



EUSEN
European Society for emergency Nursing

EuSEN e-newsletter, edition 1, 2017

**A NEW YEAR
A NEW START
A JOINT WAY TO GO**

**EUSEN WISHES FOR 2017
A HAPPY AND SUCCESSFUL**

Dear Colleagues,

The wave of terror that has been overshadowing the past year, striking deep into the heart of towns and cities all over the world, which turned out to be an exceptional challenge for the health care system in general and nursing in particular. As emergency nurses we play a crucial role in handling this challenges. But we still stay humans and we feel very sad that all this happens.

EuSEN has for you in this New Year one particular wish: May the five F's that are very important in everyone's life fill your New Year: may you have the support of you Friends, your Family, Fun, enjoy Fame and Food.

Hope you all have a year ahead which will be happy, cheerful, joyful, energetic, prosperous, bright, glowing, perfect and filled with all the joys of the world that can be imagined... Happy New Year 2017 to all.

Door Lauwaert
EuSEN President

Summary board activities 2016

Networking

Board members were present at the 2nd global conference on Emergency Nursing and Trauma care in Sitges, Barcelona. The faculty of the conference was pleased to welcome EuSEN as a collaborator.

In 2017 EuSEN will be presented at a conference in Copenhagen, Denmark as well as in Helsinki, Finland.

We will be contacting Royal college of Nursing again to encourage them to collaborate with EuSEN

New members

We welcome Germany in the EuSEN board!

There are now 16 member-associations and 12 individual members.

Website

The new website has been launched in autumn 2016

Competencies of Emergency Nurses – European standards

The EuSEN-board has created a position statement on minimum standards for nurses working in an Emergency Department.

Shadowing program

The shadowing program will start in 2017 with 2 emergency nurses from Belgium going to the ED in The Hagues (NL)

Meetings 2017

Several skype meetings are planned for the EuSEN board. On June 8th till the 9th there will be the next board meeting.

At the EUSEM conference in Athens (GRC) the second EuSEN board meeting will take place, as well as the general assembly.

Scientific subgroup

Christien van der Linden has started recruiting and organizing the scientific subgroup of EuSEN.

EuSEN 2016

EuSEN organised in October 2016 the nursing track at the EUSEM-conference in Vienna.

A large number of emergency nurses from all over Europe attended the conference where inspiring lectures by international speakers were presented.

Find some pictures on the EuSEN website and on Facebook. The presentations are available on EuSEN's website as well as some of the abstracts of the nursing track will be found in the current newsletter.

The EuSEN board had a meeting with the executive board of EUSEM.



During this meeting the future collaboration of the societies were discussed. Some commitments were made to improve the planning and organisation of the nursing track for the next EUSEM Conference in Athens.



Since November 11th 2016 EuSEN has become member of ESNO (European Specialist Nurses Organisations).

The goal of European Specialist Nurses Organisations (ESNO) is to facilitate and provide an effective framework for communication and co-operation between the European Specialist Nurses Organisation and its constituent members in order to represent the mutual interests and benefits of these organisations to the wider European community, for the interest of the public health.

European Specialist Nurses Organisations (ESNO) is the recognized and unified voice of specialist nurses in Europe. Members of ESNO consist of individual European specialist nurses organizations.

More info: www.esno.org



EuSEN 2016

Every year the Emergency Nurses Association (ENA) is organizing a conference in one of the states of America. The ENA is an organization with more than 40.000 members.

In September 2016 the conference was held in Los Angeles, CA.

During 4 days you were able to attend more than 150 educational sessions in Advanced Practice, Leadership and Management, Pediatrics, Pharmacology, Quality and Safety, Research and Trauma.

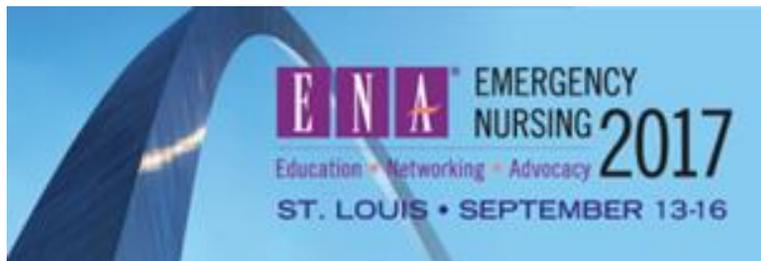
Especially the opening and closing acts were of a very high standard and inspiration.

