NEWSLETTER

EuSEN

European Society of Emergency Nursing

EuSEN e-newsletter, edition 5

Dear Colleagues,

Since the last EuSEN newsletter, a lot has happened: statements were defined and emergency nurse associations throughout Europe were continuously contacted.

This resulted in a wide spread network of various important contacts.

We are very happy that several associations contacted us over the last year to become members with EuSEN. To be eligible for a membership as a national association it is necessary to follow the enrollment regulations of EuSEN.

However, recently the board has decided that from now on, an individual membership will also be possible. An individual membership fee will cost 20€ / year; an application form for individuals is available. Individual members though, will not be able to vote or become a member of the board.

In order to be legally recognized as a society it was essential to draft formal statutes. Meanwhile, the statutes are finalized and got sent for publication in the Belgian official law "Staatsblad – Le Moniteur".

Since Mai 2013 EuSEN is therefore officially registered as a society.

Furthermore, we are very proud to announce that the website has successfully been launched. From now on you will find all relevant and important information on our website:

www.eusen.org

The last **general assembly (GA)** was held in November 2013 at The Hague (NL). Several European Emergency Nursing Organizations were present (see photograph). Interesting presentations were made:

- "Emergency nursing: lead or to be led?" by Door Lauwaert (President EuSEN)
- "What is the point with further education in the ED?" by Siw Andrea Todal (NO)
- "ED designing" by Liz Smith Senior Consultant Healthcare Planner (UK)
- "Frequent Emergency Department Attenders - Three team/nursing interventions" by Liselotte Björk (SWE)
- The Dutch Triage Standard" by Sivera Berben (NL)

The next **GA** will be held in Interlaken (SUI) on the 7th of November 2013.

All EuSEN members are kindly invited to attend. Other Emergency Nurse societies (non-members) are of course also very welcome to participate. The GA will be held during the Swiss Emergency Nurse conference organized by SIN/SUS (Swiss Society of Emergency Nurses; www.notfallpflege.ch).

For the first time in EuSEN's young history the entire board will be officially present as a society at the Swiss emergency nurse conference.

In collaboration with SIN/SUS, EuSEN managed to organize nurses from all over Europe who will provide us with most interesting presentations at the above mentioned conference. The European presentations will be held in English.

SIN/SUS will be providing the same conference fee for EuSEN members as they do for their own members. The board of EuSEN wishes to express their great appreciation for this cooperation towards SIN/SUS.

Please find more information on the conference on page 3 of the newsletter.

Together, with this newsletter a survey will be sent out to all our European contacts. The purpose of this survey will be an update on the education and recognition of emergency nursing in each country. The results of the survey will then be published in one of the next newsletters. With many thanks in advance for numerous contributions we would kindly ask you to complete the survey before the 1st of September 2013.

I hope, dear colleagues, to meet you all at the conference in Interlaken and wish you all a relaxing and well-deserved summer holiday.

Door Lauwaert
President EuSEN

Participants EuSEN General Assembly
23 november 2012
Medisch Centrum Haaglanden,
location Westeinde
The Hague (NL)

Italy, Belgium, Island, Switzerland, The Netherlands, Sweden, Norway

www.eusen.org

In collaboration with EuSEN

Invitation to the anniversary conference (SIN)

Dear Colleagues

On 22. March 1993 the inaugural meeting of the SIN (Swiss Association of Emergency Nurses), took place in the city of St. Gallen. In 2013 the SIN marks twenty years of successful existence. We are very pleased to invite you to (this anniversary SIN) conference on November 7th and 8th, 2013.

Had there not been some very dedicated emergency nurses who have had advocated for our profession and a specialized training for the care of emergency patients, we would not be where we are today. Starting with about 40 members in 1993 (75 at the 1994 General Assembly) our community of emergency nurses has grown over the years to over 650 members. We have given a voice and a face to the Swiss Emergency Care. We can proudly look back over the past 20 years and thank the founding members for their initiative and all of you for your support over the years.

