5050	84.2	40.1
102	" " Meeting	56	5645	94.1	100.8
111	Support,Assess.	416	12450	207.5	29.9
121	Clerical	980	39370	656.2	40.2
131	Staff Meeting	18	1965	32.8	109.2
141	Stud. Training	43	7305	121.8	170.0
151	Seminars, Lect.	37	4210	70.2	113.8

Board: MID WESTERN

Area: 2

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	151	2050	34.2	13.6
012	" (Others)	256	3770	62.8	14.7
021	Dressings (L.Ulc.)	534	17600	193.3	21.7
022	" (Body)	144	3100	51.7	21.5
031	Ostomies	22	590	9.8	26.8
041	Phy. Hand.	162	5560	92.7	34.3
042	Ment. Hand.	60	1640	27.3	27.3
043	Acute Nurs.	162	5280	88.0	32.6
044	Term. Ill	136	5385	89.8	39.6
045	Eld. Sick	783	25331	422.2	32.4
046	Diabetic	54	1135	18.9	21.0
051	Ger. Surv.	909	17765	296.1	19.5
052	" Pedicure	52	1140	19.0	21.9
061	H. V.-ante natal	26	510	8.5	19.6
062	-devel.	1252	28180	469.7	22.5
063	-vuln/at risk	273	7835	130.6	28.7
064	-fam. surv.	23	365	6.1	15.9
065	Ineffective v.	184	1865	31.1	10.1
071	Clinics: nurse	31	3615	60.3	116.6
072	" developm.	35	4605	76.8	131.6
073	" immunis.	49	4290	71.5	87.6
074	" cytology	25	4320	72.0	172.8
075	Disp./other cl.	181	17310	288.5	95.6
081	Sch.Insp.: nurse	138	17800	296.7	129.0
082	" " medical	21	2710	45.2	129.0
083	H. Education (Sch)	35	1095	18.3	31.3
091	H.Educ.: home	5	140	2.3	28.0
092	" " Community	10	1035	17.3	103.5
101	Care Team: Consl.	93	2815	46.9	30.3
102	" " Meeting	27	2370	39.5	87.8
111	Support,Assess.	149	3745	62.4	25.1
121	Clerical	862	45205	753.4	52.4
131	Staff Meeting	9	1040	17.3	115.6
141	Stud. Training	10	2460	41.0	246.0
151	Seminars, Lect.	26	3905	65.1	150.2

Board: MID WESTERN
Area: 3

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	219	3220 53.7	14.7
012	" (Others)	188	2585 43.1	13.8
021	Dressings (L.Uic.)	538	12820 213.7	23.8
022	" (Body)	227	4620 77.0	20.4
031	Ostomies	2	45 0.8	22.5
041	Phy. Hand.	95	4130 68.8	43.5
042	Ment. Hand.	24	690 11.5	28.8
043	Acute Nurs.	171	4690 78.2	27.4
044	Term. Ill	63	2450 40.8	38.9
045	Eld. Sick	881	26020 433.7	29.5
046	Diabetic	40	1075 17.9	26.9
051	Ger. Surv.	653	12805 213.4	19.6
052	" Pedicure	12	325 5.4	27.0
061	H. V.-ante natal	17	425 7.1	25.0
062	-devel.	945	22265 371.1	23.6
063	-vuln/at risk	177	5865 97.8	33.1
064	-fam. surv.	3	55 0.9	18.3
065	Ineffective v.	220	1530 25.5	7.0
071	Clinics: nurse	26	2465 41.1	94.8
072	" developm.	20	3470 57.8	173.5
073	" immunis.	51	4495 74.9	88.1
074	" cytology	-	-	-
075	Disp./other cl.	77	11610 193.5	150.8
081	Sch.Insp.: nurse	104	11210 186.8	107.8
082	" " medical	20	2255 37.6	112.8
083	H. Education (Sch)	13	730 12.2	56.1
091	H.Educ.: home	4	120 2.0	30.0
092	" " Community	4	230 3.8	57.5
101	Care Team: Cons1.	56	1745 29.1	31.2
102	" " Meeting	31	1745 29.1	56.3
111	Support,Assess.	199	5470 91.2	27.5
121	Clerical	738	42450 707.5	57.5
131	Staff Meeting	6	690 11.5	115.0
141	Stud. Training	31	9150 152.5	295.2
151	Seminars, Lect.	34	6575 109.6	193.4