In the Exhibit Hall more than 200 leading suppliers of products and services were present.

Among the few colleagues from Europe there was one board member of EuSEN present and a large delegation of nurses from Iceland. They saved money during several years to make this trip to LA.

Next year the conference is held in St Louis, Missouri from the 13th – 16th of September, **highly recommended!**

Frans de Voeght



EuSEN 2016

The 1st Global Conference on Emergency Nursing and Trauma Care was launched in Dublin in September 2014.

It brought together more than 350 international delegates from 28 countries to share the latest research, knowledge, ideas, innovations and current developments within nursing and healthcare in both the developed and developing world. It was very well received among the delegates and hence decided to hold a second one in September 2016, in the beautiful surroundings of Meliá Sitges Hotel Congress Centre, Sitges, Spain.

The conference 2016 was of interest for all those involved in delivery, development and organization of emergency nursing, trauma care, paramedical and medical sciences. It was organized by Elsevier with EuSEN as one of the supporting organizations. The key topics at this conference were Emergency care in austere and different environment, disaster and humanitarian aid, pre hospital care, specialities in emergency care, advanced practice, emergency care across the age spectrum, quality and safety in emergency care, research and education, patient safety and non technical skill and innovation and improvement.

There were over 120 speakers and poster presenters who presented the latest knowledge, research and ideas within emergency nursing and trauma care from all over the world for nearly 262 delegates from 29 different countries. Undoubtedly it can be said that the conference was very successful.

Emergency nurses and other health care professionals from all over the world used this unique opportunity to network with likeminded colleagues from around the globe and shared examples of excellence in emergency and trauma care.

EuSEN was present in Sitges with a delegation of board members and hopefully we will be able to attend the 3rd global conference on emergency nursing and trauma care in 2018 where emergency nurses can come together and share globally the latest developments and innovations in emergency nursing.

Guðbjörg Pálsdóttir

<http://www.globaledconference.com>



Abstracts nursing track

EUSEM conference 2016

Prehospital Trauma Care – Nursing Intervention

Salvatore Casillo (IT)

Background: European statistics says trauma is the leading cause of death for people under 45 years. It is the fourth cause of death after cardiovascular, infectious and cancer diseases. The outcomes about trauma's survive person are significant in both economic and social terms, for this reason is very important treat the trauma in shortest possible time, early treatment means considerable increase in survival.

Objective: Focus on the role of the nurse who enters in first aid and trauma management comparing the Italian experience with European guidelines.

One who provides first aid to injured person is a nurse precisely a graduated nurse who is specialized in critical area who has followed long training in emergency department and every years continues his professional development. He works both in Operating center that on rescue vehicles.

The trauma emergency chain is composed by five rings:

1. Alert and dispatch: alert call bring by the nurse who dispatch sending vehicles and operators
2. Quick look: the nurse conducts an early and quick assessment on the scene to ensure her own safety and for the patients, he makes a fast triage in order to communicate to operating center the eventual need for other rescue operator's or vehicles.
3. Prehospital treatment: It's divided in two parts, primary and secondary survey. In the primary survey nurse performs a quick assessment of vital signs following sequence ABCDE and after chooses the strategy to be adopted before transport the patient (Scoop and Run or Stay and Play), in the secondary survey nurse recognize other information about trauma and patient history, continues in monitoring vital parameters, control analgesia and if the situation needs use the proper device for the immobilization of

eventual fracture.

4. Operating center interface and transportation: nurse on the scene communicates with the operating center about the situation, the center communicates at which hospital to go.

5. Hospital treatment

Each ring is important and in each ring a nurse is present.