As in previous years, this year we remain with our proven conference slogan «Kaleidoscope». It best reflects the colorful facets of our profession, which can show up every day in a new shade and color. A new facet in this year›s convention is the participation of two visiting and related organizations. They assist us in the shaping of the Kaleidoscope and we warmly welcome them to our convention.

First, we thank the emergency medical profession and welcome the Swiss Society for Emergency and Rescue Medicine (SGNOR). They enrich also our conference program with various presentations from a broad spectrum of emergency medical themes. The collaboration with the emergency medical profession has been intensified in recent years, and so we form a strong and necessary professional group, that supports the overall development of both emergency nursing care and the medical emergency care.

Next we look also very much forward to our European guests and representatives of EuSEN (European Society of Emergency Nurses) as the second visiting organization, giving our conference an international flavor this year. The representing emergency nurses will be from Holland, Belgium, Sweden, Italy and Norway. We hope to be able to reach also our French-speaking colleagues for this year›s conference as the international presentations will be held in English. The co-founding of EuSEN is another highlight in our historical development of our association. We are certain, that we can work in the future together, to move and shape emergency nursing care across the borders throughout Europe.

We could once again compile a varied conference program for us and we hope that we can address all emergency nurses, as well as representatives of emergency nursing management and emergency nursing education and not the least as well as representatives of the medical emergency profession. In addition to the lectures, you may be inspired by the variety of our workshops or visit our poster exhibition. Hopefully by the end of the day you will have shaped your own personal «Kaleidoscope».

Already today, we thank all the invited speakers, our conference management team, as well as the exhibitors and sponsors who will be supporting this fantastic conference.

We are very pleased to welcome you to our conference in the beautiful mountain landscape of Interlaken and look forward to celebrate our 20th anniversary and an unhurried evening with you all. A toast to the success of 20 years SIN/SUS!

For the SIN Board
Petra Tobias, President
Swiss Association of Emergency Nurses

Greeting words

Dear participants

Modern clinical emergency medicine is inconceivable without close and team-oriented cooperation between emergency nurses and emergency physicians. Respect for each other, concern for the shared care of patients and the constant learning from each other should be our common goal. The Swiss Society for (Emergency and Rescue Medicine; SGNOR congratulates the Swiss Association of Emergency Nurses for their 20th anniversary. Together, we look forward to an exciting conference and exchange of experience with each other.

Dr. Hans Matter
President of the Swiss Society of (Emergency and Rescue Medicine SGNOR/SSMUS)
Specialist Internal Medicine
Chief Physician Institute of Clinical Emergency Medicine
Hospital Limmatspital

Dear Swiss Emergency Nurses

The purpose of The European Society of Emergency Nursing EuSEN is to promote the art and science of emergency nursing across Europe and provide a platform for knowledge and information sharing amongst its members in the interest of our patients. EuSEN promotes a positive image of Emergency Nursing and its professional influence on the care of clients and their families attending the Emergency Department.
Many thanks to SIN/SUS to let EuSEN take part of their congress.

Door Lauwaert
President EuSEN

Program overview Thursday

7. November 2013

6 Points

TIME	ROOM 1	ROOM 2 Presentations in English	ROOM 3	WORKSHOP 1	WORKSHOP 2
From 08.30	Registration and Morningtea				
09.30 – 10.15	Welcoming president Petra Tobias (SIN), Former presidents, Greeting word H. Matter (SGNOR) / D, Lauwrent (EuSEN)				
10.30 – 11.30	Recognition of a sick child in an adult emergency department S. Stocker	DRG (Diagnosis Related Groups) SantéSwiss accompanying nursing research M. Kleinknecht	General Assembly EuSEN (in English)	PALS Workshop Paediatric advanced life support G. Staubli und Team	Wound management Workshop Barbara Schlüer & C. Guidese
11.30 – 12.45			Lunch		
12.45 – 13.45	Legal issues and forensic aspects of injuries for nurses A. De Capitani & Ch. Bartsch	The anticoagulated patient - Management of bleedings and invasive procedures in the ED D. von Ow	IT in the emergency department B. Räpple	PALS Workshop	Wound management Workshop
14.00 – 15.00	The acute Abdomen B. Lehmann	Family presence during resuscitation or invasive procedures; experiences of families Th. Blättler	Shift work and nights Ch. Cajochen	PALS Workshop	Kinaesthetics in the emergency department Workshop G. Studer
15.00 – 15.30			Afternoontea		
15.30 – 16.30	Pelvic trauma Ü. Can	Vaso-occlusive crises in Sickel cell anemia M. Schmugge	The emergency flow concept P. Betz	PALS Workshop	Kinaesthetics in the emergency department Workshop
16.45	Glühwein-Apéro				
From 19.00	Dinner and entertainment				

