

14th Meeting
Paediatric Nursing Associations of Europe

Notes 6th November 2009, Palace Hotel, Zagreb, Croatia

Attendees

Dragica Bestak, President Croatia Nurses Association of Paediatric Nursing Society [DB] [Host]
Ivana Horvat, Croatia Nurses Association of Paediatric Nursing Society [IH]
Helena Purgaric, Office Manager Croatia Nurses Association [HP]
Jospia Joric, Croatia Nurses Association of Paediatric Nursing Society [JJ]
Afirdita Conois, Croatia Nurses Association [AC]
Jasna Ivasic, Croatia Nurses Association of Paediatric Nursing Society [JI]
Majda Oštir, Pediatric Nurses Association of Slovenia [MO]
Siw Fossan, Norwegian Paediatric Nurses Association [SW]
Heidi Killenberg, Norwegian Paediatric Nurses Association [HK]
Ingrid Hankes Drielsma, Dutch Association of Paediatric Nurses, Netherlands [IHD]
Corry van den Hoed-Heerschop, Dutch Association of Paediatric Nurses, Netherlands [CvH]
Anne-Marie Bangels, President Paediatric Nurses Association, Belgium [AMB]
Simona Calza'll on behalf of Italian Nurses Association [SC]
Martha Böhm, Paediatric Nurses Association, Austria [MB]
Ulrike Vujasin, Vice President, Paediatric Nurses Association, Austria [UV]
Otasevic Dijana, Udruzenje Sestara Srbije Pediatatpijska Sekcija [OD]
Konstantinos Petsios, President Pediatric Nurses Sector of Hellenic Nurses Association [KP]
Fiona Smith, Royal College of Nursing, United Kingdom [FS]

Apologies

Britt Marie Ygge, Swedish Pediatric Nurses Association, [BMY]
Immacolata Dall'Oglio on behalf of Italian Nurses Association [ID]

1. Welcome/introductions

DB welcomed attendees to Zagreb and highlighted a number of facts about Croatia and Zagreb [see attached]

2. Update of Children's Nursing in Croatia

The Paediatric society is part of the Croatian Nurses Association and was established in 1985. There are around 3,500 paediatric nurses. The Paediatric Society is the most active in the Croatian Nurses Association [see attached].

3. Matters arising from notes of meeting March 2009

3.1 *Written update for websites*

Updates received from Greece. Changes made to website as requested

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

[FS to check weblink functioning]

Action:

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

3.2 *Links with ESPNIC & Competency Framework development*

Fiona Lynch [FL] advised work is in progress to add additional information to PNAE education competency framework for paediatric and neonatal intensive care nurses across Europe. This will be forwarded to PNAE once complete.

Action:

- Seek update from FL prior to next PNAE meeting – **FS**

3.3 *Feedback from Andreas Constantopoulos*

IHD advised that she had not met with AC as the opportunity for a joint conference with ESPNIC had arisen. KP offered to meet to discuss with AC if required at a future date.

3.4 Feedback from ESNO

AMB attended on behalf of PNAE. A number of individuals had not attended the meeting and so there were discussions about the number of attendees required to be quorate for decision-making purposes. The ICN document 'Competencies of Nurse Specialist', includes definition of specialised nurse was discussed.

PNAE members discussed issues around recognition of specialist nurses and specialist nurse education across Europe, including consideration of language and culture, shortages and over supply in specific countries.

Action

- Send copy of ICN document to all attendees – **FS**
- Raise issues from PNAE members at ESNO meeting and subsequently write to EFN General Secretary - **FS**

4. Paediatric quality indicators and satisfaction tools

Draft 2 of position statement discussed. A few minor amendments made. Position statement now finalised. To be sent to attendees. Representatives can translate position statement into their own languages if they wish. A copy of translated position statements can be placed on own website and PNAE website if forwarded to FS

Action:

- Send final position statement to PNAE membership, National Nursing Associations and key contacts - **FS**
- Place final copy of position statement on PNAE website - **FS**

5. Patient Safety Medication error

KP provided an outline of feedback from the survey results [see attached]. Numerous factors were highlighted as influencing reporting of medication errors, as well as measures which had been introduced to reduce medication errors. The key themes included:

- Anonymity affects feedback?
- Staffing levels and nurse education
- Further questionnaire across Europe about strategies and culture?

Phase 1 has been completed. Attendees discussed phase 2 and next steps. It was agreed that the information collated so far should be feedback to all PNAE

representatives. This should be accompanied by the questionnaire to encourage other countries to complete. Those who have already completed may choose to add additional information from their perspective having reviewed information submitted so far.

