

**24th Meeting
Paediatric Nursing Associations of Europe**

**Porto, Portugal
Notes 13th and 14th November 2014**

Attendees

Maria do Céu Barbieri, ESEP[MCB] [Host]
Sandra Cruz ESEP [SC] [Host]
Amélia Monteiro, Ordem dos Enfermeiros [AM] [Host]
Arminda Monteiro, Ordem dos Enfermeiros [AM] [Host]
Nuus Oliveira Monteiro, Ordem dos Enfermeiros [NOM] [Host]
Siw Fossan, Norwegian Paediatric Nurses Association [SF]
Jitka Voříšková, Head of the Pediatric section of the Czech Nurses Association [JV]
Ivona Mikulenková, Pediatric section of the Czech Nurses Association [IM]
Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]
Caroline Roberts-Quast, Dutch Association of Paediatric Nurses, Netherlands [CRQ]
Madeleine Collombier, Association Nationale des Puéricultrices Diplômées et des Etudiants [MC]
Orsola Gawronski, on behalf of Italian Nurses Association [OG]
Immacolata Dall'Oglio on behalf of Italian Nurses Association [ID]
Evalotte Morelius, Swedish Pediatric Nurses Association, Sweden [EM]
Ayse Ferda Ocakci, Turkey [AFO]
Karin Bundgaard, Paediatric Nursing Association, Denmark [KB]
Pantelis Pedikaris, President Pediatric Nurses Sector of Hellenic Nurses Association [PP]
Vasiliki Matziou, Pediatric Nurses Sector of Hellenic Nurses association [VM]
Anne-Marie Bangels, President Paediatric Nurses Association, Belgium [AMB]
Dragica Bestak, President Croatia Nurses Association of Paediatric Nursing Society [DB]
Kristina Kuznik, Vice President Croatia Nurses Association of Paediatric Nursing Society [KK]
Jane Coad, Royal College of Nursing, United Kingdom [JC]
Fiona Smith, Royal College of Nursing, United Kingdom [FS]

Apologies

Frauke Leupold, President Berufsverband Kinderkrankenpflege , Germany [FL]
Corry van den Hoed-Heerschop, Dutch Association of Paediatric Nurses, Netherlands [CvH]
Martha Böhm, Paediatric Nurses Association, Austria [MB]
Britt Marie Ygge, Swedish Pediatric Nurses Association, Sweden [BMY]
Anna Barbara Schlüer, Switzerland
Katrín De Winter, Paediatric Nurses Association, Belgium [KdW]
Karen Vansteenkiste, Paediatric Nurses Association, Belgium [KV]
Claus Sixtus Jensen, Paediatric Nursing Association, Denmark [CSJ]
Connie Lindbergh Anderson, Paediatric Nursing Association, Denmark [CLA]

1. Welcome/introductions

Attendees introduced themselves to each other.

It was noted that the hospital visits and PhD graduate presentations arranged in Porto were successful.

2. Update of Paediatric Nursing in Portugal

Amélia Monteiro, Ordem dos Enfermeiros provided an update (see attached slides). It was noted that the first meeting of the College of Nursing Speciality in Pediatric and Child Health was in 2010. There are three elected members to the Board of the College. The competencies of the speciality were defined as can be

seen on the slides. Considerable achievements have been made since the college was established.

Key issues and problems include the lack of recognition in the professional career afforded to Paediatric Nurses, variability in safe staffing levels across all clinical areas and the lack of funding to support postgraduate study. The problems of children and young people include poverty, child sexual abuse, neglect and maltreatment, as well as obesity and addictive behaviours.

Amongst a range of activities the College has produced a range of guidelines for members.

