

# European Emergency

## EuSEN is born: 6th September

6th September 2010

### Pordenone, Italy

At the first conference of the Maltese Emergency Nurses Association (MENA) in October 2008 Maltese emergency nurse Paul Calleja, Italian emergency nurse Luciano Clarizia and UK emergency nurse James Bethel talked about forming a European group to represent emergency nurses across the continent. This remained just an idea for much of 2009. During early 2010 James, Luciano and Paul began to circulate any contacts in Europe that they knew of and the international council of nurses (ICN) was also able to provide contacts for other emergency care organisations in Europe. In March of 2010 James Bethel met with David Williams, past president of the European Society of Emergency Medicine (EuSEM), in London for advice and support about forming a European emergency care group. During summer of 2010 fifteen European countries expressed an interest in being part of an emergency nursing group. On 6th & 7th September 2010 the first meeting of the group took place in Pordenone, Northern Italy. Countries represented by EuSEN are:

- Italy
- Malta
- Germany
- Holland
- Spain
- Ireland
- Belgium
- United Kingdom
- Sweden
- Switzerland
- Greece
- Cyprus
- Slovenia
- Croatia
- Poland



EuSEN has members from 15 European countries that are listed above-we estimate that EuSEN therefore represents approximately 28000 emergency nurses across the continent of Europe! - this is a fantastic start but we would like more! If you have any contacts in the countries where we do not have members then we would really appreciate you sending the details to us so that we can invite them to come and work with EuSEN. We would love to hear from any contacts from countries such as:

- Turkey
- Estonia
- Iceland
- Portugal
- Norway
- Denmark
- Finland
- France
- Romania
- Lithuania
- Latvia
- Bulgaria
- Czech Republic
- Slovakia
- Austria
- Hungary

Or any other nations I may have missed here

## What will EuSEN do?

EuSEN discussed some ideas about what its purpose would be at the meeting in Pordenone.

In some countries in Europe emergency nursing is not recognised as a special area of nursing. This means that there is often little formal education and training provided for emergency nurses and it is not always clear what particular skills and knowledge an emergency nurse needs. EuSEN has said that it will promote the art and science of emergency nursing, especially in countries where it is not seen as a special area of nursing.

EuSEN aims to produce a newsletter such as this one several times a year which will

be distributed to all members of the national organisations that form the group. In the future EuSEN would also like to develop its own website and hold a European emergency nursing conference.

EuSEN would like to make it easier for members all around Europe to communicate with each other, to share ideas and to work together for the benefit of all of our patients. We would therefore like to set some agreed standards for emergency care. We would also like to investigate the opportunity of sharing some of the clinical guidelines that are already used in some countries and that may be used in others.



EuSEN President James Bethel (UK) & Vice-President Door Lauwaert (B)

## The European Exchange Programme

The Royal College of Nursing Emergency Care Association (ECA) and the Maltese Emergency Nursing Association (MENA) have agreed to be the first two countries to try out a European emergency nurse exchange programme. In this scheme two nurses from the UK will be funded to go and work in the Emergency Department at the Mater Dei hospital in Malta for 1-2 weeks. Two nurses from Malta will also be funded to work in an Emergency Department in the UK. The money will be provided by the ECA and MENA. The funding will cover the cost of travel - the nurses will be expected to host each other by allowing their colleagues from the other country to live with them for 1-2 weeks. This is one great way of learning from each other. In the future it is hoped that more countries will also be involved in the exchange programme. If you would like to apply for this programme as Maltese or UK emergency nurse please e-mail James.Bethel@wlv.ac.uk

*'Going to work in somebody else's emergency department is a great way of learning from*

## Meeting with EuSEM–the European Society of

The European Society of Emergency Medicine held their biannual conference in Stockholm, Sweden, this year and were kind enough to set some time aside in the conference schedule to meet representatives from EuSEN. James Bethel, EuSEN President, committee member Liselotte Bjork and Swedish nursing representative Henrik Andersson met with EuSEM President Gunnar Ohlen, past-president David Williams and committee members Barbara Hogan and Marc Sabbe. EuSEM

were positive about working together with EuSEN in the future but felt that it was important that we first of all develop a very strong nursing identity for our group first.