The conference committee reserves the right to make changes to the program as needed, due to the number of registrations.

Program overview, Friday

8. November 2013

6 Points

ZEIT	ROOM 1	ROOM 2 Presentations in English	ROOM 3	WORKSHOP 1	WORKSHOP 2
From 08.00	Registration and Morningtea				
08.45 – 09.45	Child protection G. Staubli	The tension between mechanism and holism-Systems approaches for exploring the everyday work at Swedish Emergency Departments Henrik Anderson, Sweden	Humor in the emergency department I. Bischofberger	ATCN Workshop (Advanced Trauma Care for Nurses) D. Becker	Plaster, cast and tape Workshop T. Mancina & Instruktor-/in vom SVmG
10.00 – 11.00	Pharmacology and patient safety E. Martinelli	Terror attack in Norway 22.7.2012 A personal experience from Oslo and Utøya. Kjell G Syversen, Norway	Requirements of future professional education Ph. Gonon	ATCN Workshop	Plaster, cast and tape Workshop
11.00 – 11.30			Morningtea		
11.30 – 12.30	Neuroglogical emergencies M. Liesch	«Lead or to be led» Door Lauwrent, Belgium	Construction zone Emergency Department R. Sieber	ATCN Workshop	Validation in emergency nursing Workshop H. Weber
12.30 – 13.45			Lunch		
13.45 – 14.45	The elderly in the emergency department their hidden challenges Th. Häsli	Nurse Practitioner's role in the emergency department M.C. van der Linden, Holland	Mass casualty incidents P. Schwab	ATCN Workshop	Validation in emergency nursing Workshop
15.00 – 16.00	Interface REGA (Swiss air rescue) -Emergency Department R. Albrecht				
16.00 – 16.15	Farewell speech P. Tobias				
	Bye Bye Coffee				

Poster Exhibition

Invitation: Poster presentation

The conference committee invites you to attend the 4th **Swiss Conference for Emergency Nurses organised by SIN/ SUS** to be held from the 7th – 8th November 2013 in Interlaken, Switzerland

We would like to offer you all a most interesting poster presentation.

Therefore we call for posters and their abstracts and would kindly invite you or your team to contribute.

The theme is: «What are the challenges of today's ED Nurses?»

- Future trends in education and teaching, as well as work environment
- Clinical implementation of best practice and clinical innovation

Submit abstracts by 30. September 2013 as attachment via Email:

Heike Drossard (hd@med-management.ch)

The abstract should be sent as a word document or a pdf file and should not contain more than 250 words (exclusively title and authors)

General Information

ORGANISATION
Schweizerische Interessengemeinschaft Notfallpflege SIN/SUS (Swiss Emergency Nurse association)

GENERAL ENQUIRIES
For all general enquiries, including accommodation and registration please contact the conference organisation

LH Medical Management
GmbH Postfach 278, CH-4410 Liestal
Phone +41 76 559 78 00 (Corinne Häuselmann)
Telefax +41 61 921 71 76
E-Mail info@med-management.ch

LANGUAGE
Main language: German, English; Workshops only available in German

REGISTRATION
The registration needs to be done online trough the homepage www.notfallpflege.ch, Click onto the box: 4. Notfallpflege-Kongress 7. / 8. November 2013 Interlaken, it will lead you to the registration.