Board: WESTERN

Area: 1

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	7	160	2.7	22.9
012	" (Others)	216	3595	59.9	16.6
021	Dressings (L.Ulc.)	697	14361	239.4	20.6
022	" (Body)	340	6410	106.8	18.9
031	Ostomies	51	1315	21.9	25.8
041	Phy. Hand.	159	4395	73.3	27.6
042	Ment. Hand.	69	1365	22.8	19.8
043	Acute Nurs.	189	4525	75.4	23.9
044	Term. Ill	65	2195	36.6	33.8
045	Eld. Sick	581	17920	298.7	30.8
046	Diabetic	121	2245	37.4	18.6
051	Ger. Surv.	1178	25193	419.9	21.4
052	" Pedicure	56	1275	21.3	22.8
061	H. Y.-ante natal	40	940	15.7	23.5
062	-devel.	2097	41495	691.6	19.8
063	-vuln/at risk	120	3395	56.6	28.3
064	-fam. surv.	6	130	2.2	21.7
065	Ineffective v.	124	830	13.8	6.7
071	Clinics: nurse	1	60	1.0	60.0
072	" developm.	52	5105	85.1	98.2
073	" immunis.	24	3790	63.2	157.9
074	" cytology	-	-	-	-
075	Disp./other cl.	131	17150	285.8	130.9
081	Sch.Insp.: nurse	3	330	5.5	110.0
082	" " medical	16	2315	38.6	144.7
083	H. Education (Sch)	-	-	-	-
091	H.Educ.: home	5	130	2.2	26.0
092	" " Community	-	-	-	-
101	Care Team: Consl.	148	3340	55.7	22.6
102	" " Meeting	39	1460	24.3	37.4
111	Support, Assess.	1176	22315	371.9	19.0
121	Clerical	661	42975	716.3	65.0
131	Staff Meeting	1	390	6.5	390.0
141	Stud. Training	-	-	-	-
151	Seminars, Lect.	5	530	8.8	106.0

Board: WESTERN

Area: 2

CODE	ACTIVITY	NUMBER	TIME Mins = Hours		MEAN TIME Mins
011	Injections (Diab.)	48	805	13.4	16.8
012	" (Others)	75	1640	27.3	21.9
021	Dressings (L.Ulc.)	472	12040	200.7	25.5
022	" (Body)	358	9095	151.6	25.4
031	Ostomies	21	615	10.3	29.3
041	Phy. Hand.	130	5135	85.6	39.5
042	Ment. Hand.	11	305	5.7	27.7
043	Acute Nurs.	298	11960	199.3	40.1
044	Term. Ill	91	4840	80.7	53.2
045	Eld. Sick	556	20500	341.7	36.9
046	Diabetic	32	880	14.7	27.5
051	Ger. Surv.	948	23605	393.4	24.9
052	" Pedicure	68	1730	28.8	25.4
061	H. V.-ante natal	11	265	4.4	24.1
062	-devel.	608	15960	266.0	26.3
063	-vuln/at risk	61	2225	37.1	36.5
064	-fam. surv.	5	185	3.1	37.0
065	Ineffective v.	45	325	5.4	7.2
071	Clinics: nurse	9	915	15.3	101.7
072	" developm.	19	3315	55.3	174.5
073	" immunis.	11	945	15.8	85.9
074	" cytology	-	-	-	-
075	Disp./other cl.	70	4335	72.3	61.9
081	Sch.Insp.: nurse	8	775	12.9	96.9
082	" " medical	14	1530	25.3	112.9
083	H. Education (Sch)	-	-	-	-
091	H.Educ.: home	-	-	-	-
092	" " Community	1	15	0.3	15.0
101	Care Team: Consl.	102	2265	37.8	22.2
102	" " Meeting	37	915	15.2	24.7
111	Support, Assess.	190	4980	83.0	26.2
121	Clerical	336	18695	311.6	55.6
131	Staff Meeting	-	-	-	-
141	Stud. Training	-	-	-	-
151	Seminars, Lect.	17	3180	53.0	187.1