Action:

- PNAE representatives who have not yet provided information to review information circulated and to consider completing the questionnaire – **All**
- PNAE representatives to review data provided and to advise of any additions from their country - **All**

6. ESPNIC/PNAE conference October 2010 Copenhagen

IHD outlined information received from ESPNIC contact. The conference programme includes a 4 day programme for medical colleagues and a 2 day nursing programme - one of the nursing days is to be a dedicated PNAE programme. The PNAE day scheduled for 23rd October 2010.

In discussion agreed the following outline:

Masterclass Jointly between PNAE and ESPNIC

08.00-09.0 Patient Safety – Geri Sefton (ESPNIC) and Vasiliki Matziou (PNAE)

Plenary 1

09.00-09.20 The European Paediatric Nurse (and PNAE) – **FS**

Plenary 2

09.20-09.40 Care of the chronically ill child and transition to adult services – **AMB**

09.40-11.00 Free papers (call for abstracts)

11.00-11.30 Coffee

11.30-13.00 Opening ceremony and plenary address

13.00-14.45 Lunch and tour of posters

Plenary 3

14.45-15.15 Palliative Care – name to be provided - **CvH**

15.15-16.30 Free papers (call for abstracts)

Plenary 4

17.15-17.45 Family centred care – **IHD/ SC/JW**

17.45-19.00 Free papers (call for abstracts)

Conference website www.espnic.de/

Scientific committee to include: IHD, AMB, CvH, KP, FS. Other suggestion to be advised asap if they wish to be involved. Work will be undertaken electronically. IHD will co-ordinate.

Action:

- Plenary speakers to be confirmed – as above
- Call for papers and abstract flier to be produced – **FS**
- Call for papers and abstract flier to be circulated and translated within individual countries – **All**
- Contact Geri Sefton re joint Master class – **FS**
- Contact Fiona Lynch to discuss delegate rate for PNAE attendees – **FS**
- Discuss with President of ESPNIC to ensure PNAE details are placed on conference website - **FS**

7. Community care

Slovenia

There are 'general community care nurses'. There is approximately 1 nurse to 2,400 people. There are problems providing care for children with complex needs as the nurses are not paediatric nurses.

Norway

The situation is similar to Slovenia. The non paediatric nurses do not know what to do.

Netherlands

There are some paediatric nurses looking after children in the community. However there are not enough of them and there are variations across the country.

Belgium

There are home care nurses for children, but they are general nurses. There is one organisation that provides specialist care, like home TPN. They university palliative care for children, paid by charity money, often takes care of these children even if they aren't palliative.

Italy

Every hospital is different. Some specialist areas such as neonatal and oncology have home care provision. In 2006 the Minister of Health wrote many documents around palliative care. Education programmes need to be developed for children and adolescents. For the elderly home care is very common. There is Masters level programmes for palliative care and for family nurses, but the problem is that they are usually for adult patients.

Austria

Home care is provided by paediatric nurses. The problem is many people do not know it exists and it is not recommended by paediatricians. There are also problems with the payment. Insurance does not cover 'social care' i.e. short breaks but covers medical care and interventional care. The government can pay but they do not. There is also mobile cancer care from a charity.

Serbia

Provision is well organised for the healthy children (pre and during school). For those who have chronic and complex health care needs there are education programmes for parents i.e. care of asthma in primary care. For those children living with cancer they are not at home or in specific hospice facilities. They would be cared for on hospital wards. There are volunteers who provide support for families.

Croatia

There are general nurses/family nurses. The system is very similar to Slovenia and the problems are the same for children needing home ventilation, or who have cystic fibrosis. Nurses are better educated to deal with adults and older people with long term conditions. There are also health visitors for newborn and healthy child. 1 nurse: 5,000 population. There are specialised nurses in kindergarten (nursery nurses) who care for healthy children and are well educated on aspects of asthma care, nutrition and play and learning, and child development.

Greece

The situation is very different for children and adults. For adults the provision is well developed. For newborn there are home assistants in place in some rural areas to provide assistance for children with special needs/chronic conditions. There are some school nurses.

The government is looking at considering more school nurses. There are special offices in some hospitals providing education and support for children to go home i.e. cancer, complex health care needs. There are also some non profit organisation that support families of children with special needs.

United Kingdom

The provision is variable across the United Kingdom. Midwives provide home care support until the baby is 1-3 month old. Thereafter health visitors provide support to healthy 0-5 years and school nurses 5-19 years. The numbers and workload of health visitors and school nurses varies according to local decisions. Community children's nurses provide care for children and young people with long term conditions, complex health care needs, palliative care and end of life care. Some children's nurses within teams may have additional expertise in diabetes, epilepsy, respiratory conditions. Community children's nurses can prescribe, assess, diagnose, treat and discharge. The number of community children's nurses varies across the country. These nurses will generally have completed an additional practical and theoretical education programme to acquire the necessary knowledge and skills. At the current time there is a project being undertaken by the Department of Health in England to design service provision for the future.