We would like to remind you that the places for the workshops are only available at a limited number! First come first served.

Once your registration and payment has been processed you will get a written confirmation which allows attending the chosen workshop. Your registration for the workshop will then be mandatory.

REGISTRATION CANCELLATION POLICY
Cancellations that are notified in writing by the 7th of October 2013 will be eligible for a refund less CHF 50.00 as a processing fee. Cancellations notified after this date will not be eligible for any refund, however another person may attend the Conference.

Registration & Accomodation fees

REGISTRATION FEES
Includes Morning /Afternoon Tea & Buffet Lunch

**) Registration for members of SIN/SUS, SIGA, VRS, SGI and EuSEN*

***) A range of accommodation options have been reserved for attendees at the following hotels (Hotel Krebs, Hotel Carlton Europe, Youth Hostel, Hotel Metropole in Interlaken) and can be booked when registering with LH medical management GmbH. The allocation of the rooms will be exclusively assigned by the organiser. (Accommodation booking deadline: October 1st 2013).*

Basic 1 (1 day conference)
CHF 190.– / EUR 158,– *) CHF 240.– / EUR 200,–

Basic 1 PLUS (1 day conference including dinner & entertainment)
CHF 250.– / EUR 208,– *) CHF 300.– / EUR 250,–

Basic 2 (2 day conference)
CHF 270.– / EUR 225,– *) CHF 350.– / EUR 292,–

Basic 2 PLUS (2 day conference including dinner & entertainment)
CHF 330.– / EUR 275,– *) CHF 410.– / EUR 342,–

Medium (2 day conference including one night accommodation; single room**))
CHF 450.– / EUR 375,– *) CHF 530.– / EUR 442,–

Medium PLUS (2 day conference including one night accommodation; single room**) plus dinner & entertainment)
CHF 510.– / EUR 425,– *) CHF 590.– / EUR 492,–

Fees per Workshop CHF 20.– / EUR 15,–

DINNER AND ENTERTAINMENT
We will warm you up with some «Glühwein» before dinner and provide for a surprise entertainment in the evening. Come and see yourself!

How to get there

ADDRESS
Congress Centre
Kursaal Interlaken AG
Strandbadstrasse 44
CH-3800 Interlaken

http://www.congress-interlaken.ch (check the website in English for further information)

Detection of child abuse at the Emergency Department using and implementing a new protocol based on parental characteristics

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Docent/onderzoeker
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Child abuse is a serious social problem and is difficult to detect despite the large number of victims.

Screening for abuse or risk of abuse is difficult, because screening instruments require a high sensitivity and specificity. When a parent is incorrectly suspected to be an abuser this may have serious consequences for the entire family (Nygren 2004).

The emergency department (ED) is the frontline of the hospital and has been identified as an opportunity to detect children who are victims of child abuse. Screening injured children for physical abuse or neglect in the ED based on child screening markers (age, repeat attendance and injury type) is important. However, as research shows, it is not sufficiently accurate to be considered a reliable screening tool (Woodman 2010)

In 2007 the Hague protocol was developed at the ED of the Medical Center Haaglanden (MCH). When a ED professional suspected in the case of some parents who visit the ED for specific reasons, that there is a high risk that their children at home may be victims of child abuse. These parental characteristics include being a victim of intimate partner violence (IPV), substance abuse, or suicide attempt (or having other serious psychiatric disorders) (Dube 2001,Hurme 2008, Kelleher 1994). By being aware of these parental characteristics, child abuse may be detected even when the child is not present at the ED. Children of these parents were reported to the Reporting Center for Child abuse and Neglect where appropriate family assistance was arranged.

