

**17<sup>th</sup> Meeting**  
**Paediatric Nursing Associations of Europe**

**Notes 3rd and 4th March, Ljubljana, Slovenia**

Attendees

Majda Oštir, Pediatric Nurses Association of Slovenia [MO]  
Mrs. Darinka Klemenc, President of Nurses and Midwives Association of Slovenia [DK]  
Dragica Bestak, President Croatia Nurses Association of Paediatric Nursing Society [DB]  
Ivana Horvat, Croatia Nurses Association of Paediatric Nursing Society [IH]  
Kristina Kuzuik, Croatia Nurses Association of Paediatric Nursing Society [KK]  
Elizabeth Kraz kouroic, Croatia Nurses Association of Paediatric Nursing Society [EKK]  
Dijana Otasevic, President, Pediatric Section of Serbian Sisters Association [OD]  
Sofia Alijevic, representative of intensive care nurses, anesthetist and resuscitation UINARS [SA]  
Britt Marie Ygge, Swedish Pediatric Nurses Association  
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]  
Simona Calza'll on behalf of Italian Nurses Association [SC]  
Orsola Gawronski, on behalf of Italian Nurses Association [OG] ([orsola.gawronski@opbg.net](mailto:orsola.gawronski@opbg.net))  
Fiona Smith, Royal College of Nursing, United Kingdom [FS]

Apologies

Martha Böhm, Paediatric Nurses Association, Austria [MB]  
Ulrike Vujasin, Vice President, Paediatric Nurses Association, Austria [UV]  
Immacolata Dall'Oglio on behalf of Italian Nurses Association [ID]  
Siw Fossan, Norwegian Paediatric Nurses Association [SF]  
Anne-Marie Bangels, President Paediatric Nurses Association, Belgium [AMB]  
Frauke Leupold, Berufsverband Kinderkrankenflege [FL]

1. Welcome/introductions

MO welcomed attendees to Slovenia. Attendees introduced themselves to each other.

2. Update of Children's Nursing in Slovenia

Majda Ostir provided an update on children's nursing in Slovenia. See presentation.  
High rate of suicide amongst young people. 28% of 15 year olds are regular drinkers.  
18% of 15 year olds smoke.

17,000 nurses in Slovenia (30% registered nurses). There are programmes in place to enable health technicians to undertake nurse education.

Collaborate with Ministry of Health to establish specialisation in paediatric nursing.  
Working to establish guidelines in pediatric nursing. Key focus patient safety, promoting health, chronic illness.

It was noted that there are 58 registered nurses, 180 health technicians and 70 doctors in the paediatric clinic Ljubljana.

In discussion it was noted that members would value receiving protocols and guidelines on various topics and issues as follows:

- Pain protocol for children
- Anxiety protocol for children (preparation for procedures, admission)
- Nutrition protocol for children
- Child abuse protocol for children
- Presence of parents during resuscitation
- Categorisation (levels) of children's needs for care
- Intravenous catheters
- Standards for paediatric wards and departments
- Philosophy of care for children and young people
- Protocol for drug administration
- Protocol for transfer and retrieval of babies, children and young people (internal and external)
- Enteral feeding
- Care of a child with a tracheostomy
- Development of the baby and child (developmental care required)
- Safety of hospitalised children
- Family centred care
- Naso-gastric tube checking of position

**Action:**

- Examples of protocols and guidelines on the above to be gathered and emailed to PNAE membership - **FS**

3. Matters arising from notes of meeting October 2010

3.1 *Written update for websites*

No changes made to website -

[\[http://www.rcn.org.uk/development/communities/specialisms/children\\_and\\_young\\_people/forums/other\\_forums\\_and\\_groups/paediatric\\_nursing\\_associations\\_of\\_europe\]](http://www.rcn.org.uk/development/communities/specialisms/children_and_young_people/forums/other_forums_and_groups/paediatric_nursing_associations_of_europe)

Attendees reported that documents including meeting notes, position statements, contacts and information about each country seems to have disappeared from the webpage

**Action:**

- Check website and locate missing information – **FS/FY**

3.2 *Links with ESPNIC & Competency Framework development*

Fiona Lynch [FL] reported work is in progress. No date set for completion. It is hoped that work will be completed very soon. An addendum will be made to the PNAE framework for nurses working in paediatric and neonatal intensive care in due course.

**Action:**

- Seek update from new president of ESPNIC prior to next PNAE meeting – **FS**
- New president's name and contact details to be sent to FS - **IHD**
- Write to new president - **FS**

3.3 *Feedback from ESNO*

It was reported that ESNO is in abeyance at the current time.