Board: NORTH EASTERN
Area: 2

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injectons (Diab.)	89	1080 18.0	12.1
012	" (Others)	176	2960 49.3	16.8
021	Dressings (L.Ulc.)	344	8745 145.8	25.4
022	" (Body)	322	5985 99.8	18.6
031	Ostomies	29	1050 17.5	36.2
041	Phy. Hand.	68	1710 28.5	25.1
042	Ment. Hand.	24	475 7.9	19.8
043	Acute Nurs.	181	4610 76.8	25.5
044	Term. I11	119	5170 86.2	43.4
045	Eld. Sick	919	27435 457.3	29.9
046	Diabetic	100	1595 26.6	16.0
051	Ger. Surv.	1169	20720 345.3	17.7
052	" Pedicure	110	2430 40.5	22.1
061	H. V.-ante natal	27	490 8.2	18.1
062	-devel.	1034	19840 330.7	19.2
063	-vuln/at risk	66	1705 28.4	25.8
064	-fam. surv.	47	1050 17.5	22.3
065	Ineffective v.	195	1395 23.3	7.2
071	Clinics: nurse	9	570 9.5	63.3
072	" developm.	21	3140 52.33	149.5
073	" immunis.	21	2130 35.5	101.4
074	" cytology	2	360 6.0	180.0
075	Disp./other cl.	51	4265 71.1	83.6
081	Sch.Insp.: nurse	8	210 3.5	26.3
082	" medical	26	3960 66.0	152.3
083	H. Education (Sch.)	6	165 2.8	27.5
091	H.Educ.: home	145	3590 59.8	24.8
092	" Community	6	780 13.0	130.0
101	Care Team: Consl.	188	4100 68.3	21.8
102	" Meeting	59	2070 34.5	35.1
111	Support,Assess.	70	1840 30.7	26.3
121	Clerical	331	15767 262.8	47.6
131	Staff Meeting	5	405 6.8	81.0
141	Stud. Training	8	210 3.5	26.3
151	Seminars, Lect.	16	4130 68.8	258.1

Board: NORTH EASTERN
Area: 1

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins.
011	Injectons (Diab.)	62	1280 21.3	20.6
012	" (Others)	134	2710 45.2	20.2
021	Dressings (L.Ulc.)	218	6105 101.8	28.0
022	" (Body)	480	11250 187.5	23.4
031	Ostomies	35	1135 18.9	32.4
041	Phy. Hand.	117	4800 80.0	41.0
042	Ment. Hand.	23	730 12.2	31.7
043	Acute Nurs.	459	17460 291.0	38.0
044	Term. I11	150	6350 105.8	42.3
045	Eld. Sick	394	14175 236.3	36.0
046	Diabetic	15	420 7.0	28.0
051	Ger. Surv.	658	17000 283.3	25.8
052	" Pedicure	69	2630 43.8	38.1
061	H. V.-ante natal	36	860 14.3	23.9
062	-devel.	899	22495 374.9	25.0
063	-vuln/at risk	58	1940 32.3	33.4
064	-fam. surv.	110	2745 45.8	25.0
065	Ineffective v.	63	430 7.2	6.8
071	Clinics: nurse	1	240 4.0	240.0
072	" developm.	10	1890 31.5	189.0
073	" immunis.	11	1410 23.5	128.2
074	" cytology	-	-	-
075	Disp./other cl.	48	4940 80.7	100.8
081	Sch.Insp.: nurse	23	3870 64.5	168.3
082	" medical	8	1830 30.5	228.8
083	H. Education (Sch.)	1	390 6.5	390.0
091	H.Educ.: home	47	1165 19.4	24.8
092	" Community	-	-	-
101	Care Team: Consl.	65	1500 25.0	23.1
102	" Meeting	11	335 5.6	30.5
111	Support,Assess.	74	6100 101.7	82.4
121	Clerical	200	10910 181.8	54.6
131	Staff Meeting	-	-	-
141	Stud. Training	-	-	-
151	Seminars, Lect.	10	1230 20.5	123.0