After implementing the protocol were found the following results:

1. The number of reports of child abuse made by EDs increased substantially after introduction of the Hague protocol, from approximately 1 per 100,000 ED attendances to almost 64 per 100,000 attendances. (Table 1)

2. The number of reports per 100,000 ED visits remained almost unchanged in the control regions, showing only a very modest increase from 1.5 to approximately 3 per 100,000 ED attendances. (Table 1)

3. Almost half of the cases of child abuse reported by the ED to the RCCAN based on parental characteristics concerned caregivers who were admitted because of IPV injuries (48%).

4. Of the total number of children reported, 73% were previously unknown to the RCCAN.

5. In answer to our fourth research question, our results indicate that in the great majority (91%) of the reported cases child abuse was confirmed. (Table 2)

Due to the success of the Hague protocol, this approach will be implemented throughout the Netherlands. To guarantee effective implementation research was conducted in two different Dutch regions, to find critical determinants to accommodate a successful implementation at the ED and the RCCAN. The most critical determinants were cross checked for similarities among the different regions and this resulted in a top 5 of determinants which will be used in future implementation.

Table 1 **Yearly number of reports of child abuse from ED to the RCCAN, based on parental characteristics**

Number of reports of child abuse	Before protocol (Jan. 1st 2006 to Dec. 6th 2007)		After protocol implemented (Dec. 7th 2007 to Dec 31th 2011)			
	2006	2007	2008*	2009	2010	2011
Intervention region						
- n/N	3 / 199,118	1 / 186,508	111 / 228,653	149 / 217,569	127 / 216,422	178/ 222,657
- Reports per 100,000	1.5	0.5	48.5	68.5	58. 7	79.9
Control regions						
- n/N	1 / 79,720	1 / 83,908	2 / 92,939	3 / 89,648	2 / 93,131	3 /95,898
- Reports per 100,000	1.3	1.2	2.2	3.3	2.1	3.1

n = number of reports of child abuse; N = Number of total visits to the ED

* Before and after protocol implemented, intervention versus control region: OR = 28.0, (95 CI: 4.6 – 170.7); $p < 0.001$

Table 2 **Positive predictive value of the Hague protocol (all cases after Dec 2007) (N = 557)***

	All cases	Substance abuse	Suicide attempt	Intimate partner violence	Combination	Other**
	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
-Child abuse confirmed	91 (509/557)	87 (68/78)	89 (143/159)	93(247/264)	100 (17/17)	87 (34/39)
-Child abuse not confirmed	7 (36/557)	9 (7/78)	8 (12/159)	5 (13/264)	0 (0/17)	10 (4/39)
-No child abuse	2 (12/557)	4 (3/78)	3 (4/159)	2 (4/264)	0 (0/17)	3 (1/39)

* Missing data for 8 cases

** These cases include mainly other psychiatric problems; confusion, delusion

Improvement of patient information and satisfaction in the emergency department

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[2] Erasmushogeschool, Brussels, Belgium

Introduction

Providing correct information about care and cure processes should improve patient satisfaction and understanding of these processes.

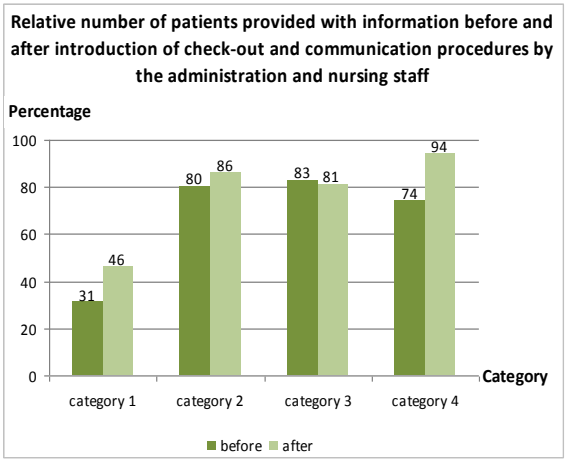
Objective

In this pilot study we assessed the extent of information provided in the emergency department (ED) before and after introduction of information flyers and improvement of check-out and communication procedures by administration and nursing staff. We also assessed patient satisfaction regarding this information.