### 3.4 PNAE/ESPNIC conference October 2010 Copenhagen

It was noted that IHD part of scientific committee along with KP, CvH and AMB in 2010. 2 weeks ago IHD was approached by ESPNIC to see if PNAE wished to participate in EAPS along with ESPNIC 2012. Specific evaluations not received for the PNAE stream. ESPNIC nurses reported that they felt the programme was too paediatric. Powerpoint presentations not retrieved for PNAE website. KP reported that PNAE presentations were not available on conference website. IHD reported that PNAE attendances were around a 100 but many registered to attend the full ESPNIC conference

Following feedback from KP (see next item) there was consensus that PNAE would not pursue participation in EAPS congress with ESPNIC in recognition that the audience of PNAE is general paediatrics rather than specialist areas.

#### **Action:**

- New president's name and contact details to be sent to FS - **IHD**
- Write to new president of ESPNIC to advise of decision - **FS**

### 3.5 Feedback from president of EPA re potential future PNAE stream within EPA conferences

FS reported that there had been email communication Andreas Constantelopoulos. Vasiliki Matizou and KP met subsequently with AC to discuss potential options. Presentation from KP (see attached). EPA has 39 countries across Europe. EPA are holding an Excellence in Paediatrics 1-3 December 2011, Istanbul, Turkey. Offer made to PNAE for a 2 day Nursing Congress. EPA usually have 1,500 paediatricians attending the Excellence in Paediatrics conference. Europaediatrics is also held every 2 years. PNAE has been invited to speak at Europaediatrics in Vienna in June 2011.

AC also suggestion that PNAE should now establish a formal constitution and have elected positions with specific roles and responsibilities. The establishment of a formal structure would not prohibit others to attend meetings but would ensure a named person from each country. AC offered to assist FS with exploring this development.

There was consensus amongst attendees present that PNAE should take up AC's offer of a 2 day conference in December and assistance in exploring the development of a formal constitution and representative membership, with links to EPA

#### **Action:**

- Contact Turkish Paediatric Association about the 2 day paediatric nursing congress in December - FS/KP
- Meet with AC in London to discuss collaboration with EPA and establishment of constitution – FS
- Meet with conference organisers to take forward organisation of the 2 day paediatric nursing congress in December 2011 – KP/VM

### 3.6 Identify current President of FePI for PNAE to communicate

SC reported that the new president was Mrs Ann Carrigy and that the email contact for FePI – [koutroubas@fepi.org](mailto:koutroubas@fepi.org)

#### **Action:**

- Write to new president of FePi to make links and add to PAB to receive PNAE annual newsletter update - **FS**

### 3.7 *Information about education funding sources*

IHD reported that in the Netherlands there is a European Social Fund to support education in hospitals. There has been an inventory to look at the amount of time and money put into nurse education. KP reported that there is something at EU level but it is unclear how this can be accessed.

#### **Action:**

- Check if social fund available in other countries – **all**
- Check with EFN about Social Education Fund - **FS**

### 3.8 *Position statement to specify specific recruitment, selection and training for support roles within neonatal and paediatric areas*

IHD unclear how PNAE can set a vision for Europe around support roles. KP suggested mapping current support roles, recruitment, selection and training. MO advised it would be helpful to set standards. Not all assistant nurses are regulated across Europe. It was felt that the initial focus of work undertaken should be on assistant nurses or those with direct clinical contact/patient care roles.

It was agreed to map position in each country, including how trained, tasks and duties undertaken, delegation of clinical duties, responsibility and accountability.

#### **Action:**

- Develop survey questionnaire to gather information - **FS**

### 4. Patient Safety Medication error

Presentation from KP (see attached). Draft position statement discussed. Discussed feedback to date and the need for other member representatives to identify the top 5 key issues/factors to include within PNAE position statement.

#### **Action:**

- Comments on the draft position statement to be sent to KP – **all**
- Rank the top five factors affecting medication errors and the top five mechanisms to reduce medication errors – **all**

### 5. Nurse Education re-survey

Summary – 24 countries have now responded. It was agreed that the missing information should be obtained so as to complete the work.

#### **Action:**

- Follow-up remaining non responses - **FS**
- Review PNAE education position statement at a future meeting once work complete – **all**
- Draft letter about paediatric nurse education which associations can translate to send to their health ministry, chief nurse as appropriate to their country once work completed – **FS**

### 6. Regulation and re-validation survey

Survey discussed. Initial findings from initial findings received presented.

#### **Action**

- Re-circulate survey and follow up to acquire missing responses – **FS**

## 7. Code of ethics for paediatrics

Draft position statement for ethical and professional practice for the European paediatric nurse discussed. Background documents to be circulated

### Action

- Comments on draft statement to be sent to KP – **all**
- Background documents from KP to be circulated on request - **all**

## 8. Care of children with complex health needs, palliative care and end of life care

Issues discussed.

### *Slovenia*

There is a big problem when children are discharged from hospital. There are a few centres out of the hospital where children can go with their parents. There is also training for parents to care for children and community.

### *Croatia*

Children are on respirators at home. Specialised teams educate the parents before the child goes home. There is a specialised team in local hospitals on call 24 hours/day plus support from the respirator company. There is no specialised institution where children can go for end of life care. Parents are supported by nurses from the ward. There are institutions for mental health, Downs syndrome and other chronic diseases.