Action:

Email Amelia Monteiro (ameliam@ordemenfermeiros.pt) if you wish copies of the guidelines to be sent to you - **All**

3. Matters arising from notes of meeting April 2014

3.1 *Written updates for website*

http://www.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe

FS advised that some information had been received. Some countries had yet to advise of relevant website links, or the named contact for the website and for communication. The name of each Associations name in own language to be placed on PNAE webpage if provided and also contact email addresses if advised

Action:

- Each country to email FS the name and email address for the key contact as above and the weblink for their association – **All**
- Key contacts and weblinks to be placed on PNAE website when received – **FS**
- Key contact to cascade information, agenda's and papers within their own country/Association as required - **All**

3.2 Update on potential Future PNAE congresses

PNAE congress in Glasgow 2013

JC provided an update. Congress in Glasgow was a success. Scientific committee consisted of members of PNAE and the UK Children's Nursing community. Over 200 people attended. A number of fringes held in addition to concurrent, workshops and symposium. Invited eleven key note speakers. Interactive poster presentations. Overall evaluation very positive. Some conflicts in respect of medical and nursing programmes (see attached report from professor Jane Coad).

Feedback from Oslo experience

SW provided an update on how things were organised in Oslo. There is an annual Paediatric Nursing conference in Norway. The PNAE meeting was linked to the conference and a ½ day opened for PNAE with presentations in English. Speakers from PNAE were scheduled during that ½ day. The conference was organised by the Paediatric Nursing Association and local chapter in Oslo. Planned well in advance. 1 ½ years ahead. Board members appreciated participation of PNAE members in the conference. Evaluated well.

Potential in Rome, Italy 2015

IDO reported that this year the Italian Nurses have been involved for 10 years in PNAE. Recognised the importance of PNAE in overcoming conflicts across Europe and facilitating collaborative working.

IDO advised that two options had been explored – (1) Italian Association of Paediatric Hospital. It was noted that the Italian Society of Paediatrics had decided not to be involved in the Europediatrics Conference in Florence. (2) CSISP – Association of Pediatric Nursing/Italian Nurses Association/Italian Society of Pediatrics 71st conference

Following discussion with colleagues in Italy IDO proposed the following:

3rd June 2015

- Visits to hospitals (with the potential for PNAE research seminar during the day)

4th June 2015 PNAE meeting

5th June 2015 Pediatric Nursing conference with PNAE (2-3 speakers from PNAE) – session with simultaneous translation which entails a cost. IDO reported that there was potential for one or two parallel sessions in English, including publication of posters. Need to publish abstracts in a scientific journal.

Following discussion it was agreed that IDO and FS should report back to Professor Filippo Festino that PNAE agreed to support an Italian National Pediatric Nursing Conference with speakers from Europe and that PNAE representatives would put forward suggested topics which they would be willing to speak about on the 5th June from which the Italian Pediatric Nursing association could choose. Due to the short timeline a PNAE congress similar to that held in Glasgow would not be possible

Action:

- Undertake a timeline plan for the conference to be circulated to PNAE members - **IDO**
- Circulate timeline when received - **FS**
- PNAE representatives to advise FS of topics they would be willing to present by 30th November 2014 - **All**
- To note PNAE meeting 4th June, one day conference programme for paediatric nurses 5th June, with hospital visits scheduled for afternoon of 3rd June 2015 – **All**

Potential in Paris, France November 2015 or November 2016 or June 2017

MC advised France is unable to offer a PNAE congress but could offer a similar conference to the outline provided in Oslo.

From previous experience it was noted that a PNAE congress needed to be planned 18/12 to 2 years ahead. Portugal offered to organise the 3rd PNAE congress in similar format to Glasgow in 2016.

3.3 *RN4CAST, recruitment and competence of nurses*

BMJ had sent apologies. EM prepared a PowerPoint presentation (see attached). Paper published in the Lancet in 2013. Recognised hospitals under financial constraints and nursing seen as a soft target. Study looked at patient ratios to registered nurse and level of nursing education. Adult nursing focused. 9 countries participated. An increase in nurses workload by one patient increased the likelihood of a patient dying within 30 days of admission by 7%. The study also found that every 10% increase in the number of nurses educated to degree level was found to decrease this likelihood by 7%.

