

# European Emergency Nurse

## EuSEN just got bigger

Since the last newsletter was published in late 2010 several representatives of countries not represented at the first EuSEN meeting in Italy have made contact with us expressing an interest in joining the group.

These include :

- Claus Skriver: Chair of the Danish Emergency Nursing Association
- Adriana Diaconescu from Romania
- Meral Dolek: Head of the Turkish Emergency Nurses Association
- Gulbin Yilmaz: from the Emergency Department in Izmir, Turkey
- Marc Allenbach from Colmar in France
- Arja Sara-Aho from Finland
- Irena Peznochova from the Czech Republic

This means that EuSEN now represents emergency nurses from 22 countries in Europe. It is difficult to estimate exactly how many nurses this amounts to but it is estimated to be approximately 35000

We would still like to hear from emergency nurses and emergency nurse organisations in:

- Estonia
- Iceland
- Portugal
- Lithuania
- Latvia
- Bulgaria
- Slovakia
- Austria
- Hungary

Or any other nations I have missed here



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## Report of 2<sup>nd</sup> meeting in London

Following a successful first meeting in Pordenone, Northern Italy in September 2010 (see newsletter 1) the executive committee of EuSEN held a second meeting in London, England on April 15<sup>th</sup> 2011.

In addition to the executive committee the meeting welcomed new representatives who were not able to attend the meeting in Italy:

- Sandra Willemsen and Frans de Voeght from the Netherlands
- Evnathia Georgiou from Cyprus
- Ole-Petter Vinjevoll from Norway

Delegates at the meeting discussed how EuSEN could generate some money in order to begin some of the activities it wants to undertake including development of a website and funding of future meetings and conferences



*Royal College of Nursing Headquarters in London where the April meeting was held*

It was decided that each member organisation should pay a fee to EuSEN depending on how many members they had. These were set as follows:

**Countries with < 100 members: 50 Euro**

**Countries with 101 – 300 members; 100 Euros**

**Countries with 301-500 members; 200 Euros**

**Countries with 501-1000 members; 300 Euros**

**Countries with >1000 members; 400 Euros**

Fees paid before the October meeting in Brussels will entitle that organisation to a voting place at the meeting



*The Grand Place in Brussels; the next EuSEN meeting will be in Brussels, October 28 & 29 2011*

## Fractured Neck of Femur; information sought

### Fractured Neck of femur

Paul Calleja, representative of the Maltese Emergency Nurses Association (MENA) in EuSEN is looking for guidelines for the management of patients with fractured neck of femur in the emergency department.

He is particularly interested in hearing from anyone who has 'fast-track' guidelines which mean that the patient with a fractured neck of femur spends the least time possible in the emergency department, has a systematic physical and mental health assessment, and is operated upon as soon as possible after admission to hospital (within 48 hours maximum)

If you or your department has any information that you can share with Paul then please contact him via the MENA website

<http://www.maltaena.org/MENA/Home.html>

or at his e-mail address; [aleviola@maltanet.net](mailto:aleviola@maltanet.net)



## African Federation for Emergency Medicine (AFEM)



Supporting Emergency Care Across Africa

AFEM is a relatively new organisation and is the first of its kind in Africa bringing together medical and nursing emergency care groups from across the continent for the first time - in this respect it has much in common with EuSEN and EuSEM. The group will hold a conference in Cape Town, South Africa, in November 2011 and are about to publish the first edition of its international peer-reviewed journal that is being produced with the support of

Elsevier

More information about the group, the conference and the journal can be found at their website:

<http://www.afem.info/>

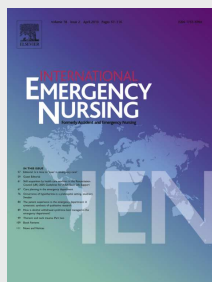
They would welcome contributions to the journal (case studies, original research or literature reviews)



Petra Brysiewicz: Nurse (South Africa) and AFEM officer

## International Emergency Nurse Journal

Dear all,  
**International Emergency Nursing** (formerly Accident & Emergency Nursing).



A peer-reviewed journal devoted to nurses and other professionals involved in emergency care. It aims to promote excellence through dissemination of high quality research findings, specialist knowledge and discussion of professional issues that reflect the diversity of this field. With an international authorship and with readership in more than 70 countries, it provides a platform for practitioners worldwide to communicate and enhance the evidence-base of emergency care and brings together research from practice, education, theory, and operational management, relevant to all levels of staff working in emergency care settings worldwide.