Conclusion:

Summarizing, therefore, nursing interventions in pre-hospital trauma includes:

- Evaluation of the scene, security of the patients and the operators.
- Fast evaluation of vital functions and the type of trauma, decision makers (scoop and run or stay and play).
- Management of bleeding wounds, airway obstruction, patient ventilation.
- Direct collaboration with the O.C. and overall assessment of the ALS on the intervention (if not already present).
- Evaluation of the conditions that generated the trauma and patient history.
- Use of devices and drugs suitable for trauma treatment on site and during transport (Guedel cannula, endotracheal tubes, spinal plates, spinal collars, KED, splints or depression mattress, opiates, painkillers, DAE and so on).
- Psychological and comfort support during the transport.



Dr. Thordis Thorsteinsdottir, RN MSc PhD
Emergency Nursing Academic Manager
Assistant Professor
Research Institute in Emergency Care
Landspítali and University of Iceland

BACKGROUND



In Iceland, The Emergency Nursing Academic Council at Landspítali – The National University Hospital, has along with the Research Institute in Emergency Care promoted and stood for multi-professional emergency care research. Through this venue for research projects, many evidence-based implications have been accomplished within emergency nursing.

METHODS

The single academic hospital in Iceland, Landspítali, serves the whole Icelandic population of 330.000 inhabitants, thereof 211.000 living in the capital area. It has 680 hospital beds and 5700 employees, one general ED serving injuries and emergency care as well as a specialized EDs for pediatric, cardiac and psychiatric illnesses. There are about 101.000 emergency visits to the hospital per year, that is about 300 per day. In the general ED there are about 100 nurses in 75,2 positions. At the ED, a multi-professional research institute as well as an academic

council for emergency nurses have been in action for a few years.

RESULTS

Many of the research projects have been based on data from electronic medical-journals and population-based registers, utilizing the possibility to combine patient data by social-security numbers. For example, studies on implementing the service of clinical pharmacists in the ED, fatal childhood-injuries, traffic injuries, self-harm and suicides in aspects of the financial crisis and many more have been performed, all building evidence for future care at the ED. Furthermore, a large database on the elderly visiting the ED has been and will be a source of many studies on the care-needs of the elderly population. Other examples of recent studies are an intervention study on the implementation of nurses applying the Ottawa ankle-rule, a study on the care-needs of injured or ill foreign tourists as well as a questionnaire study on self-assessment of the nurses' competencies. Many of these studies have resulted in master's thesis, poster or oral conference presentations as well as journal manuscripts.

DISCUSSION

Promoting research projects among nurses at the General ED has led to promoting their professional development as well as the application of local evidence into the nursing practice. Research results have for example been utilized in preparing care protocols for suicidal individuals and elderly with hip-fractures and in advancing the care of elderly by screening for special care-needs and implementing the role of geriatric emergency nurse.

Disaster Preparation for Nurses

Mark Tyler, Deputy Director of Nursing

Nursing in Disaster circumstances is a complex problem, Australia has gone through it's own unique history of disasters mainly revolving around "Natural" causes. These "Natural" disasters have almost become a way of live in Australia but we continue to learn lessons every year with the drive to reduce the impact of these events on the population. Utilising a systematic approach, Mitigation allows for activation of previous lessons learnt becoming part of the prevention strategies. Preparedness for Nursing staff in particular has revolved around appropriate training with their current roles as well as up managing skills being learnt to reduce the impact of being caught short of certain senior staff. Response skills are being honed through regular

drilling and assuring open pathways for participant feedback. The Recovery phase is also now recognised as the key part of the cycle as they are rarely one of events and there are always lessons to be learnt through open, transparent knowledge sharing. Whilst it is acknowledged that there is not a singular system that will fit every country and every environment, the main lesson is to have an adaptable format with a common language being used that everyone is familiar with. The opportunities to build informal networks during drills or debriefings cannot be valued high enough, we can always learn from each other.



M.C. van der Linden, PhD



In this presentation, Christien van der Linden explained why emergency nursing research is important. Barriers and enablers of emergency nursing research were discussed and practical strategies were provided.

