

12th Meeting Paediatric Nursing Associations of Europe

Notes 7th November 2008, The Swedish Society, Baldersgatan 1, 114 27
Stockholm

Attendees

Britt Marie Ygge, Swedish Pediatric Nurses Association, [BMY] [Host]
Evalotte Morelius, Swedish Pediatric Nurses Association [EM]
Eva Szutkowska, The Swedish Association of Health Professionals [ES]
Anne-Marie Bangels, President Paediatric Nurses Association, Belgium [AMB]
Ulrike Vujasin, Vice President, Paediatric Nurses Association, Austria [UV]
Johanna Horn, Paediatric Nurses Association, Austria [JH]
Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]
Corry van den Hoed-Heerschop, Dutch Association of Paediatric Nurses, Netherlands [CvH]
Konstantinos Petsios, President Pediatric Nurses Sector of Hellenic Nurses Association [KP]
Karen Phillips, Royal College of Nursing, United Kingdom [AT]
Fiona Smith, Royal College of Nursing, United Kingdom [FS]

Apologies

Dragica Bestak, President Croatia Nurses Association of Paediatric Nursing Society [DB]
Dion van Opstal, President Dutch Association of Paediatric Nurses, Netherlands [DvO]
Mary Godfrey, Irish Association of Children's Nurses, Ireland [MG]
Immacolata Dall'Oglio on behalf of Italian Nurses Association [ID]
Martha Böhm, Paediatric Nurses Association, Austria [MB]
Andrea Schlögl, Paediatric Nurses Association, Austria [AS]
Simona Calza'll on behalf of Italian Nurses Association [SC]
Beisa Zabkar, President Pediatric Nurses Association of Slovenia [BZ]
Fredrikke Vikhammar, Norway [FV]
Andre Grundevig, Norway [AG]

1. Welcome/introductions

BMY welcomed attendees to the meeting, the Swedish Society and to Stockholm.

The Swedish Society is the professional association for nurses. The Swedish Association of Health Professionals includes: nurses, midwives and, bio-medical scientists and radiographers.

Sweden is part of the Nordic network. AMY encouraging participation of Denmark and Norway in PNAE activities

Swedish Association of Health Professionals

Eva Szutkowska leads on International Issues of the Swedish Association of Health Professionals . Formed in 1977. All are regulated professionals who have undertaken a minimum of 3 years education. 110,000 membership – individual membership. SWAHP are a member of Confederation of Trade Union for professionals. Close relationship with societies. Have an International committee and through SWAHP The Swedish Society participate in ICN and EFN meetings. Societies have closer links with universities in relation to education of nurses. SWAHP ensure employment terms and conditions. Also encompass unregulated health workers.

Dinner tonight at 7pm hosted by the Swedish Association of Health Professionals.

Action:

- AMB to make contact with Finland to invite to join PNAE

2. Update of Children's Nursing in Sweden

Have to be an RN and then undertake 1 year Paediatric Nurse education programme. Have child health centres which are free. There is a lot of preventative work focused on children and young people and there is lots of scope to work autonomously and independently. Can also work as a school nurse and they have their own Association which has 600 members. Paediatric Nurses Association have previously held shared conferences with the School Nurses Association. School nurses are employed by the school. Midwives have the right to prescribe contraceptives. Midwives have to be nurses first. Very few home births - most babies are born in hospital. Paediatric Nurses are also employed in youth clinics. In children's hospital aim to have 75% trained at Paediatric Nurses [currently in Astrid Lindgrens hospital around 50% have Paediatric Nurse education]. In RN education most nurses may have only undertaken 2-3 weeks about children. There is a lack of standardisation in relation to the curriculum. There is a competence framework in Sweden for Paediatric Nurses includes knowledge and skills nurses need to have achieved within their Paediatric Nurse training. There is a lack of specialist nurses in Sweden.

3. Matters arising from notes of meeting March 2008

3.1 *Communication update*

UNICEF contact added to distribution list for annual communication updates. Next communication update to be drafted and circulated following this meeting

Action:

- Circulate update - FS

3.2 *Written update for websites*

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

Information received from Andrea Schlögl re Austria. Nil else received since last meeting.

Action:

- Members of PNAE asked to look at website and to forward electronically any updates/additional information to be posted on the website to FS - **All**

3.3 *Paediatric Nurse Education in Europe: A position statement by the Paediatric Nursing Associations of Europe (PNAE)*

Final version can be found at

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

- all to check that this was circulated as appropriate.

3.4 *Links with ESPNIC & Competency Framework development*

IHD has contacted ESPNIC scientific committee. Adult intensive care nurses want to know more about how to deal with families.

Action:

- Make contact with Fiona Lynch to discuss - **FS**

3.5 *Potential for Pan European Paediatric conference*

Discussed potential links and opportunities with other organisations

Action:

- Explore opportunities linked to UNESPA – **FS**
- Explore opportunities linked to ESPER – **IHD**

3.6 *Feedback re ESNO membership*

FS provided feedback from the meeting of ESNO. There is an opportunity to become a full member of ESNO on payment of 300 Euros or to participate in an official observer capacity as agreed by ESNO board. FS had explained to ESNO board that PNAE was a network and not a membership organisation. ES advised that membership of ICN is up to 6 organisations from each country. AMB to act as deputy for ESNO meetings if FS unable to attend

Action:

- Feedback to PR re discussion from today. PNAE membership wish to be recognised as an Official Observer of ESNO - **FS**

3.7 *President of FePI links with HOPE – SC*

SC not able to attend the meeting in Stockholm

Action:

- Seek update from SC – **FS**

3.8 *International/European professional association/organisational map*

Not yet done.