- Original Research • Evidence Updates • Literature Reviews • Guidelines & Practice Development
- International Policy Updates • Book Reviews

[www.elsevier.com/locate/ienj](http://www.elsevier.com/locate/ienj) and <http://www.sciencedirect.com/science/journal/1755599X>

### Discounts for European society of Emergency Nursing (EuSEN) members.

1. Individual members of EuSEN member groups can subscribe to *International Emergency Nursing* at the introductory discounted rate of 35% for 2011 - €65.00 (Volume 19, 4 issues, 2011) (thereafter 25% discount).
2. If a member group wishes to subscribe for all their members please contact the Associate Publisher, Sarah Davies for further discounts ([s.davies@elsevier.com](mailto:s.davies@elsevier.com))

Kind regards,  
Sarah



## Conferences and meetings

### **Birmingham, England**

Royal College of Nursing Emergency Care Conference

Details:

[http://www.rcn.org.uk/newsevents/event\\_details/rcn\\_eventsms/eca2011](http://www.rcn.org.uk/newsevents/event_details/rcn_eventsms/eca2011)

**Birmingham, November 11<sup>th</sup> & 12<sup>th</sup> 2011**

Contact: [emergency.care@rcn.org.uk](mailto:emergency.care@rcn.org.uk)

### **Brussels, Belgium**

2<sup>nd</sup> general meeting of EuSEN

This meeting is open to all EuSEN representatives of any member state

**Brussels, October 28<sup>th</sup> & 29<sup>th</sup> 2011**

To confirm attendance in Brussels please contact the EuSEN president –

[James.Bethel@wlv.ac.uk](mailto:James.Bethel@wlv.ac.uk)

### **Kos, Greece**

6<sup>th</sup> Mediterranean Emergency Medicine Congress

Hosted by the European Society of Emergency Medicine (EuSEM)

**Kos International Congress Centre, Kos, Greece, September 10<sup>th</sup>-14<sup>th</sup> 2011**

Details at:

<http://www.emcongress.org/2011/>

### **Cape Town, South Africa**

3<sup>rd</sup> biennial Emergency Medicine in the developing world conference

Open to all emergency care staff

**Cape Town International Convention Centre, November 15-17 2011**

Details at :

<http://www.2011.emssa.org.za/>

### **Bilbao, Spain**

24<sup>th</sup> Emergency Nursing conference

Hosted by the Sociedad Espanola de Enfermeria de Urgencias y Emergencias (SEEUE)

**Bilbao Congress Centre, Spain, April 19<sup>th</sup> & 20<sup>th</sup> 2012**

Details at:

<http://seeue.blogspot.com/>

### **Qawra, Malta**

3<sup>rd</sup> International Orthopaedic Nursing conference

Hosted by the Association of Maltese Orthopaedic Nurses (AMON)

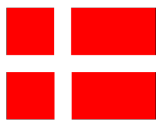
**Dolmen Hotel Resort, Qawra, Malta October 11<sup>th</sup> & 12<sup>th</sup> 2012**

Details at:

<http://www.insightnursing.com/conference.html>

*Promote your  
event here –  
contact EuSEN to  
do this*

## 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

## A message from Gary Jones CBE

I start by congratulating all of you that have taken forward the development of the European Society of Emergency Nursing (EuSEN). International collaboration has always been a challenge. As early as 1985 when the first International Emergency Nursing conference was held in London discussions took place regarding the formation of an International Emergency Nursing Association. Although nursing politics caused some difficulties one of the main achievements was the Trauma Nursing Core Course (TNCC) becoming an International course held in many Countries across Europe and representatives of several Countries now having input into the content.

At the second International conference held in Edinburgh in 2000 an International Declaration of Co-operation and Friendship was signed by attending nurses and Country representatives. This led to an Emergency Nursing page being established on the ICN website and emergency nurses holding a meeting in Copenhagen at the ICN conference. Links between some Countries were established but full co-operation on an International basis was never achieved. The declaration and some information from that work is still available on the ICN website. <http://www.icn.ch/networks/emergency-care-network/emergency-care-network.html>

As the page is still available I am sure an update and link with EuSEN would be very welcome.