1. Why is emergency nursing research important?

Nursing research is essential for the development of empirical knowledge that enables nurses to provide evidence-based nursing care. There simply can't be a great emergency department (ED) without a research culture. Ideal ED activities consists of clinical care, education and teaching, and research. In such a set-up, clinical care provides input for education and research, while education and training provides input for quality and safety improvement. Furthermore, research provides input for education and training and quality and safety improvement, and in turn, quality and safety improvement provides input for clinical care. All together these activities form a perfect plan for the best nursing care for patients at the ED. In the real world, clinical care and education and training are overrepresented, and research and quality and safety improvement are underrepresented. As leaders in emergency nursing care, it's our job to put quality and safety improvement and research on the agenda.

2. Barriers and enablers of emergency nursing research

There are lots of myths about doing research. You need lots of time, lots of funding, and you will have no life. The barriers of doing emergency nursing research are often mentioned: 'There is no time', 'it's too hard, too complicated', 'our ED is too small', 'we get no credit for it', 'there are no research questions that are relevant for our ED', 'our ED is not university-affiliated', 'research does not directly impact my patients', and the worst of all: 'it's a

doctor thing'.

Yes, there are barriers. But on the other hand, there are also enablers. We have lots of patients. Most EDs have large and well-educated teams. And most importantly: there are many important clinical questions. It's just a matter of formulating the clinical questions into research questions and seek help. There are a lot of subjects, just waiting for you to be assessed. Safe handover, medication safety, the use of advanced practice nurses, the education and training of emergency nurses, end-of-life care in the ED, dealing with nursing shortage, quality of care, best practices used as intervention to solve crowding issues, and many, many more. Nursing journals are welcoming articles about these subjects.

3. Practical strategies to start up nursing research

When starting your research project, start with a small project. It helps when you work in pairs, to be able to discuss the methods and to check whether the interpretations of you findings are correct. Try to keep the project small and manageable, for example by using a retrospective data-collection. Or a case study, describing a patient journey which was memorable. Involve co-authors, involve experts. Seek help! Try to read about the different steps in the research process; how to develop a research question, what kind of study is necessary to answer your research question, discuss your question with your peers, try to formulate a hypotheses. Read scientific articles that assess (part of) your question. If the answer is already on PubMed, why are you performing the study? Is your setting different? Your population? Your countries' healthcare system? Is your research question of interest for your own department or also for an international audience? Last but not least: be honest. Really honest. Is the conclusion you draw from your findings true? Think about cause and effect. In general you need a rigorous study design like a randomized controlled trial to be able to talk about cause and effect. Is the effect you have found in your results really an effect of your intervention? Is the answer to your research question real or are there other explanations? Discuss your study findings with experts and finally: try to publish your work: we love to read nursing research. It will improve our practice.

Emergency Nursing Education

Mark Tyler, Deputy Director of Nursing

The education of Emergency Nurses is something that whilst slow to start is certainly gaining pace at a fast rate, both in numbers of participants and variety of courses offered. Through this evolution, Emergency Nursing qualifications have become more academically based and focused on specific areas of clinical care. This has even developed in some organisations to the point of co-appointed positions between hospitals and universities.

As with all facets of Emergency, there is always more than one way of completing the same task, as such the continues to be an evolution in the type of training provided to Emergency Nurses through both delivery methods and providers.

Many positions within Emergency Departments are now becoming

qualification specific with the introduction and standardisation of training in such areas as Triage and Resuscitation. Emergency Nurses have thrown aside the methodology of “See one, Do one, Teach one” and instead whole

heartedly adopted the process of theoretical knowledge acquisition and practical skill competency. These processes along with evidence based courses taught by practicing clinicians in high fidelity environments will continue to develop Emergency Nursing skills into the future, these also assist in setting standards of practice which ensure patients receive optimal care independent of the location and the provider.



Effects of a general practitioner cooperative co-located with an emergency department on patient throughput

Michiel J. van Veelen, Crispijn L. Van den Brand, Resi Reijnen, M.Christien van der Linden

Published in the World Journal of Emergency Medicine, Vol.7, No.4, 2016.

DOI: 10.5847/wjem.j.1920-8642.2016.04.005.

