

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

**Notes 22nd and 23rd March 2012**

Attendees

Frauke Leupold, Berufsverband Kinderkrankenflege, Germany [FL] [Host]  
Margaret Goller, Berufsverband Kinderkrankenflege, Germany [MG]  
Edith Heyde, Berufsverband Kinderkrankenflege, Germany [EH]  
Corry van den Hoed-Heerschop, Dutch Association of Paediatric Nurses, Netherlands [CvH]  
Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]  
Orsola Gawronski, on behalf of Italian Nurses Association [OG] ([orsola.gawronski@opbg.net](mailto:orsola.gawronski@opbg.net))  
Anne-Marie Bangels, President Paediatric Nurses Association, Belgium [AMB]  
Dragica Bestak, President Croatia Nurses Association of Paediatric Nursing Society [DB]  
Kristina Kuzuik, Vice President Croatia Nurses Association of Paediatric Nursing Society [KK]  
Fiona Smith, Royal College of Nursing, United Kingdom [FS]

Apologies

Dijana Otasevic, President, Pediatric Section of Serbian Nursing Association [OD]  
Martha Böhm, Paediatric Nurses Association, Austria [MB]  
Immacolata Dall'Oglio on behalf of Italian Nurses Association [ID]  
Siw Fossan, Norwegian Paediatric Nurses Association [SF]  
Andrea Schlogel, President, Paediatric Nurses Association, Austria [AS]  
Ulrike Vujasin, Vice President, Paediatric Nurses Association, Austria [UV]  
Majda Oštir, Pediatric Nurses Association of Slovenia, Slovenia [MO]  
Britt Marie Ygge, Swedish Pediatric Nurses Association, Sweden [BMY]  
Claus Sixtus Jensen, Paediatric Nursing Association, Denmark [CSJ]  
Simona Calza'll on behalf of Italian Nurses Association [SC]  
Agnes Van den Hoogen, President Nursing section of ESPNIC [AvH]  
Konstantinos Petsios, President Pediatric Nurses Sector of Hellenic Nurses Association [KP]  
Anna Barbara Schlueer, Switzerland [ABS]  
Sébastien COLSON, France [SC]

**1. Welcome/introductions**

FL welcomed attendees to Hannover, Germany.. Attendees introduced themselves to each other. FS advised that several colleagues had planned to attend but due to illness, family bereavement or other congress commitments were unable to do so.

Astrid Szymanska, Director of Nursing welcomed everyone to the Hospital for Children and Adolescents *Auf der Bult*. The hospital originates from 1863 when the first medical facility for children was built in Hannover. The hospital caters for ill, socially underprivileged and handicapped children.

FS thanked Astrid Szymanska for attending the meeting, particularly in light of her busy schedule that day.

**2. Update of Paediatric Nursing in Germany**

FL provided a presentation (see attached) outlining the political and policy making structure in Germany. There are around 15 million children under 15. Children over 12 years of age can be cared for in an adult hospital. Some district hospitals may have children's ward but not all. Children's hospitals are not evenly spread in the areas, in the big cities there are more in relation to the countryside.

Parents are encouraged to have 2-3 years parental time (paid). Fathers are 'forced' to take 3 months of that time. There are three basic nurse trainings covered by two laws – 2004 Nursing Act governs Nursing for children and Nursing for adults. The 2000 Nursing Act covers Nursing for elderly people. There are a 1,000 applicants for 30 children's nursing training places in Hannover. In other places (for example Stuttgart) you can find the same relation. The training is 3 years and includes theory and practice placements. All nursing schools are accredited and linked to a hospital. There is no overall register of nurses. A recent estimate indicates there is a shortage of around 250 paediatric nurses in one part of Germany. This is anticipated to increase to 500 in the next 5 years. After initial training further training can be undertaken – including for example paediatric intensive care, oncology. Discussions are currently taking place about nurse education for the future and whether there ought to be a single 'general' nurse.

