



EUSEN

European Society for emergency Nursing

EuSEN e-newsletter, number 2 , 2022

Dear members,

We are proud to announce the **virtual EuSEN congress 2022**. It will take place on **May 31, 2022** from **12:00 till 16:00 CET**. More details can be found on the EuSEN website.

The congress will be followed by the general assembly of EuSEN.

We are looking forward to meet again and to connect emergency nurses from 18 different countries, albeit still virtually, we are very excited. We strongly hope that the EuSEN congress 2023 will be live again.

The EuSEN Board

SAVE THE DATE

EMERGENCY NURSING

E-CONGRESS

THE NEXT BIG EVENT: ARE WE PREPARED?

CLINICAL CHALLENGES IN EMERGENCY NURSING

YOUNG EMERGENCY NURSES

31 MAY 2022
starting at 12:00 till 16:00 via ZOOM

More info: www.eusen.org

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EuSEN

General Assembly 2022



<https://pixabay.com/de/>

The next General Assembly will take place virtual.

This 2022 EuSEN General Assembly will be on May 31st at 16:00 -17.00 CET
More information is coming soon.

Asking the public about pay: how nurses forced the hand of politicians

A Swiss referendum backing improved pay and nurse staffing shows the power of a joint effort

Comment by Howard Catton, posted on 09 December 2021 - 10:21 and published on NursingStandard

Swiss voters recently backed their nurses in a national referendum, demanding more investment and better working conditions for the profession. The country is unusual in that its parliamentary democracy allows voting on 'popular initiatives' – referendums on specific issues proposed by the public.

The Swiss referendum shows the strength of public support for nurses: Swiss vote results on Covid laws, Nurses and Judges 28/11/2021 BY LE NEWS

On 28 November 2021, Swiss voters voted on three federal initiatives* on Covid laws, nurses working conditions and the way judges are selected.

The controversial vote on Covid laws was aimed at revoking Covid laws introduced in March 2021, which include provisions allowing Switzerland's Covid certificates to be implemented. As forecast in recent polls, the latest batch of Covid laws were accepted by a majority (62.1%) of voters. Despite the support of a majority of Swiss, the laws were rejected by majorities in the cantons of Schwytz (51.4%) and Appenzell Innerrhoden (55.8%). In addition, another six cantons were within 5 percentage points of rejecting the laws, including Appenzell Ausserrhoden (49.3%), Obwalden (48.8%), Glarus (45.8%), Thurgau (45.4%), Sankt Gallen (45.3%) and Jura (45.3%). A map showing vote results by municipality can be viewed [here](#). In one commune 88.2% voted against the laws.

The vote on changing working conditions for nurses also achieved a majority (61.0%). Only Appenzell Innerrhoden (47.1%) failed to find a majority in favour of the plan. While the vote to change the way federal judges are selected to a lottery system was rejected by (68.1%) of voters. No canton came close to a majority in favour of changing the way judges are selected.

Participation rates were high for all three votes. 65.7% of eligible voters cast a vote on the Covid laws, 65.3% on the nurse initiative and 64.7% of the federal judge vote.

*The 3 federal initiatives:

Nursing Initiative

The first is an initiative aimed at improving the working conditions of nurses. As the population ages the profession faces major challenges. In order to maintain high-quality nursing care a greater number of professionals must train. Conditions must also be created that allow nurses to remain in the profession longer.

This Nursing initiative calls on the federal government and cantons to do more to support of the profession to ensure universal access to high-quality nursing. There must be a sufficient number of registered nurses with professionals working in roles appropriate to their training and skills. The initiative also proposes that the federal government regulate working conditions and ensure appropriate compensation for nursing services. Nurses should also be able to bill certain services directly to health insurance companies.

The Federal Council and Parliament believe that the initiative goes too far and have put forward an indirect counter-proposal. Education and training would receive funding of up to CHF 1 billion over a period of eight years. Nurses would be able to bill insurance companies directly for certain services with a control mechanism in place to prevent healthcare costs and insurance premiums from rising as a result. Counter-proposals come into force if a popular initiative is rejected.

The government is moderately against this initiative. In parliament, 116 were against versus 74 in favour and 6 abstentions. In the Council of States the vote was 30 against with 14 in favour and no abstentions.

Judge Initiative

Under the current system, Parliament elects federal judges with elections taking place every six years. Parliament seeks to maintain appropriate representation for the political parties in proportion to their support among the electorate. The supporters of the initiative believe that this election process compromises the independence of the judiciary and makes it nearly impossible for those with no party affiliation to be elected as judges.