Background:

In 2013 a General Practitioner Cooperative (GPC) was introduced at the Emergency Department (ED) of our hospital. One of the aims of this co-located GPC was to improve throughput of the remaining patients at the ED. To determine the change in patient flow, we assessed the number of self-referrals, redirection of self-referrals to the GPC and back to the ED, as well as ward and ICU admission rates and length of stay of the remaining ED population.

Methods:

We conducted a four months' pre-post comparison before and after the implementation of a co-located GPC with an urban ED in the Netherlands.

Results:

More than half of our ED patients were self-referrals. At triage, 54.5% of these self-referrals were redirected to the GPC. After assessment at the GPC, 8.5% of them were referred back to the ED. The number of patients treated at the ED declined with 20.3% after the introduction of the GPC. In the remaining ED population, there was a significant increase of highly-urgent patients ($P<0.001$), regular admissions ($P<0.001$), and ICU-admissions ($P<0.001$). Despite the decline of the number of patients at the ED, the total length of stay of patients treated at the ED increased from 14 682 hours in the two months' control period to 14 962 hours in the two months' intervention period, a total increase of 270 hours in two months ($P<0.001$).

Conclusion:

Introduction of a GPC led to efficient redirection of self-referrals but failed to improve throughput of the remaining patients at the ED.

For more information, you can email the corresponding author: M.Christien van der Linden, c.van.der.linden@mchaaglanden.nl

Read the full-text of this article at:

<http://www.wjem.org/upload/admin/201611/d320b425982674160994e2f764ccfc0d.pdf>

Join our international pilot: Detecting child maltreatment at the emergency department based on parental characteristics!

Hester Diderich, NL

Normally child maltreatment is being detected thru child characteristics at the Emergency department: an unexplained delay, a wound or fracture with an unclear or inconsistent explanation, a baby with a fracture e.g.

The gap between the prevalence of child maltreatment versus the number of referred cases of child maltreatment has always been insurmountably large. It is still only the tip of the iceberg we seem to detect, although the ED is the ideal detection location.

Since 2008 we started in the Haaglanden Medical Center a pilot to add the detection of child maltreatment based on parental characteristics to the already existing protocol of detecting thru child characteristics.

Every patient that visited the ED after domestic violence, substance abuse or severe psychiatric problems was asked by a nurse or doctor if they were pregnant or if they were responsible for minors (or lived in a house with minors). If the answer was YES, the children were referred to the Reporting Center for Child abuse and neglect (RCCAN). This is a non-jurisdictional organization who investigates the family and domestic situation and, if necessary, organizes voluntary community based services for the parents and the children. Only in severe cases of child maltreatment they will contact Social Services (CPS) to intervene.

In 2011-2013 scientific research was carried out to evaluate the effectiveness of this so called The Hague Protocol. The results were astoundingly: after investigating 565 referrals (this is number of parents, so x the number of children in the family) in 91% of the cases child maltreatment was found and help was needed and arranged. In almost 75% of the cases these children were unknown to the RCCAN or the CPS.

In 2013 the Hague Protocol (detecting child maltreatment based on parental characteristics) was mandated by Law for all professionals working with adults, for teachers and professionals working in the Justice system; it was re-named and is now known as; The Child Check.

In 2017 Norway and Switzerland are the first countries to join the international multi-center study. Please follow their lead and join!

Goal is to add the Hague protocol to existing protocols in the detection on child maltreatment at ED's in many different countries. Every country can organize their own community based services, as the differ from country to country.

We have already written a research proposal which can be used. The e-learning made by the Augeo Foundation to educate your ED professionals on this subject is ready for use. It has already been translated in German and English but it is possible to add other languages.