Methods

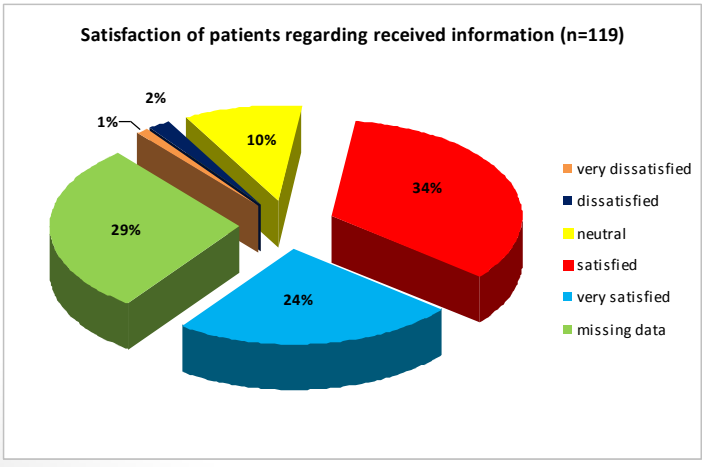
121 adult patients were randomly assessed before and 119 patients after the above mentioned actions using a standardized questionnaire. 4 main categories of patient information were identified. Category 1 includes information on triage procedure and expected length of stay in all patients, category 2 includes information on the care and cure process in the ED in all patients, category 3 includes information on received treatment and follow-up in all ambulatory patients and category 4 includes information on reason for admission and destination in all hospitalized patients.

Results



Conclusions

This pilot study shows that improvement of patient information by limited but well targeted actions can improve patient knowledge on care and cure processes in the ED, and on reason for admission and destination in hospitalized patients. Still additional actions are necessary to further improve information about triage procedures and length of stay in the ED, and on installed treatment and follow-up in ambulatory patients. Patients remain equally satisfied about the information provided.



Benefits of information:

- ✓ ↑ appreciation and understanding
- ✓ ↑ satisfaction
- ✓ ↓ complaints
- ✓ ↓ aggression
- ✓ ↓ helplessness

Snow and ice related fractures in the Netherlands

Crispijn van den Brand[1], Christien van der Linden[1], Naomi van der Linden[2]

[1] Accident and Emergency Department, Medical Centre Haaglanden location Westeinde, The Hague, The Netherlands.

[2] Erasmus University Rotterdam, Institute for Medical Technology Assessment, Rotterdam, The Netherlands.

Introduction

In January 2013, a winter storm passed through the Netherlands, with temperatures dropping below freezing for days and streets and pavements covered with snow and ice. Many major roads in the towns were salted, but most pavements and bicycle paths were left untreated with slippery and uneven surfaces dangerous for walking and cycling. National news papers headlined 'Emergency departments busier than normal'[1], based on anecdotes of the ED nurses and doctors. The true effect of a snow- and ice period in the Netherlands is not known. The aim of our pilot study was to assess the effect of a 10-day snow- and ice period on the number of fractures. Furthermore, we assessed some epidemiological factors connected with fractures incurred during a snow- and ice period and during a control period.

Methods

An observational, cross-sectional study was performed at two emergency departments in the west of the Netherlands: a level one trauma centre with 52,000 patient visits per year, and a level three community hospital with 24,000 patient visits per year. Fracture incidence during a 10-day study period with snow and ice was compared to a similar 10-day control period without snow or ice.

The records of all patients with a diagnosed fracture were manually selected. Basic demographics (gender, age) and visit characteristics (length of stay (departure time minus registration time) and disposition (outpatient clinic or admission to an inpatient unit) were compared. Differences between patients during the study period and patients during the control period, in gender, age, length of stay (LOS) and disposition were analysed using the χ^2 test (categorical variables) and the Students t-test (continuous variables).