The judge initiative aims to introduce a new election process for federal judges. Instead they would be selected by lottery from a group of candidates chosen by a committee of experts. Candidates would be evaluated based on their professional and personal qualifications and chosen according to their suitability for judicial office. It would be a requirement that the official languages receive proportional representation on the federal courts. Federal judges could hold office for up to five years after they reach statutory retirement age. Judges would no longer have to stand for re-election as they do today. Parliament could dismiss judges only if they have seriously violated their official duties or are permanently unable to exercise their office.

The government is strongly against this initiative. In parliament, 191 were against versus 1 in favour and 4 abstentions. In the Council of States the vote was 44 against with no one in favour and no abstentions.

Amendment of the March Covid-19 Act

This is the most contentious and socially divisive of the three votes. The organisers would like to see the most recent amendments to the Covid-19 Act, which include laws allowing the implementing of Covid certificates, revoked.

The Covid pandemic required the Federal Council to take swift and wide-ranging action to protect people and businesses. Initially this involved partial recourse to emergency law. The Covid-19 Act that Parliament passed in September 2020 specifies which additional measures the Federal Council is permitted to take to fight the pandemic and how it should buffer the impact on the economy. The Act was adjusted several times in response to the crisis as it unfolded. In a referendum held on 13 June 2021, 60% of the electorate voted to approve the Act. The part of the Act concerning the adjustments Parliament decided on in March 2021 is now being put to a vote.

These adjustments expanded financial support to those affected by the crisis who had previously received little or no aid. Contact tracing to break the chain of infections was developed further, and the Confederation's support for testing was established, as well as its ability to assume testing costs. The March adjustments also created the legal basis for the Covid certificate loathed by many supporters of the vote.

The government is strongly in favour of the Covid-19 Act. In parliament, 169 were in favour versus 13 against and 13 abstentions. In the Council of States the vote was 49 in favour with no one against and no abstentions.

The controversial vote on Covid laws was aimed at revoking Covid laws introduced in March 2021, which include provisions allowing Switzerland's Covid certificates to be implemented. As forecast in recent polls, the latest batch of Covid laws were accepted by a majority (62.1%) of voters. Despite the support of a majority of Swiss, the laws were rejected by majorities in the cantons of Schwyz (51.4%) and Appenzell Innerrhoden (55.8%). In addition, another six cantons were within 5 percentage points of rejecting the laws, including Appenzell Ausserrhoden (49.3%), Obwalden (48.8%), Glarus (45.8%), Thurgau (45.4%), Sankt Gallen (45.3%) and Jura (45.3%). A map showing vote results by municipality can be viewed [here](#). In one commune 88.2% voted against the laws.

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Follow-up survey on the recognition of child maltreatment in the emergency department (ED)

REMINDER

There is a need for improving the recognition of child maltreatment in the emergency department (ED). Recently, we published a study showing that only 25.6% (34/133) of the emergency departments (EDs) in Europe conform to most of the NICE guideline recommendations on child abuse & neglect (<https://doi.org/10.1371/journal.pone.0246361>).

This study was distributed through the EUSEM congress 2018 and the EUSEM, REPEM and EuSEN networks and we would like to thank all distributors and respondents for their valuable contribution. As a follow-up, we have developed a questionnaire to study barriers and facilitators for the implementation of a child maltreatment toolkit, consisting of a screening checklist, training and a strategy for adequate hospital policy, at EDs in Europe.

We kindly ask your cooperation to distribute the questionnaire among hospitals (nurses, doctors and other professionals) in your country.

What we ask from you:

- Forward the email text with the survey link (<https://erasmuscsurvey.erasmusmc.nl/bfaitoolkit/ls/index.php/4?newtest=Y>) to 5-10 hospitals (1 responsible contact person per hospital) in your country
- In order to get an impression of the response, please inform us (childmaltreatment.toolkit@erasmusmc.nl) on the following:
 - The number of hospitals you send the questionnaire to
 - The names of the hospitals
- An email for respondents is drafted below

We thank you in advance for your time and effort!



EUSEM, REPEM and EuSEN and Augeo Foundation and Erasmus MC-Sophia Children Hospital from the Netherlands have joined forces to work together on improving the knowledge about child maltreatment and the implementation of tools in order to detect more victims of family maltreatment at the EDs in Europe.

For more information or questions, please contact Erasmus Medical Center in The Netherlands

E-mail: Childmaltreatment.toolkit@erasmusmc.nl



IX

**POLISH
ASSOCIATION
OF EMERGENCY
NURSING
CONFERENCE**

Knowledge is power!

1-3 June 2022

**Mercure Kasprowy Hotel,
Zakopane**

Ladies and Gentlemen,

We are pleased to invite you to register to the IX edition of Polish Association of Emergency Nursing Conference, which will be held on 1-3 June 2022 in Mercure Kasprowy Hotel, Zakopane, Poland.