Action

- Explore whether DH project lead could attend a future meeting - **FS**

8. **Recruitment to nursing and career pathways**

It was noted that the current economic crisis had led to a number of young people opting to pursue a career in nursing.

Belgium

A study has recently been undertaken. From 1991 there has been a decrease in the birth rate. Money was provided by the government to visit all schools to attract young people into nurse education. There has been a significant increase in the number of students recruited as a result.

Greece

A lot of young people are choosing nursing so they know they will have work when they complete their education programme. There is an emphasis on highlighting the various specialities when they complete their initial education.

Slovenia

Opened 3 schools for registered nurses and have not had a recruitment problem at the current time.

Norway

There is no recruitment problem in 'general' nursing but there is in paediatric nursing. Today paediatric nurses do not get paid while they undertake the education programme to become a paediatric nurse.

Netherlands

There is a shortage of nurses, a shortage of adult nurses, and nurses in paediatric and neonatal intensive care. There are however differences in regions. Universities and hospitals need to be innovative in information they provide to attract young people into nursing.

Italy

In 1996 nurse education entered university. There is 2 different curricula – general nurse (2 years) and paediatric nurse (3 years). A general nurse can do an additional 1 year programme to gather knowledge and skills to become a paediatric nurse. There are only 12 nursing

schools for paediatric nurses. In Italy a general nurse can work in paediatric wards. At the current time there is a shortage of paediatric nurses and general nurses.

Austria

There are 3 different programmes (3 years – general nurse, 3 years paediatric nurse and 3 years for psychiatric nurse). There are lots of applicants but just not enough places to train paediatric nurses. They expect a large problem in the number of general nurses and paediatric nurses in the future. There have been a lot of activities in local areas to attract young people into health professions.

Croatia

There are 2 levels of nurse education. Next year entrants will need to have had 10 years secondary education and then complete 3 years nursing education. They can also do 3 years for degree level and can go onto doctorate level education. In Croatia they only general educated nurses. At the current time there is no formal specialised education for paediatric nursing.

Serbia

The situation is similar to Croatia. Nurse education is being reformed. They can choose to be a general or paediatric nurse (4 years), after that 4 years for degree or Masters level education.

United Kingdom

There are shortages of nurses across the UK. The position is variable. There are however particular difficulties in neonatal intensive care, health visiting and midwifery in some part of the country. There is a focus across the UK on *Modernising Nursing Careers* and the need to improve the image of nursing in order to attract young people into the profession.

Action

- Place 'support roles' as an agenda item at the next meeting - **FS**

9. Any other business

Nurse Education

The need to re-visit paediatric nurse education across Europe was discussed. Some countries have introduced some programmes/modules since PNAE last surveyed in 2004.

Action

- Re-survey nursing associations and paediatric nursing associations across Europe. Findings to be presented at a future meeting – **FS**

European project on education of health staff on children's rights

FS highlighted an email received from Paul de Raeve seeking nursing involvement/represent in this work being led by the European network of Psychologists. A meeting has been arranged for 4/5 December 2009 in Bratislava/Slovak Republic

Action

- To consider attendance and advise asap – **All**

ESNO meeting November 2009

FS enquired whether there were any issues which attendees would like to be raised with ESNO

Action

- To consider and advise FS asap – **All**

Regulation and re-validation

FS raised the issue of validation of knowledge and skills following completion of education programme and initial registration as a registered nurse. It was agreed this was an area which should be explored for discussion at a future meeting.

Action

- Questionnaire to be compiled for circulation to paediatric nursing associations and national nursing associations to identify the current position across Europe - **FS**

Code of ethics for paediatrics

KP raised the issue of research in paediatrics and whether a general code of ethics was sufficient.

Action

- Item to be placed on a future agenda for discussion - **FS**

Paediatric oncology nurses groups

CvH enquired whether there were specific groups for paediatric oncology nurses in countries across Europe.

Action

- Forward an email for circulation to network - **CvH**

Registration and regulation

AMB reported that the title of 'paediatric nurse' was now protected and that discussions were taking place so that *paediatric nurses* received additional payment.

10. Future meeting dates/venues

- 4th March PM (hospital visits), 5th March (meeting) 2010 - Austria
- Autumn 2010 – **Copenhagen linked to conference**
- Spring 2011 - Slovenia
- Autumn 2011 – Belgrade, Serbia
- Spring 2012 - ? Amsterdam

Action

- Liaise with Paediatric Nurses Association in Denmark to see whether a meeting could be hosted on 22nd October 2010 prior to the conference on the 23rd October 2010 - **FS**

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

14.45 Meeting closed. Tour of hospital 15.00-17.15

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.***