Action:

- Consider exploring potential for a similar European study in paediatrics. To be discussed further at next meeting - **All**

3.5 *Child Euthanasia in Belgium*

AMB reported that there were a lot of reactions from other countries, particularly from parents. The law was introduced to give children the same rights as adults. Several hospitals are working together to identify an agreed medication protocol. The guidelines about the steps to take have already been agreed. IHD reported that the Netherlands wish to follow Belgium.

3.6 *Education programmes: mapping of learning outcomes*

AMB reported that the work is still in progress.

Action:

- Keep PNAE members updated on development of indicators - **KdW**

4. ***Family presence in paediatric and neonatal areas***

FS reported that the position statement had been revised as discussed, with the final version being circulated to PNAE members, along with a summary of collated findings and covering letter for translation and cascade within their country.

FS reported that further findings had been received within the last week from Croatia. Information would be added to the summary of findings as soon as possible, with the revised summary being placed on the PNAE webpages.

Action:

- Summary of collated findings to be updated following receipt of information from Croatia – **FS**
- Revised collated findings to be placed on PNAE webpage – **FS**

5. **Do Not Resuscitate orders**

Czech Republic

DNR not legally supported. 2010 Czech medical society raised the issue linked to palliative care. Still being discussed. It is practised in respect of children. There is a special team in some centres supporting children requiring palliative care. Parents initiate discussions. Legislation for adults to be able to state what they would wish in the future – advanced directive which lasts for 5 years. Must be renewed after 5 years.

France

Legislation was published in 2006 and called: end of life issues and patient rights. This law states following points:

- how to stop or limit treatments, the decision to stop treatment for unconscious patient and (in this particular case : to seek for collegiate decision),
- respect for the patient's decision and how can people write in advance end-of-life instructions
- prevention of therapeutic obstinacy.

Furthermore: Recommendation in relation to premature babies born before 24 weeks.

Legislation for adults to be able to state what they would wish in the future – advanced directive which lasts for 5 years as per Czech Republic.

Denmark.

No legislation. Palliative care teams discuss individual plans for children and young people with their family.

Norway

Individual discussion between physician, child and family. Clearer in oncology and neonates but in other areas not as well developed. Sometimes nurses are aware of discussions that have taken place with the family but the discussion has not been documented. Sometimes nurses are not involved in the discussions.

Belgium

All patients have a DNR code in their record. If there is a code with reduction of input then there must be discussion with parents and recorded in the child's file. If in an emergency then the code is over ruled. Legislation for adults to be able to state what they would wish in the future – advanced directive which lasts for 5 years.

Portugal

Similar to Norway based on individual child. Similar problems with respect of recording discussions. 2013 legislation for adults to be able to state what they would wish in the future – advanced directive.

Croatia

No legal support. No legislation. Discussion in respect of adults but not in respect of children. Ethical meetings held for transplantation of organs.

Greece

Resuscitate the child unless cases such as oncology following discussion with parents.

Netherlands

In respect of children there are protocols and codes. Verified at every shift or within a time span. Recorded electronically. In Netherlands for premature babies the medical/nursing staff make the decision in consultation with parents. All doctors are protected if they work within the guidelines.

Sweden

No law. Protocols in place. Written on the child's records. Decision made by the physician in conjunction with the parents and lasts for that admission period or period of care at home.

Turkey

No written law. Ethical codes. Doctors do the best thing for children with parents. Are beginning to discuss and train staff about palliative care. Parents are able to sign to take their child home if they wish.

UK

Similar to other countries. National policy developed by the British Medical Association which doctors' follow. Advanced care toolkit developed by the West Midlands available on Together for short lives website includes an App (<http://www.togetherforshortlives.org.uk/>). There are opportunities for advanced directives to be made. There has been some concern following the lack of training provided to adult health care staff recently necessitating in the removal of the Liverpool Care Pathway.

Italy

No advanced directives supported in law. It is common practice that in certain circumstances there are discussions between physicians and parents to agree. The ethical committee is involved as well. Nothing is explicitly written in the child's records. Recognise difference between minimal care and intensive treatment.