Board: NORTH EASTERN
Area: 4

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	56	965 16.1	17.2
012	" (Others)	56	995 16.6	17.8
021	Dressings (L.Ulc.)	274	5585 93.1	20.4
022	" (Body)	50	1035 17.3	20.7
031	Ostomies	22	500 8.3	22.7
041	Phy. Hand.	17	420 7.0	24.7
042	Ment. Hand.	15	415 6.9	27.7
043	Acute Nurs.	5	135 2.3	27.0
044	Term. 111	48	1645 27.4	35.8
045	Eld. Sick	453	13890 231.5	30.7
046	Diabetic	10	300 5.0	30.0
051	Ger. Surv.	161	3070 51.2	19.1
052	" Pedicure	10	260 4.3	26.0
061	H. V.-ante natal	3	60 1.0	20.0
062	-devel.	276	6215 103.6	22.5
063	-vuln/at risk	56	1680 28.0	30.0
064	-fam. surv.	4	90 1.5	22.5
065	Ineffective v.	81	670 11.2	8.3
071	Clinics: nurse	-	-	-
072	" developm.	7	1085 18.1	155.0
073	" immunis.	9	855 10.9	72.8
074	" cytology	-	-	-
075	Disp./other cl.	25	2460 41.0	98.4
081	Sch.Insp.: nurse	1	120 2.0	120.0
082	" medical	-	-	-
083	H. Education (Sch.)	-	-	-
091	H.Educ.: home	-	-	-
092	" Community	-	-	-
101	Care Team: Consl.	18	395 6.6	21.9
102	" Meeting	3	345 5.8	115.0
111	Support,Assess.	12	290 4.8	24.2
121	Clerical	126	8920 148.7	70.8
131	Staff Meeting	1	150 2.5	150.0
141	Stud. Training	-	-	-
151	Seminars, Lect.	1	420 7.0	420.0

Board: NORTH EASTERN
Area: 3

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	107	1605 26.8	15.0
012	" (Others)	291	3895 64.9	13.4
021	Dressings (L.Ulc.)	98	1855 30.9	18.9
022	" (Body)	456	9500 141.7	18.6
031	Ostomies	5	165 2.8	33.0
041	Phy. Hand.	142	4290 71.5	30.2
042	Ment. Hand.	28	745 12.4	26.6
043	Acute Nurs.	269	7632 127.2	28.4
044	Term. 111	81	2680 44.7	33.1
045	Eld. Sick	277	10425 173.8	37.6
046	Diabetic	25	415 6.9	16.6
051	Ger. Surv.	507	10530 175.5	20.8
052	" Pedicure	122	2225 37.1	18.2
061	H. V.-ante natal	19	600 10.0	31.6
062	-devel.	612	14185 236.4	23.2
063	-vuln/at risk	61	2120 35.3	34.8
064	-fam. surv.	3	60 1.0	20.0
065	Ineffective v.	111	950 15.8	8.6
071	Clinics: nurse	25	2840 47.3	113.6
072	" developm.	12	2205 36.8	193.8
073	" immunis.	19	2880 48.0	151.6
074	" cytology	2	360 6.0	180.0
075	Disp./other cl.	77	9145 152.4	118.8
081	Sch.Insp.: nurse	36	3730 62.2	103.6
082	" medical	33	5605 93.4	169.8
083	H. Education (Sch.)	-	-	-
091	H.Educ.: home	5	155 2.6	31.0
092	" Community	-	-	-
101	Care Team: Consl.	146	2895 48.3	19.8
102	" Meeting	37	1685 28.1	45.5
111	Support,Assess.	52	1390 23.2	26.7
121	Clerical	264	13990 233.2	53.0
131	Staff Meeting	3	285 4.8	95.0
141	Stud. Training	5	120 2.0	24.0
151	Seminars, Lect.	1	390 6.5	390.0