In 2005 at the third International conference held in England, twenty years after the first conference, a reaffirming of the declaration took place. Unfortunately again a structured way forward was never established.

The RCN Emergency Care Association (UK) having been established in 1972 has always believed that working together across the nursing world can benefit patients requiring emergency care. The declaration speaks of promoting the science and art of emergency nursing worldwide and promoting the value of emergency nursing.

Having read the first European Emergency Nurse newsletter and looking at the work already achieved such as the standards for emergency nursing across Europe and the exchange programme I am sure EuSEN will achieve far more than previous attempts at International working and I wish you all success.

**Gary J Jones CBE**

RN FRCN FFNF

Honorary Fellow Faculty of Emergency Nursing

Past Chair of RCN A & E Association



NSFs LANDSGRUPPE  
AV AKUTTSYKEPLEIERE

Ole-Petter Vinjevoll, Chair of one of our new groups from Norway gives us an overview of his organisation

### NLAS - Norwegian Nurses Association's (NSF) for Emergency Nurses

#### **Who are we, and what do we do in NORWAY, the land of the Vikings?**

This group which I am the chairman of is now 12 years old. It was founded because we would like to have our own group that worked with the Emergency patients.

#### **Who can be members?**

Every nurse that thinks works with emergency patients. We have members that works in ED's, casualty clinics, dispatch centrals and in the ambulance. The yearly fee for every member is about 30 Euros a year to our group, and they have to be members of the Norwegian Nurses Association's (NSF) for which an annual fee of about 450 Euros is paid. We are now 540 members and this number is increasing. We were 470 members in 2009, so we have increased with 70 members in two years. The main reason that we increase this much is that we have sent flyers and information about our group around the whole country.

#### **What do we do for our members?**

Every year we arrange a conference for the Emergency nurses, The Emergency Days. This is a conference that is for three full days. Day one we have our own parallel session for the leaders, and day two and three is the same for all participants. Some of the classes have been, Head injury – told from the patient, their family, and the doctor who did a trepanation and saved her life. The aggressive patient calling the dispatch central, the work in Afghanistan and Gaza and more. We also invite the people working prehospital. We use to be around 200 persons attending these days, and it is the highlight for our group every year. Here we also have our yearly board meeting with elections, and gives out a prize to Emergency nurse of the year. Every year we have an amount of money that we give back to our members. They can apply when they want to go to a conference. This year we send 13 persons to the Emergency days and paid for 3 persons to attend TNCC (TraumaNursingCoreCourse).

Sometimes the Norwegian Nurses Association's (NSF) needs our help to write statements and give advice about questions that includes emergency nursing. Examples of this is establishing of Emergency Nurse School with a national standard and implication of Trauma system in Norway.

We really think that it is exciting the work with EUSEN, and my group looks forward to working with the group.

Best regards

**Ole-Petter Vinjevoll**

Chairman of - NLAS - Norwegian Nurses Association's (NSF) for Emergency Nurses



## Clinical: submitted by Christien van der Linden of the Netherlands

### AFTERCARE FOR PATIENTS WHO DID NOT WAIT FOR TREATMENT IN THE EMERGENCY DEPARTMENT

Project leaders: Christien van der Linden & Deanne van der Vlist

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The project 'Aftercare for patients who did not wait for treatment in the emergency department' has been awarded the prestigious Anna Reynvaan Practice Prize. The Anna Reynvaan Awards were presented on May, 19<sup>th</sup>, during the annual Anna Reynvaan lecture in a 19-th century Amsterdam theatre. Each year, the lecture is given by someone who can revitalize some of the qualities of Anna Reynvaan in a modern day setting, be it in the daily practice of hospital nursing, of the co-operation between hospital and community nursing, in nursing research or in nursing training. This year, Irena Papadopoulos, professor of Transcultural Health and Nursing and head of the Research Centre for Transcultural Studies in Health at the Middlesex University in London, was invited. One award was granted for the best nursing practice project of the Netherlands and Belgium and one was granted for the best scientific article by a Dutch or Belgium nurse in a peer reviewed journal.