Action

- Draft short statement to reinforce nurses should be present during discussions – **SW/FS**

6. Paediatric Early Warning Systems

IM asked about experience across Europe.

Greece

No system in place

Netherlands

Have started with systems. Have been evaluated in paediatric wards but they are not used. Used in ERs for teaching students and junior doctors. Respiratory effort is not measured and reported.

Sweden

There are PEWS tools in place. There is the risk that new nurses place too much reliance on the tool and may not use observation skills.

Turkey

No early warning sheets for nurses. Doctors have a tool in special hospitals.

Portugal

Not in place in all hospitals but a system is in place in St Johns. Developed jointly by doctors, nurses and informatics. Every intervention has a code which produces

data to alert the head nurse and physician's mobile phone. Currently in use in adults. Used in paediatric emergency department.

UK

Currently 17 tools in the UK. Lack of consistency in tool and parameters. Not validated. Currently employing PEWS nurses in some places which is of concern.

Italy

Not widely used. Cannot substitute critical thinking of nurses. Focus on bedside PEWS. Communication and handover important. Recognition by doctors for points raised by nurses.

Czech Republic

No system in place. Currently reviewing.

France

Use PEWS tools in France in all hospitals, emergency departments and observation wards.

Denmark

Triage children. CS currently researching. One PEWS system used. Paediatricians agreed. Not used in neonatal units. Includes parents views about the child's condition.

Norway

Main hospitals have started to undertake triage in paediatric emergency department. In respect of PEWS most large hospitals have their own system in place.

Belgium

Triage undertaken in emergency department. Attempted to introduce PEWS but found to be difficult in respect of the range of children's conditions. Emphasised objective assessment.

Croatia

System in use in university hospitals in emergency departments and intensive care.

7. Transition of children and young people to adult services

Discussed draft survey. Amendments suggested.

Action

- Amendments to be made to survey, then to be circulated to PNAE representatives with a covering letter for completion and return by set date – **FS**
- Present findings at next meeting - **FS**

8. Mandatory reporting of child abuse

UK

It was noted that there is mandatory reporting in Northern Ireland where it is a criminal offence not to report. Professional codes for nurses and doctors require

practitioners to report if they have concerns. FS reported on discussions at RCN Congress and the NSPCC reports on the subject.

<http://www.nspcc.org.uk/>

- Exploring the case for mandatory reporting: a summary of a roundtable hosted by the NSPCC
- Strengthening duties on professionals to report child abuse

Norway

Not a criminal offence. All health care professionals are required to report suspicion of child abuse

Belgium

It is criminal offence if a nurse does not report suspicion of child abuse. If a child is in hospital it is the doctor's responsibility to report any suspicion of child abuse.

Portugal

Nurses should report. The ethical obligation to report is expressed in the Statute of the Portuguese Nurses Order (Ordem dos Enfermeiros). In Portugal, child abuse is a public offense and anyone can report it. In hospitals and health care centers, the approach to these cases is made by multidisciplinary teams. There are early intervention teams for children up to six years. The protection of children's rights and their development of capabilities are assured by these teams. Since 1988 there is a telephone helpline for children (SOS child). This service aims to support the child in Portugal, especially the child at risk, abused and/or sexually abused, missing, disintegrated in school, conflicts with parents, who feels rejected or have suicidal ideation and seek solutions to these situations.

Croatia

It is in law the mandatory reporting of child abuse. Doctors and nurses work together to report.

Greece

Hold child protection conferences. If the child is in hospital the nurse is responsible for reporting any suspicions to the social worker. There are many cases of abuse which are hidden by family members due to the stigma.

Netherlands

All nurses must be able to recognise child abuse and to report their suspicions. It is not a criminal offence not to report.

Sweden

All nurses are obligated to report suspicions of abuse. It is not a criminal offence.

Turkey

Multidisciplinary approach to child abuse. Nurse must call the doctor, sometimes the police and social worker also engaged. There is mandatory reporting in place.

Italy

Health professionals need to report suspicions. Assessment tool in place to assist nurses to screen concerns.