Results

During the 20 days, 3.759 patient visits were registered at the two emergency departments, 1.785 ED visits during the snow- and ice period, and 1.974 during the control period. A fracture was found in 333 patients, 224 patients (12,5 %) during the snow- and ice period, and 109 patients (5,5 %) during the control period.

Table 1 shows patient- and visit characteristics of patients with fractures who registered at the emergency departments during the snow- and ice period and the control period. No differences were found in gender, age, length of stay, and disposition. We also did not find any differences in number of patients 61 years and older presenting with a fracture between the two periods.

However, during the snow- and ice period there were significantly less patients aged 0-31 years, and significantly more patients aged 31-60 years who presented with a fracture, compared to during the control period.

Discussion

During the study period of ten days of snow and ice, 115 more patients with fractures visited the two emergency departments. Although this is an alarming number, the actual number is way higher, since only patients with diagnosed fractures were included. Many patients present at the emergency department during a period of snow and ice after a fall due to slippery surfaces, without a fracture, but with another injury, such as concussion, luxation of the shoulder, distortion of the ankle or wrist, or a wound. The expected high direct and indirect health care costs would make a cost-benefit evaluation for more preventive measures very interesting.

To our surprise, length of stay of the patients with fractures during the snow- and ice period was not significantly longer than the length of stay of patients with fractures during the control period (149 vs. 134 minutes, p=0.18), however, we did not perform regression analysis to correct for influencing factors.

In contrast to other studies outside the Netherlands [2-4], not the elderly, but the middle aged were most affected by the slippery conditions. In our study, men and female were equally often injured, as opposed to other studies, in which being female is a risk factor for sustaining a fracture [5].

Conclusion

The number of fractures sustained more than doubled during the snow- and ice period as compared to the control period. In contrast to other studies outside the Netherlands, not the elderly, but the middle aged were most affected by the slippery conditions.

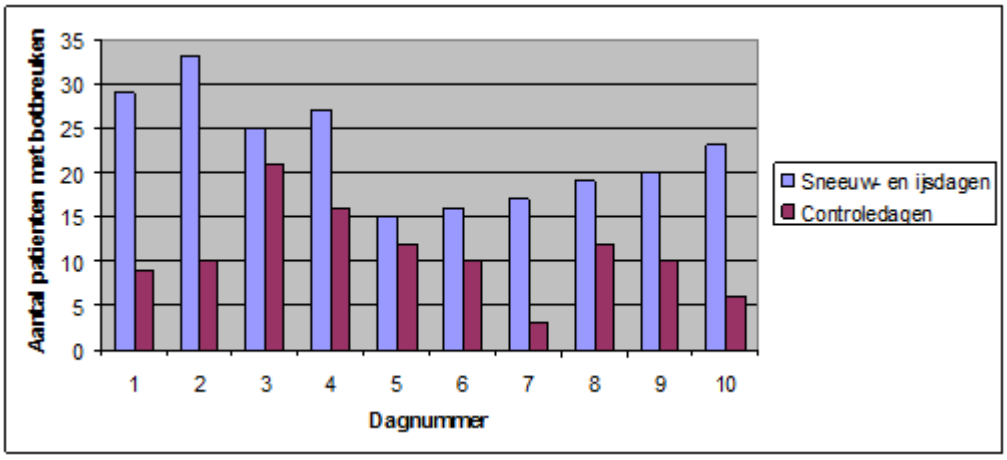
Acknowledgements Louise Cornelisse and Koen Richel, for data-entry.

