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Nursing in the Community

In 2002, 30,544 (13.2%) of the 230,957 registered nurses in Canada practiced in the community (Canadian Institute for Health Information, 2003). Nurses work in a wide range of community and health care organizations, delivering services that range from health promotion and prevention to clinical treatment, rehabilitation and palliative care (Underwood, 2003).

What do we already know?

The few available studies on the cost-effectiveness of community nursing provide important evidence for policy and practice. Examples of relevant findings include:

Investigators	Findings
Erkel, Morgan, Staples, Assey & Michel, 1994	When clinical nursing care, case management and preventative services were combined and delivered by public health nurses, the cost-effectiveness ratio (dollar cost per effective intervention) for adequate child-health clinic visits in continuous care was one-fifth of that in fragmented care (\$523 versus \$2,900).
Forchuk, Chan, Schofield, Martin, Sircelj, Woodcox et al., 1998	Prior to discharge from hospital, patients in a Schizophrenia program were involved with public health nurses (PHNs) until the patient, the PHN, and the hospital nurse agreed that a relationship had been established. The total savings of staying in the community compared to the usual hospitalization rates for nine patients for one year was \$496,862.55.
Goodwin, 1999	Home cardiac rehabilitation is cost-effective. Nurses are ideal case managers for congestive heart failure patients and their families, based on financial, physical and psychological benefits.
Markle Reid, Browne, Roberts, Gafni & Byrne, 2002	Single parents with mood disorders, on social assistance, and who had self-directed access to care were compared to those who received proactive public health nurse case management. Proactive case management resulted in a 12 per cent drop (\$240,000 per year for every 100 parents) in social assistance claims.
Olds, Eckenrode, Henderson, Kitzman, Powers, Cole et al., 1997	Intensive community nursing interventions (i.e., prenatal and early childhood home visitation) for low-income mothers of children living in risky conditions can reduce the number of subsequent pregnancies, child abuse and neglect, the use of welfare support and criminal behaviour for up to 15 years after the birth of the first child.
Sadoway, Plain & Soskolne, 1990	The labour costs of administering immunization (measured in constant 1986 dollars) were 2.9 times lower when carried out by nurses in Alberta than by physicians in Ontario.

Investigators	Findings
Krahn, Guasparini, Sherman & Detsky, 1998	Nurse-delivered hepatitis B vaccine administered to 6 th graders in the British Columbia school based program resulted in an estimated net saving of \$75 per person and a marginal cost per life year gain of \$2,100.
O'Brien-Pallas, Doran, Murray, Cockerill, Sidani, Laurie-Shaw et al., 2001 & 2002	Each unit increase in the assignment of baccalaureate prepared nurses resulted in improved knowledge and behavior scores (related to the patient's health condition) at discharge and fewer total visits.

In summary, the evidence demonstrates that nursing in the community is cost-effective and beneficial to the health of individuals, families and populations.

What are the policy implications?

The proposed revisions to the Canadian health care system have brought healthcare spending in the community under increasing scrutiny. Challenges such as SARS and Walkerton have led to questions about public health capacity. There is an urgent need to explain the cost-effectiveness of community nursing (Brosnan & Swint, 2001).

- Cost-effectiveness studies on community nursing will be critically important in the development of new policies.
- By effectively managing the public health nursing capacity, public health organizations can improve their capacity to deliver services to the public.

What else do we need to know?

Changes in policies on the delivery of nursing care to the community should be supported by additional cost-benefit analysis. It is important to confirm the cost-effectiveness of:

- Community nursing in general
- Specific areas of practice in community nursing.

This fact sheet is largely based on information from *The Value of Nurses in the Community*, published by the Canadian Nurses Association (2003).

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