### BACKGROUND

Patients who refuse to wait for medical treatment have been referred to as 'left without being seen' (LWBS) patients. This phenomenon is associated with possible adverse events from delayed diagnosis or treatment, liability risks to providers and hospitals, and lost revenue (Bindman et.al., 1991, Arendt et.al., 2003). Patients who LWBS are unlikely to be satisfied with the quality of the service provided. Therefore, the percentage of the patients who LWBS is considered an indicator of patient satisfaction and sometimes as an indicator of the quality of care in emergency departments (EDs) (Polevoi et al 2005). In our hospital, several interventions were instituted to prevent patients leaving prematurely. Attention to pain was accomplished by introducing a nurse-led pain prescription at triage, and advanced triage is performed by well-trained ED nurses. In 2007, a Nurse Practitioner Unit was implemented to decrease waiting times for patients with minor injuries and minor illnesses (Linden et al., 2010). However, retaining patients during ED crowding is an increasing concern for ED management.

It is often said, "Nothing is wrong with these patients, otherwise they would not leave". Although many of the patients who LWBS may have non-urgent medical problems, some of them have serious problems and may not receive appropriate or timely medical care (Baker et.al. 1991, Bindman et.al., 1991). Probably, serious complications are rare in the patients LWBS, but the available evidence is limited and somewhat inconsistent. Due to poor response and follow up rates, there are large proportions

of LWBS populations for whom outcomes are not known (Kennedy et.al., 2008).

Published estimates of LWBS rates vary tremendously, from 0.84% (Arendt et.al., 2003) and 14.9% (Weiss et al., 2005) in the USA, and 1.4 (Goldman et al., 2005) and 3.6% (Monzon et al., 2005) in Canada, 3.3% (Khanna et al., 1999) and 7.2% (Goodacre&Webster, 2005) in the UK to 0.36% (Lee et al., 1998) in Hong Kong. An examination of the trends in the 'leaving prematurely' cohort in our hospital revealed that in the period 01/08/2008 to 31/07/2009, a total of 996 patients were identified as leaving the ED prematurely. This represents 2 % of annual attendances to the ED (total 49,397 patients). Of those, 245 patients (0.5 %) left the ED before triage. The other 751 patients (1.5 %) were seen by the triage nurse and categorized but left after triage or against medical advice. When attendance by urgency category was examined for the group of patients that left after triage, the majority of them were low acuity (categories 5, non-urgent, and category 4, standard), although some of them were from category 3 (222 patients, urgent) and category 2 (59 patients, very urgent). The last two categories concern potentially life-threatening medical conditions, such as patients with chest pain symptoms that may indicate a myocardial infarction, or patients with abdominal symptoms suggestive of appendicitis.

After this measurement, we performed a case-control study during 4 months (between November 2010 and February 2011) to explore patients' reasons for leaving and to determine factors that might have prevented patients from leaving. Results are being analyzed and will be published in the future.

## THE PROJECT

Although the data collection for the study has ended a few months ago, we continued calling the patients who LWBS, mainly because the patients indicated that they highly appreciated the calls and advices given by the nurse. We shortened the follow-up period from the 4-8 days that were necessary for the study, to same day or next day follow-up, to be able to provide timely intervention if needed. In the McNamara study, calling patients who LWBS correlated to their improved health status (McNamara, 1994). Health status and medical outcomes have not yet been evaluated for our population.

The LWBS patients are called by one of the project leaders (a registered ED nurse and a social worker). Reasons for leaving often heard by them are: long waits (the number 1 reason), being "too sick" to wait, and having no insurance. If the patient still needs to be seen by a doctor, according to the nurse or social worker, the patient is assisted in obtaining appropriate health care access. Over 20% of our patients are not aware of the existence of GP-cooperatives out-of-hours.

The patients that we called gave many tips on how they thought care would improve. Most patients believe that communication of estimated waiting time would increase the time they are willing to wait. Some said a doctor should be involved in triage, another patient stated that it should be possible to obtain parental consent for treatment of a minor by telephone. One patient said there should be more room in the outpatient clinic, to prevent repeat visits to the emergency department, and another suggested deploying more staff at peak times.

Although some of the tips are not feasible or possible to follow-up, we do believe that there is room for improvement, especially regarding communication and information during registration and triage.

Since april, 2011, we follow-up on the patients who LWBS as well as the patients who left against medical advice, as part of the continuous quality improvement process in the ED.

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*Christien van der Linden receives the Anna Reynvaan award for this work from former Netherlands finance minister Wouter Bos*