Czech Republic

It is a criminal offence not to report. A child can seek help and can report abuse anonymously.

France

It is a criminal offence not to report. It is a duty for everyone to report. There is a free and anonymous telephone number to report. For health professionals there are two options – if there is actual abuse or if there is suspicion of abuse.

Denmark

It is not a criminal offence not to report. For health professionals it is a duty to report even if subsequently it is found not to be abuse.

9. **Caring for sick children and young people at home and in the community**
Paper drafted by FL discussed and suggested way forward identified in light of earlier survey already proposed in respect of transition. It was noted that the initial survey should be focused on a few key questions.

Action

- Survey to be drafted in light of discussions – **FS/FL**

9. **Promoting collaborative children's nursing research**

JC highlighted key issues and potential opportunities for discussion (see attached slides). Attendees discussed in light of earlier discussion concerning RN4CAST. It was agreed that PNAE had a role to facilitate and to identify key research priorities across Europe for researchers, as well as to disseminate research and to promote implementation of evidence based practice. A survey to identify key priorities was suggested, along with capturing recent research and that currently being undertaken. JC reported that she might be in a position to share access to a database with information about the latter.

Action

- Survey to be drafted to capture key research priorities across Europe – **FS**
- Survey to be circulated to PNAE representatives for completion within set timeline – **All**
- Provide access to database if able - **JC**

10. **Any other business**

Child Sexualisation

FS explained the recent email enquiry.

Action

- Attendees at the 24th PNAE meeting to respond to the email by 21st November 2014 - **All**

Paediatric Nursing articles for journal in France

MC highlighted a request by Sebastian Colson, President of the Paediatric Nursing Association in France.

Action

- Information to be circulated to PNAE representatives – **FS**
- If interested PNAE representatives to email FS by 30th November 2014 – **All**
- Connect FL and Sebastian Coulson in light of articles previously written by PNAE members for Germany - **FS**

Request to join PNAE

Portugal asked to join PNAE membership

Action

- Send formal letter of invitation to Amelia Monteiro - **FS**

Notification and responding to emails within requested timeline

FS asked for all PNAE representatives to keep to set timelines for responses and notifications. It was noted that information is required by hosts well in advance so as to aid planning and preparation

Action

- PNAE members to respond to requests, notifications and to return information within set timeline - **All**

11. **Future meeting dates/venues and locations**

Attendees discussed future venues and agreed that where possible meetings should be held in different countries to those that have already held a meeting. Members requested that FS explore the potential for a PNAE meeting to be held in Iceland in 2017

- 3rd, 4th and 5th June 2015 **Rome, Italy**
- 5th and 6th November, 2015 – **Athens, Greece**
- May 2016 – **Lisbon, Portugal** (with PNAE congress)
- November 2016 – **Paris, France**
- March/April 2017 – **Istanbul, Turkey**
- Winter 2017 - **tbc**

Action:

- Advise FS of attendance at the June 2015 meeting- **All**
- Explore the potential for a PNAE meeting in Iceland in 2017 – **FS**

Post meeting note:

Contact with Professor Gudrun Kristjansdottir [Chair of nursing and development and research at the Landspítali University Children's Hospital and Faculty of Nursing, School of Health Sciences, University of Iceland] extremely positive with Autumn/winter 2017 PNAE meeting to be held in Iceland. Date in October 2017 to be confirmed in due course

Please advise FS if you are interested in hosting a meeting - all

PNAE meetings are held in different venues/countries to enable as many representatives from Paediatric Nursing Associations/National Nursing Associations to attend and participate in activities. We appreciate that financial implications of travel and accommodation may prevent several members from

attending PNAE meetings. If your country has not yet attended a PNAE meeting but you would be interested in hosting a meeting in your Nursing Association/Country please contact Fiona Smith – Fiona.smith@rcn.org.uk ASAP

16.10 Meeting closed.

NOTE

- If documents are circulated with request for comment/agreement and no response is received it will be assumed that there is agreement.

- ***Please ensure receipt of emails is confirmed.***