Action:

- Map to be completed and circulated - **IHD**

3.9 *Minimum Paediatric Nurse staffing levels*

Information circulated to PNAE members.

Action:

- Send information and presentation to BMY - **FS**

3.10 *European Federation of Nurses Associations*

IHD has had meeting with EFN representative. Other countries encourage to meet with ICN and EFN colleagues.

Action:

- List to be re-sent to PNAE membership - **FS**

5. Paediatric quality indicators and satisfaction tools

Attendees discussed the way forward. Martha/Andrea had prioritised the list and submitted. Feedback from other countries not received.

Action:

- To send prioritised list – top 5 and any additions to FS by 21st November 2008 – **All attendees**
- Compile draft position statement for circulation prior to next meeting - **FS**

6. Research activity

EU commission activities are currently around patient safety, public health issues, health indicators, environment and health, food and nutrition, diabetes, paediatric

medicines. Examples of areas to potentially undertake small scale study and to publish an article include patient safety and quality indicators

7. Patient Safety

Medication error project in Sweden

It is known that there are a lot of errors made in paediatrics. In the Children's hospital in Stockholm specific pharmacists are employed. At national level approximately 14 hospitals involved in project over the last 18 months. Paediatric nurses, paediatricians and paediatric pharmacists meet to look at problems and how to reduce errors: prescribing problems: handwriting/ calculations errors; nurses – dilution of drugs and miscalculation of doses, changes in names of drugs, nurses being interrupted while undertaking medication administration - signs to minimise disturbance. The Institute for Health Care Improvement website - <http://www.ihc.org/ihc> has several tools that can be of assistance. Attendees discussed measures in place within own country and organisations in relation to medication error reporting and feedback mechanisms. KP highlighted use of red tabards to prevent disturbances during medication administration. WENR have undertaken work in relation to patient safety on behalf of EFN

Action:

- Develop a template and key questions to be circulated for completion by all members - **KP**
- Members to bring examples of systems in place in relation to medication administration and reduction of errors to next meeting – **All**
- Presentation in relation to digital programme for paediatric oncology at next meeting – **CvH**
- WENR have undertaken work in relation to patient safety on behalf of EFN – check website <http://www.wenr.org/> - **All**

8. Standards for Practice

KP highlighted practice development for nurses in relation to medication and framework for standards of nursing practice within one hospital organisation. KP chairs a group on behalf of the RCN Paediatric benchmarking and standards, currently working on setting standard for weighing children. NICE guidance for Feverish Illness in children highlighted, along with Essence of Care benchmarks. National requirement to undertake at least two essence of care benchmarks per year.

IHD highlighted association has quality standards in place. There is a national council which includes nurse teachers, nursing association representatives, hospital representatives, doctors – with a review of curriculum and practice standards in order to re-validate programmes. Discussion re family centred care and parents/family presence and accommodation by child's bedside including within intensive care environments.

In Austria, each hospital sets their own standards. There are currently 50 hospitals [5 of these are for paediatrics] in Vienna – some are very small. There is no organisation that oversees or organises inspections. UV advised that paediatric nurse education changed to be based on a problem based learning approach.

Action:

- Circulate pdf's of RCN Understanding benchmarking and RCN standards for assessing, measuring and monitoring vital signs in infants, children and young people – **FS**
- Circulate website link for Essence of Care benchmarks - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005475
http://www.icservices.nhs.uk/clinicalgovernance/pages/cg_info_sources.asp – **FS**
- Circulate NMC skills clusters and standards re working with children and young people - **FS**

9. E learning developments

IHD highlighted background to this item and importance of sharing resources.

Action:

- Commence list for website education development tools and on-line tests - **IHD**

10. EFN position statement on synergy EU directive 36, Bologna and European Qualification framework

Discussion re review 2012 and influencing mechanisms

Action:

- EFN list to be re-circulated – **FS**
- Communicate direct with Paul de Raeve and cc to National Nurses Association – **All**
- Check Education competency framework - **FS**

11. Any other business

Infection control

- Discussion re hand washing and use of alcohol gel

Education of parents to care for children

Action:

- Place item on agenda of the next meeting - **FS**

Clinical simulation projects

- New unit established in Vienna.

Visits to children's hospitals

Action:

Hosts to note to advise of arrangements for visits in advance to allow attendees to plan travel arrangements.

Mobility of nurses across Europe

Conference to be held in Belgium on 11th December 2008.

Action:

- Notes to be circulated if possible - **AMB**

12. Future meeting dates/venues

- 6th March 2009 – London
- Autumn 2009 – Croatia
- Spring 2010 – host country to be identified [*?Austria*]
- Autumn 2010 – host country to be identified [*offer from Amsterdam*]
- Spring 2011 - *?Slovenia*

- Autumn 2011 - host country to be identified

Action: Host countries to be identified

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

15.45 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.***