In the future they would be particularly interested in having some joint conferences and perhaps undertaking some research and publication together. You can find out more about EuSEM at <http://www.eusem.org/>



Gunnar Ohlen and Barbara Hogan of EuSEM



## Standards for Emergency Care

When we met in Italy it was clear that there are some differences in the way emergency nurses work in different countries in Europe. It was however also very clear that as emergency nurses we have a lot in common. We face some of the same challenges wherever we work in Europe and we have all had some success in addressing some of these. In the future we would like there to be more consistency across Europe in certain very important areas of emergency care and we therefore agreed upon some minimum standards for care. Some countries already achieve some of these, some achieve more than others. The standards we thought should be the same all across Europe were:

- That 100% of patients should be triaged within 5 minutes
- Triage should be done by a nurse with a minimum of 12 months experience
- 100% of patients should have pain assessed & treated within 30 minutes
- 75% of patients or less should spend more than 4 hours in the ED
- Children <16 should be in an ED area audio-visually separate from adults
- Telephone triage should be done by workers with >12 months experience
- All patients should be given advice to allow them to be safely discharged
- Emergency nursing is a speciality -specialist training should be available
- Nurse Practitioners should have a minimum of university based undergraduate level training

*‘ These standards are very ambitious and in some EuSEN member nations are more challenging than others. It took some time to agree upon them and some other standards were rejected as they were felt to be too challenging. EuSEN thought that it was important to have ambitious standards to work towards that will improve patient care across the continent ’*

Please let us know what you think of the standards by contacting your national representatives

## Conferences and meetings

### **Puglia, Italy, December 2010**

World federation of critical care nurses conference on air ambulance services

Contact [info@aisace.it](mailto:info@aisace.it)

### **Ryn, Poland, April 4-6 2011**

(<http://www.zamekryn.pl/>),

Polish emergency nursing conference

### **London, England, April 15 2011**

EuSEN executive committee meeting

This meeting is open to the EuSEN executive committee **only** and any representatives of member states not able to attend the first meeting in Italy.

To confirm attendance in London please contact the EuSEN president - [James.Bethel@wlv.ac.uk](mailto:James.Bethel@wlv.ac.uk)

*The next full meeting of EuSEN will take place in Brussels, Belgium, in*

## E-newsletter and website

At the moment the best way to communicate with our many thousands of national organisation members across Europe is by the electronic newsletter and you will receive this if you are a member of your national group

In the future it is hoped that EuSEN will also have a website dedicated to its activities and that members from different countries will be able to communicate with each other electronically

Our website administrator will be Paul Calleja from Malta who has experience of setting up and maintaining the Maltese Emergency Nurses Association (MENA) website

We will of course let you know when our website is active

## Who are EuSEN?



EuSEN are a society of European Emergency Nursing organisations representing approximately 28000 Emergency Nurses across 15 countries in Europe. We are keen to have representatives from new countries so that we can become the largest emergency nursing group in Europe



The current member organisations are:

- 1: Schweizerische Interessengemeinschaft Notfallplege Communauté D'Interets soins d'urgence Suisse of Switzerland
- 2: Polskie Towarzystwo Pielęgniarsstwa Ratunkowego of Poland
- 3: Royal College of Nursing Emergency care Association of the United Kingdom
- 4: The Maltese Emergency Nursing Association
- 5: The Swedish Emergency Nursing Association
- 6: The Deutsche Gesellschaft Interdisziplinäre Notfallaufnahme of Germany
- 7: Associazione Infermieri Specializzati in Area Critica ed Emergenza of Italy
- 8: Emergency Nurses Association of Croatia
- 9: Nurses Association of Emergency Medicine of Slovenia
- 10: Sociedad Española de enfermería de urgencias y emergencias of Spain
- 11: emergency and critical care nursing association of Greece
- 12: Vlaamse Vereniging Verpleegkundigen Spoedgevallenzorg of Belgium
- 13: Association Francophone des Infirmier(e)s d'Urgence of Belgium
- 14: Emergency Nurses Section, Irish Nurses and Midwives Organisation
- 15: Nederlandse Vereniging Spoedeisende Hulp Verpleegkundigen of the Netherlands
- 16: The Cyprus Nurses Association Branch of Emergency and Intensive care