### *Sweden*

Advanced home care is provided from the hospital. If this is for a long period then personal assistants are paid for from the community. The child has the right to have this provision. Where possible the child stays with the family. There are some centres which provide respite care.

### *Greece*

There are specific departments for children with specific needs. Parents are trained if the child is discharged. There are a limited number of nurses in the community that will provide support. There are non profit organisations that may provide support and assistance. In relation to paediatric oncology there is a focus on providing services in a hospice environment.

### *Serbia*

The position is similar to Croatia and Slovenia. Regional hospitals transfer to the Tertiary centre and paediatric hospitals. Treated in PICU and NICU. There are no protocols for end of life care. The hospital provides support until the end of life. The parents of oncology patients can decide to take the child home with support from the hospitals in which the child has been treated. They do not stop the therapy, this continues. There are no hospices but there is a very big need for hospices in Serbia. Quite often beds are full in PICU and NICU which causes a big problem where there are children on long term ventilation. Parents are trained to care for children at home and the respirator company will provide technical support at home.

Primary health care team provided and are obligated to provide support where able to do so. If unable to provide support they contact the Tertiary centre.

### *Netherlands*

There are 7 hospices but most children die at home. Hospices are used to provide respite care for parents and families to give them a break. Parents are trained to provide care children at home with ventilators and their are specialist nurses who provide support between hospital and home. If a child goes home with a respirator the hospital has to provide care for the child to be cared for at home overnight. Palliative care varies from hospital to hospital.

### *UK*

In the UK there are children's hospices which provide respite care. Parents may choose for their child to be cared for in the children's hospice at end of life. Community children's nurses provide support to families at home. Continuing care funding (joint between health and social care) enables children requiring 24 hour care to be cared for at home. A team of carers would receive training to provide round the clock care in the child's own home. There has been a focus on children and young people's palliative care in the UK. In England £30 million was made available by the government to enable innovative projects to be undertaken to improve future service provision

### *Italy*

There are 4-5 paediatric hospitals which provide care for children with complex needs. Local hospitals do not have the same level of knowledge and skills. If the child is to be discharged then the hospital may decide to teach the parent to care for the child. There are problems in establishing links between the main hospital and local hospitals. In relation to palliative care there is only one children's hospice in Italy. This is being discussed in many hospitals. There are many issues in relation to care of children from other countries. Translation is a major issue.

### **Action**

- Information and website links from the UK to be circulated – **FS**
- Send link and information about e-learning developments in due course - **FS**

### 10. Child Friendly Health Care

FS reported on a meeting at the Council of Europe. Work is in progress to make recommendations to EU Ministers for adoption in Lisbon in September. This will enshrine children's rights and encompass principles around children and young people's participation, health promotion, health protection and health service provision. Children and young people are to be surveyed to ensure recommendations include what they themselves want.

There is recognition that nurses will have a major role in the implementation of the recommendation and achievement of child friendly principles and children's rights in practice.

### **Action**

- FS to keep PNAE update on development and progress - **FS**

### 11. Review of EU Mutual Recognitions of Professional Qualifications Legislation (Directive 2005/36/EC)

The European Commission background paper may be seen at [European Commission MRPO \(PDF 127KB\)](#) [see how to access PDF files]

FS had previously circulated a survey on behalf of FINE to members of PNAE. FS encouraged those who had not yet done so to complete the survey and respond to the consultation document. KP highlighted that the key area of concern is the content of 3.2

### **Action**

- Respond to FINE survey and EU consultation document - **All**

### 12. Future conference participation

FS reported that various conference presentations were planned: Genoa, Baltic Paediatrics, Lithuania and Europaediatrics, Vienna. FS thanked those members that had responded to requests to advise they would present papers.

### 13. Any other business

- Discussed participation in EPA congress – every 2 years or every year. Agree to participate in December 2011 and subsequently to look to possibly participate alternate years.
- It was noted that IAPN congress is planned for 2013 in Melbourne
- CvH asked about naso gastric tube checking of position – aspiration of fluids and testing ph. Passing air and auscultation
- Fliers from Netherlands about summer school for Bachelors students distributed.

### **Action**

- Send copy of NPSA statement about nasogastric tube checking of position to CvH – **FS**
- PNAE powerpoint presentation to be developed and circulated to members - **FS**

### 9. Future meeting dates/venues

- 3<sup>rd</sup> and 4<sup>th</sup> November 2011 – Belgrade, Serbia
- Spring 2012 - Germany (*dates to be confirmed*)
- Autumn 2012 –? *Amsterdam? France ?Athens ?Genoa (to review in light of discussions with AC)*
- Spring 2013 -? *Norway*
- *Autumn 2013 - ?*

### **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](mailto:Fiona.smith@rcn.org.uk) ASAP

*15.40 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.***