There are no nurse practitioners at the current time. There are ODPs but not other clinical assistant roles. The number of inpatient paediatric beds is decreasing, as is the length of stay. However the throughput and acuity is increasing. There are also an increasing number of children needing home care and ongoing intensive support.

### **Treatment and Education of Children with Type 1 Diabetes and their Parents**

#### **Treatment**

Sarah Blasig, Diabetes Educator outlined the management and care for children and young people following diagnosis of Type 1 Diabetes (see attached presentation). Children with diabetes are cared for on a specialist diabetes ward – this includes when they are admitted for surgery. The structured and consistent standardised education for children and parents is well received and funded by insurers. Specialist psychologist input is provided within a few hours of admission. The system has been in place for about 3 years but has not yet been subject to formal evaluation to determine the long term impact for children's health outcomes. Insurance companies require children/parents to undertake periodic education updates – the disease management programme must have 12 hours every 2 years. Poorly managed diabetes can be a child protection issue. The diabetes educator will provide teaching in schools and kindergarten if they pay for it. The Diabetes Educators complete a one year post-registration training programme that includes an exam, viva and practice based assessment.

#### **Action:**

- Send name and contact details of President for ENDA to FL - **FS**

### **3. Matters arising from notes of meeting November 2011**

#### **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](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.

#### **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 *Examples of protocols and guidelines*

Information encompassed into previous meeting notes. Attendees asked to advise if further information required. OG confirmed that weblinks function.

**Action:**

- Email FS – [fiona.smith@rcn.org.uk](mailto:fiona.smith@rcn.org.uk) if you would like further information and weblinks – **All**

### 3.3 *Links with ESPNIC & Competency Framework development- communication and feedback from new president*

The following feedback received from Geri Sefton on behalf of AvH. It is a very robust document. 2 minor comments: On pg. 1 in footnotes, in countries who responded Croatia is listed twice; Pg 4: nursing practice and clinical decision making could you specifically mention 'monitoring and observation of sick children' in the piece about nursing skills. Prevention of un-noticed deterioration is a subject close to my heart! Everything else looks great

**Action:**

- Amendments to be made to the framework as identified above and revised document to be placed on PNAE website and circulated to PNAE members – **FS**

### 3.4 *Feedback from Excellence in Paediatrics December 2011 and discussions with Andreas Konstantopolous (AK) president of EPA re PNAE stream within future EPA(Europaediatrics) conferences*

Those present that had attended the conference in Istanbul feedback, highlighting that they were impressed by the quality of the presentations. The exact number of nurses that had attended was not known as some had registered for the medical streams in addition to the nursing stream. It was noted that the number of delegates was greater than anticipated in light of the short timescale for advertising and marketing of the programme. FS reported on discussions with AK who confirmed the intention for a nursing stream within future Europaediatrics conferences. Volunteers to lead the Scientific Committee and the Local Organising Committee had been identified for Glasgow 2013. Attendees at the meeting agreed that the host country would take the lead for the Scientific Committee with PNAE member representatives being asked to participate (it was envisaged that 50% would be PNAE member representatives). It was appreciated that there was a need to enable other PNAE representatives to have an opportunity to develop skills and so participation would vary for each conference.

FS highlighted correspondence with the conference organising company, reporting that she awaited confirmation from them. *During the PNAE meeting an email was received from the conference organising company confirming that there was agreement for a 2 day PNAE conference to be held alongside Europaediatrics and the Royal College of Paediatrics and Child Health conference on the Thursday 6th & Friday 7th June, 2013. Meeting rooms would include 1 main hall (500 capacity) plus 3 break out rooms for 70 people. Delegate benefits include:*

- Attendance to all sessions including sessions of Europediatrics and/or RCPCH Conferences
- Participation to the Opening Ceremony & Welcome Reception
- Lunch and 2 coffee breaks on both days
- All congress materials
- Certificate of attendance