The executive committee are:

President: James Bethel (UK)

Vice-President: Door Lauwaert (B)

Secretary: Luciano Clarizia (I)

Newsletter and web administrator: Paul Calleja (Malta)

Christian Ernst (CH)

Liselotte Bjork (S)

Yves Maule (B)

If you would like to contact EuSEN to find out more about it or to help with its work then please either contact your national organisation or e-mail  
[James.Bethel@wlv.ac.uk](mailto:James.Bethel@wlv.ac.uk)

## Clinical: submitted by Frans de Voeght of the Netherlands

### Screening for alcohol-related problems, brief intervention and referral to treatment at the Emergency Department

Christien van der Linden, RN, MANP, MSCE.

Alcohol-related problems are prevalent in the Emergency Department (ED) population and cover a wide spectrum of misuse, ranging from at-risk drinking patterns to dependence (D'Onofrio, 2005). Early identification of alcohol abuse or dependence is important because many diseases are influenced by alcohol and alcohol problems pose serious health risks to patients and their families (Burger and Schneider, 1999). Numerous studies have reported that a standardized Screening (using a questionnaire), Brief Intervention, and Referral to Treatment (SBIRT) intervention, performed at an ED, can effectively minimize future alcohol consumption, reduce injury recurrence, and decrease the number of repeat ED visits (Holder *et al.*, 1991; Havard *et al.*, 2008).

Literature suggests that, during an ED visit, patients may be more receptive to education and help, and more open to seeing the connection between their drinking patterns and their consequences (D'Onofrio, 1998; Wright and Moran, 1998; Huntley *et al.*, 2001). Furthermore, questionnaires have proved to be more effective than laboratory tests at identifying risky drinking among people seeking medical treatment (Aertgeerts *et al.*, 2001). The brief intervention consists of 3-5 minutes of constructive dialogue regarding patients' readiness to change.

EDs are excellent settings for the detection of alcohol abuse and the implementation of brief interventions by emergency care staff (Fletcher, 2004) and there is compelling evidence that brief interventions for alcohol-related problems are effective in a variety of settings, including the ED (Longabaugh *et al.*, 2001; Bernstein *et al.*, 1996).

Despite the magnitude of the problem and the compelling evidence that brief interventions are effective (Monit *et al.*, 2007, Soderstrom *et al.*, 2007, Mello *et al.*, 2005, Spirito *et al.*, 2004, Dauer *et al.*, 2006), in the United States few EDs screen for alcohol-related problems, much less intervene once misuse is identified.

In the Netherlands, screening for alcohol-related problems is only performed in the ED of Medical Center Haaglanden (MCH), location Westeinde.

This particular ED has been chosen by the PVA (Partnership Vroegsignalering Alcohol) to start with the screening of patients for alcohol use problems and began screening patients in September 2010.

All ED patients age 18 years and older who present to the ED with conditions that are not life threatening are screened for alcohol use problems using the Audit-C, a validated tool. A positive Audit-C score indicates that a patient is at-risk for alcohol use problems and needs a brief intervention. Emergency nurse practitioners and ED physicians provide at-risk patients with specific information about risk management strategies to address alcohol problems, give educational materials and, if the patient wants, referral to treatment or referral for follow-up evaluation and care.

Arrangements for direct referral have been made with the alcohol advisory services and outpatient psychiatric services and with the general physicians in The Hague.

Next year we will perform a prospective, observational study to examine if the first ED SBIRT intervention in the Netherlands leads to identification of patients at-risk for alcohol use problems and to better treatment of these patients. Furthermore, we want to explore barriers and enablers to implementing and maintaining SBIRT at the ED, in order to explore the feasibility of widespread implementing SBIRT in EDs in the Netherlands.