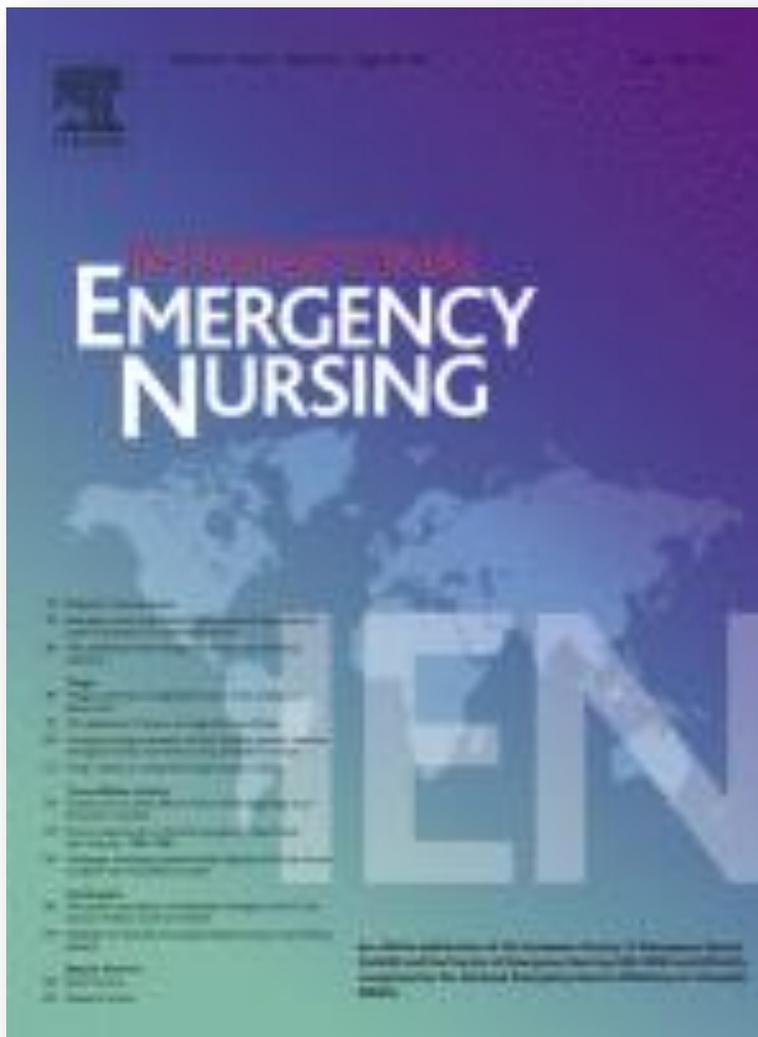
Please think about the difference you and your colleagues can make for your patients by starting this pilot. We can provide you with all the help and support you need! I am more than willing to come over and explain everything in detail and help you to convince the appropriate partners needed in and outside your hospital!

Please e-mail me at: H.Diderich@haaglandenmc.nl and I will answer all your questions and sent you more information.



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European Society for emergency Nursing

Are you interested in Emergency Nursing?
Then join the European Society for Emergency Nursing NOW!

The society's aim is to promote nursing activities in the field of emergency care

The Society's purpose is:

- *to promote science and art of nursing in emergency care
- *to promote contacts, exchange and cooperation between European emergency nursing associations
- *to represent emergency nurses within and outside of Europe
- *to draft and promote standards for training, implementation of the profession and management in the field of emergency nursing
- *to harmonize the training of emergency nursing across Europe
- *to promote cooperation with all healthcare professionals, institutions and organizations with a professional interest in emergency care
- *to promote basic knowledge about emergencies throughout the population.

EuSEN is a NON-Profit association. To be a member with EuSEN you need to be a member of a local or national emergency nurse association. The association needs to have local standards and official statutes.

Do you want to learn more about the EuSEN Please contact :

The President of EuSEN

Door Lauwaert

Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium

Or door.lauwaert@uzbrussel.be

To join us - Fill in the admission form on the next page.



EUSEN

European Society for emergency Nursing

Application form EuSEN

Name of the Association

.....

Country.....

URL Website.....

Number of members.....

Does the association follow official statutes Yes No

The associations main purpose in emergency care

.....
.....
.....

Name of the President.....

Contact address, E-Mail and phone number

.....
.....

Second contact person of the association (if not the President is the contact person)

.....

Contact address, E-Mail and phone number

.....
.....

Send the application form and relevant documents presenting your organization to:

The President of EuSEN Door Lauwaert

Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium

Or door.lauwaert@uzbrussel.be