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	221	3655	16.5
012	" (Others)	341	5150	15.1
021	Dressings (L.U.I.C.)	1171	23615	20.2
022	" (Body)	519	10132	19.5
041	Phy. Hand.	241	9800	40.7
042	Ment. Hand.	35	835	23.9
043	Acute Nurs.	180	6485	36.0
044	Term. III	219	8250	37.7
045	Eld. Sick	1354	34155	25.2
046	Diabetic	43	780	18.1
051	Ber. Surv.	389	7905	20.3
052	" Pedicure	25	545	21.8
061	H. V.-ante natal	15	205	13.7
062	-devel.	1523	28946	19.0
063	-vuln/at risk	224	7380	32.9
064	-fam. surv.	28	585	20.9
065	Ineffective v.	111	810	7.3
071	Clinics: nurse	21	1565	74.5
072	" developm.	38	4745	124.9
073	" immunis.	23	2660	107.0
074	" cytology	-	-	-
075	Disp./other cl.	122	9340	76.6
081	Sch. Insp.: nurse	38	5735	150.9
082	" medical	12	2630	219.2
083	H. Education (Sch)	-	-	-
091	H.Educ.: home	4	75	18.8
092	" Community	1	45	45.0
101	Care Team: Consl.	123	2745	22.3
102	" Meeting	66	4995	75.7
111	Support, Assess.	867	20130	23.2
121	Clerical	534	28980	54.3
131	Staff Meeting	19	3020	158.9
141	Stud. Training	-	-	-
151	Seminars, Lect.	1	35	35.0

Board: MIDLAND
Area: 1

CODE	ACTIVITY	NUMBER	TIME Mins = Hours	MEAN TIME Mins
011	Injections (Diab.)	1	20	20.0
012	" (Others)	27	395	14.6
021	Dressings (L.U.I.C.)	67	1675	25.0
022	" (Body)	78	1700	21.8
031	Ostomies	11	315	28.6
041	Phy. Hand.	6	115	19.2
042	Ment. Hand.	-	-	-
043	Acute Nurs.	66	2410	36.5
044	Term. III	3	110	36.7
045	Eld. Sick	105	3365	32.0
046	Diabetic	17	410	24.1
051	Ger. Surv.	107	2015	18.8
052	" Pedicure	7	150	21.4
061	H. V.-ante natal	7	115	16.4
062	-devel.	188	5070	27.0
063	-vuln/at risk	54	1815	33.6
064	-fam. surv.	-	-	-
065	Ineffective v.	8	50	6.3
071	Clinics: nurse	-	-	-
072	" developm.	2	390	195.0
073	" immunis.	7	655	93.6
074	" cytology	1	10	10.0
075	Disp./other cl.	12	1980	165.0
081	Sch. Insp.: nurse	4	1140	285.0
082	" medical	2	600	300.0
083	H. Education (Sch)	-	-	-
091	H.Educ.: home	-	-	-
092	" Community	-	-	-
101	Care Team: Consl.	31	1415	45.6
102	" Meeting	29	1920	66.2
111	Support, Assess.	203	5040	24.8
121	Clerical	84	6075	72.3
131	Staff Meeting	-	-	-
141	Stud. Training	2	645	322.5
151	Seminars, Lect.	-	-	-

Board: MIDLAND
Area: 2