*Registration Rates:*

- Early booking by 26.10.2012 : GBP 250
- Pre-registration ( 27.10.2012- 22.2.2013) : GBP 280
- Late registration (23.2.2013 - 17.5.2013) : GBP 330
- Onsite registration : GBP 360

**Action:**

- Finalise agreement with conference organisers - **FS**
- Set up Scientific Committee and Local Organising Committee – **FS**
- Keep PNAE members updated on progress and discussions – **FS**
- Identify lead paediatrician for Europaediatrics 2015 in Rome and advise OG - **FS**

3.5 *Nurse Education survey findings*

Final summary completed, placed on website, and circulated to PNAE members with covering letter for translation and dissemination in their country. Article also written and accepted for publication in Nursing Children and Young People Journal

**Action:**

- Circulate Pdf of article for information in due course – **FS**

3.6 *Patient Safety Medication error*

Final version had been circulated in advance of the meeting. FS discussed on behalf of KP who had been unable to attend. Further minor amendments to be made as discussed. Position statement then agreed.

**Action:**

- Final amendments to be made before being placed on website – **FS**
- Final version to be circulated to PNAE members with covering letter – **FS**
- Representatives to translate and disseminate to key organisations and individuals – **All**

3.7 *Code of ethics for paediatrics*

Final version had been circulated in advance of the meeting. FS discussed on behalf of KP who had been unable to attend. Further minor amendments to be made as discussed. Position statement then agreed.

**Action:**

- Final amendments to be made before being placed on website – **FS**
- Final version to be circulated to PNAE members with covering letter – **FS**
- Representatives to translate and disseminate to key organisations and individuals – **All**

4. **Regulation and revalidation survey**

FS highlighted key findings (see attached). Collated document circulated in advance of meeting. One or two minor amendments to be made in light of changes

Draft position statement circulated in advance of the meeting discussed and agreed.

**Action:**

- Send amendments required to the collated document to FS by 6<sup>th</sup> April 2012 after which the collated document would be finalised and placed on the PNAE website - **IHD and AMB**
- Final amendments to be made to position statement before being placed on website – **FS**
- Final position statement to be circulated to PNAE members with covering letter – **FS**
- Representatives to translate and disseminate to key organisations and individuals – **All**

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

FS highlighted initial findings from responses received so far. Many countries have yet to submit responses.

**Action:**

- Present findings at the next meeting in November 2012 - **FS**

6. **Draft PNAE constitution**

FS outlined work taken to develop a draft constitution for consideration. Areas for decision and clarification discussed. Further amendments to be made to the draft constitution prior to re-circulation to attendees at the meeting in Hannover

**Action:**

- Item to be placed on agenda for meeting in Amsterdam for further discussion – **FS**

7. **Pan Europe Infection Control Nurses network**

FS provided a brief summary about EUNETIPS (European network to promote infection prevention for patient safety). The network was formed in 2008 following an invitation from the German Society for Hospital Hygiene (DGKH) to discuss infection prevention and control in Europe. Since 2008 the network has focused on identifying priorities to focus network activity and establish governance arrangements to strengthen the ability to apply for tenders and comment on consultations. The network meets twice a year. Members are diverse and include representatives from professional and scientific societies in Europe and include nurses and doctors predominantly involved in infection prevention and control.

Essentially EUNETIPS is set up to promote better cooperation among nations, to share experiences, to promote and support initiatives in infection prevention for patient safety particularly at a European level, recognizing and making the most of all single member societies.

EUNETIPS promotes:

- Activities to prevent and control infection risks including patients and staff movement throughout Europe;
- Engagement of politicians, caregivers and individuals in addressing

- public health implications,
- challenges and opportunities related to infection prevention;
- Exchange of experiences and harmonization of activities both for professionals and “customers”;
- active partnerships in promoting patient safety in Europe;
- formal links, *inter alia*, with WHO, ECDC, IFIC and other institutions and professional and scientific associations.