This Scientific and Training Conference is a unique occasion to meet the specialists and professionals from all over the country!

**Registration on the prime date is associated
with a lower conference fee.**

The discount is valid from now until 31 March 2022.
Please also note that the payment date, not the registration date,
determines the amount of the conference fee.

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Marek Maślanka

President of the Polish
Association of Emergency
Nursing

Chairman of the Scientific
Committee

REGISTER NOW:

ptpr2022.pl/rejestracja/

The Geriatric ED

By (Joan) Michelle Moccia DNP, ANP-BC, GS-C,

St. Mary Mercy Hospital in Livonia, Michigan, USA, past president of the [Gerontological Advanced Practice Nurses Association \(GAPNA\)](#).

Utilization of emergency departments (ED) by older adults is projected to double in the next decade. The ED were not designed with an older adult need in mind however there has been a reawakening of this need by hospital systems and national organizations such as the Emergency Nurses Association (ENA) and the American College of Emergency Physicians (ACEP) to address this population complex needs. Over a decade ago, the first "Senior ER" premiered in Silver Springs, Maryland at Holy Cross Hospital in 2008. Two years later, St. Mary Mercy Hospital, in Livonia, Michigan opened the first "Senior ER" in the state.

ACEP recognized their unique needs and believed the value an ED setting designed to address geriatric syndromes could elevate older adult care. In 2014, Geriatric Emergency Guidelines were published. Representatives from ACEP, The American Geriatrics Society, Emergency Nurses Association and the Society for Academic Emergency Medicine created a template to improve care of the older adult in the ED after two years of consensus-based deliberation. [geri_ed_guidelines_final.pdf \(acep.org\)](#) The purpose was to establish standardized guidelines to help screen for common geriatric conditions and identify older adults at risk for adverse outcomes. The document includes recommendation for staffing, type of equipment and supplies, outlines recommended education for emergency staff, specific policies and procedures tailored to their needs, suggested safe discharge with follow up care guidelines and a sample of performance improvement measures.

In 2018, ACEP launched a geriatric emergency department accreditation (GEDA) guideline for an ED to receive recognition for geriatric care determined as gold, silver, or a bronze level based on GEDA criteria. [Geriatric Emergency Department Accreditation // Home \(acep.org\)](#). As of March 2020, there has been a surge of ED seeking a level of accreditation. The levels are determined by adherence to best practices determined by the ACEP Board of Governors. To date there are 280 emergency department in the United States and 4 international sites have taken advantage of this opportunity to be recognized as a site that has implemented geriatric care protocols to improve care for this population. A total of 19 have achieved Level 1 (gold); 34 received Level 2 (silver) and 231 emergency departments have received Level 3 (bronze) accreditation with new applications coming in monthly.

In 2019, the ENA Geriatric Committee created a Geriatric Emergency Department Readiness Toolkit to help those seeking ACEP GED accreditation. <https://www.acep.org/globalassets/sites/geda/documnets/geda-criteria.pdf> The toolkit provides tools and resources to help address the core principles outlined in each level requirement to provide optimal care for the geriatric patient. The benefits of creating an environment for safe care of our older adults are numerous.

Our 53-bed emergency department (SMML) received Level 1 accreditation in January 2019 and recently submitted renewal application for 2022. (Accreditation is for 3 years). Since our accreditation, our program has developed numerous process improvement to care for this population. Besides achieving 20/27 geriatric specific protocols, the ED staff continually looks for other opportunities to improve care.

Older adults account for more than 30% of our population. An analysis of our community showed many older adults lived alone (22%) and 4% had no caregiver able, willing, or able to help. Living alone and no one to help can predispose them to unsafe conditions when a fall with injury disables them to call for assistance. Falls are a very common chief complaint (22%) in our ED. It was also not uncommon an individual who fell was unable to call 911 and was discovered hours later. This information gave us the opportunity to offer matter of balance classes by our injury prevention specialist and work with a community partner to offer a personal emergency response system free for the first two months. Analysis showed those who took the service free continued with the service.

We also developed a cab safety checklist. This was created after a case review that risks for adverse outcomes existed for those discharge by cab as no one answering the door to let the older adult in the house or being dropped off at the wrong address due to impaired cognition.

Application of GED guidelines followed by seeking accreditation tells your community you have acknowledge their unique need and your team will provide aging-centric care. You will see the rewards are endless.

Contact info: Michelle Moccia, Michelle.Moccia@stjoeshealth.org



#EmergencyMedicineDay
www.emergencymedicine-day.org

Emergency Medicine Day 2022

The nature of emergency medicine means that those working in this environment are always under stress, and this stress has increased greatly during the pandemic. People are suffering from fatigue, burn-out and depression, and many emergency departments are understaffed, putting the quality of the healthcare they can provide at risk. It is vital both for them and for patients that emergency medicine professionals get what they need: more attention, better recognition and improved working conditions.

The louder we are, the bigger the change



TAKE ACTION



How you can help

On the homepage www.emergencymedicine-day.org You can find several ways on how to support the campaign. The best way is to reach as many people as you can. Contact the media; the news, the most read paper in your country, a famous radio show. Or find a famous person to be your ambassador and spread the campaign through his/her socials. Last year we had famous athletes from Italy supporting the campaign. Use your network to reach them!

If this option is out of reach, you could **advocate for EM-Day** through your website, newsletter, local paper and social media channels.

On the website you can **share your story** and **share your activities** on the map of impact.



It's all about the patients

We would love to hear from the patients. It is their experience and their lives that matter. It would be great if you could ask people from your personal network, who went to the ED, to share their story. It can be positive or negative, to give direction for improvement. Please point out: www.emergencymedicine-day.com/stories

Important dates

14 April 10:00 AM CET or 17:00 CET

Campaign meeting to talk about this years theme, what to expect and how to join. The EM-Day web-app will be launched!!

If you want to join, please email your preferred time to: isupport@emergencymedicine-day.org

27 May 14:00 CET

Webinar: Evaluation of burnout in the ED
 The unexpected results will be presented of the EM-Day survey to evaluate the level of burn-out in the ED.
 Discussion on how to preserve the workforce and practice handles to organise support.

<https://emergencymedicine-day.org/>

REGISTER HERE

For your information

Registration

Visit www.EDQualityInstitute.org to register.

Email us at Info@EDQualityInstitute.org for information on group discounts.



- [ED Quality Improvement Professional Certification Course](#), Florence, Italy. May 16-18, 2022

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discount code is **EUSEN22**

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www.EDQualityInstitute.org

16-18 May 2022

Grand Hotel Baglioni, Florence, Italy



The Institute for Emergency Department Clinical Quality Improvement
Promoting excellence in emergency department operations, clinical quality,
and patient safety through a commitment to quality improvement, clinical
education, international collaboration, and research.

Stay longer in Florence and attend our
Neuro Emergencies course, May 19-20

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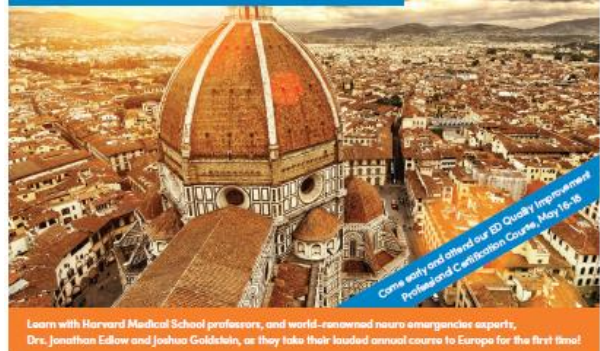
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www.EDQualityInstitute.org

19-20 May 2022

Grand Hotel Baglioni, Florence, Italy



Learn with Harvard Medical School professors, and world-renowned neuro-emergencies experts,
Dr. Jonathan Edlow and Joshua Goldstein, as they take their lauded annual course to Europe for the first time!

Come early and attend our ED Quality Improvement
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The Institute for Emergency Department Clinical Quality Improvement
Promoting excellence in emergency department operations, clinical quality,
and patient safety through a commitment to quality improvement, clinical
education, international collaboration, and research.

Offered by Beth Israel Deaconess
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- [Neurological Emergencies](#), Florence, Italy. May 19-20, 2022

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Nathalie.Lhorset-Poulain@springer.com



EUSEN

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

www.eusen.org

Individual membership EuSEN

Dear future member,

If you want to support us developing EuSEN, you can become an individual EuSEN Member.

Membership fee for individual member had been fixed to **15€/year** by the EuSEN Board . This money help us to promote the association throughout Europe.

As an Individual Member, you'll be informed of any evenemential action of EuSEN and every publication, you'll also have member price for Congress supported by EuSEN and any promotional action held by EuSEN.

Individual Membership don't give the right to vote at the General Meeting Assembly (Only for the Association) and membership of EuSEN don't mean that you are member of all the European nurses associations.

WE NEED YOU, if you want to help us by becoming a individual member, fill the form (see website EuSEN) and the treasurer will contact you as soon as possible to give you information about the procedure to pay the annual fee.

- NEW !!! To avoid high transaction fee, you can now pay by PayPal

www.eusen.org



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European Society for emergency Nursing



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