In Europe many scientific and professional societies exist to support research and to promote knowledge, attitudes, good practices and training on prevention and control of this risk. European countries have developed many different initiatives on HCAI prevention but they are not connected, there is a lack of homogeneity due to different histories, health care systems, available resources, and epidemiological settings. The Network seeks to overcome issues through informal alliances and collegiate working.

The following has been achieved to date:

- Publication of a paper Comparison of recommendations in national/regional Guidelines for prevention and control of MRSA in thirteen European countries 2010 (International Journal of Infection Control)
- Successful submission for tender to undertake ECDC project on the development of European infection control competences for specialist IPC practitioners
- Completion of the tender specifications and delivery of the TRICE (TRaining Infection Control in Europe) project.
- Comparison of cleaning and disinfection regimes in Europe
- Comparison and analysis of structures supporting infection control in European countries

Current activity is focusing on legalising the Network to allow it to expand opportunities to influence activity at the political and clinical level within Europe.

The website is also undergoing review and is partially accessible at <http://www.uk-essen.de/eunetips/index.php> Enquiries can be made to [info@eunetips.eu](mailto:info@eunetips.eu)

Attendees discussed areas including policies and practices in place across neonatal and paediatric areas such as availability of toys and restricted visiting to reduce spread of infection, issues to do with humidity levels in paediatric and neonatal intensive care environments, as well as the need for standards in respect of milk kitchens.

**Action:**

- Write to raise issues formally with EUNETIPS and to explore potential collaborative working, highlighting good examples such as work undertaken in respect of milk kitchen in Leuven, Belgium - **FS**

**8. Any other business**

- AMB advised that she would be standing down as President in September 2012. The new president may wish AMB to continue representing the Association at PNAE meetings. AMB will advise in due course. AMBs contribution to PNAE activities acknowledged. Attendees thanked AMB for her hard work and recognised the significant achievements she had made in Belgium. An invitation was made to attend the meeting in Amsterdam to handover to the new president if this was appropriate.

- CvH highlighted that children's oncology is being centralised into one centre with shared care provision being established by 2015. CvH is involved in paediatric nurse education for this change. Issues related to centralisation were discussed.

**Action:**

- survey to be drafted for discussion at the next meeting – CvH
- place on agenda for next meeting - FS
- OG raised issues around family presence in neonatal and paediatric areas. Following discussion agreed this should be placed on the agenda for the next meeting

**Action:**

- draft definitions paper to be prepared for discussion at the next meeting – OG
- place on agenda for next meeting - FS
- FL highlighted the new Family paediatric nurse now in place in three places in Germany (Stuttgart, Krefeld and Kiel).

**Action:**

- place on agenda for next meeting - FS
- DB/KK highlighted challenges related to meeting EU requirements and directives
- FS reported that ESNO had rejuvenated and were holding a meeting to discuss becoming a network rather than an Association – as it was felt this was a successful model of operating across Europe

## 9. 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. It was agreed that FS would email all to seek interest.

- 8<sup>th</sup> and 9<sup>th</sup> November 2012 – **Amsterdam**
- 6<sup>th</sup> June 2013 **Glasgow, UK** (linked to PNAE congress 7<sup>th</sup> and 8<sup>th</sup> June 2013 as part of Europaediatrics )
- Winter 2013 - **host to be identified** ?Switzerland ?Portugal
- April 2014 – **Norway** (dates and location to be confirmed)
- Autumn/Winter 2014 - **host to be identified** ?Switzerland ?Portugal
- June 2015 **Rome, Italy** (linked to PNAE congress as part of Europaediatrics – dates to be confirmed)
- Winter 2015 - **host to be identified**

**Action:**

Hosts sought for the following meetings

- Winter 2013
- Autumn/Winter 2014
- Winter 2015

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

**16.15 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.***