Table 1. Patient and visit characteristics during the snow- and ice period and during the control period

Patients sustaining a fracture, visiting the emergency department (N=333)	Snow- and ice period (n=224)	Control period (n=109)	P-value
Gender (n, %)			
- man	96 (42,9)	57 (52,3)	P=0,105
- woman	128 (57,1)	52 (47,7)	
Age (mean, SD*)	47,2 (21,7)	43,3 (26,6)	P=0,152
Age categories (n, %)			
- 0-15 years	28 (12,5)	24 (22,0)	P=0,025
- 16-30 years	26 (11,6)	24 (22,0)	P=0,013
- 31-60 years	107 (47,8)	28 (25,7)	P<0,001
- >61 years	63 (28,1)	33 (30,3)	P=0,684
Length of stay (minutes, mean, SD*)	149,08 (97,96)	134,18 (86,13)	P=0,177
Disposition (n, %)			
- admission	31 (13,8)	20 (18,3)	P=0,284
- inpatient clinic	193 (86,2)	89 (81,7)	

* SD = standard deviation

Figure 1 shows the number of fractures per day during the snow- and ice period and during the control period.



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(1) ANP. Drukte op spoedeisende hulp. Trouw 2013 Jan 15.
(2) Lewis LM, Lasater LC. Frequency, distribution, and management of injuries due to an ice storm in a large metropolitan area. South Med J 1994; 87:174-178.
(3) Ralis ZA. Epidemic of fractures during period of snow and ice. Br Med J (Clin Res Ed) 1981; 282:603-605.
(4) Smith RW, Nelson DR. Fractures and other injuries from falls after an ice storm. Am J Emerg Med 1998; 16:52-55.
(5) Bjornstig U, Bjornstig J, Dahlgren A. Slipping on ice and snow--elderly women and young men are typical victims. Accid Anal Prev 1997; 29:211-215.

Adherence to guidelines and protocols in emergency care

Remco H.A. Ebben[1] (Remco.Ebben@han.nl), Lilian C.M. Vloet[1] PhD, RN, Theo van Achterberg[2] PhD, FEANS, RN

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Background

Guidelines and protocols are developed to improve quality of care, to reduce variation of practice and to ensure that evidence is actually used when appropriate. Nurses and physicians of the emergency department (ED) and ambulance emergency medical services (EMS) should adhere to these standards of emergency care. When professionals do not adhere to guidelines and protocols, patients in the EMS and ED may not receive appropriate care, and furthermore quality of care can be threatened. The objective of this systematic review was to give an overview of professionals' adherence to (inter)national guidelines and protocols in the emergency medical dispatch, ambulance EMS and ED settings. The study focussed on emergency nurses, emergency physicians, ambulance nurses and emergency medical technicians.

Methods

PubMed (including MEDLINE), CINAHL, EMBASE and the Cochrane database for systematic reviews were systematically searched. Articles were screened on title, abstract and year of publication (≥1990) and were included if reporting adherence in the eligible settings. Remaining articles were screened full text and included if they concerned a (inter)national guideline or protocol, and if the time interval between data collection and publication date of the guideline or protocol was <10 years.

Results

Thirty-five articles describing adherence to (inter)national guidelines in the ambulance EMS and ED settings were included. We identified no articles describing adherence to protocols or studies in the emergency medical dispatch setting. The median adherence ranged from 7.8-95% in the EMS setting, and from 0-98% in the ED setting. In EMS, monitoring recommendations seem to have higher median adherence percentages than treatment recommendations. For both settings, especially cardiology treatment recommendations show lower median adherence percentages.

Conclusions

Emergency care professionals' adherence to (inter)national prehospital and emergency department guidelines shows a wide variation, which indicates room for improvement. Adherence studies in the emergency medical dispatch setting and on adherence measurements to protocols seem lacking. As insight in influencing factors is minimal, future implementation research should identify influencing factors to develop strategies to improve adherence and to improve quality of care.

Literature

Ebben RHA, Vloet LCM, Verhofstad MHJ, Meijer S, Mintjes-de Groot AJ, Van Achterberg T. Adherence to guidelines and protocols in the prehospital and emergency care setting: a systematic review. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 2013; 21:9 DOI: 10.1186/1757-7241-21-9 download at: http://www.sjtrem.com/content/21/1/9

Official Journal of EuSEN

Discounts for European Society of Emergency Nursing (EuSEN) members

EuSEN
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Innovative, Interactive Emergency Department Design

Liz Smith (DLA Freeman White)

DLA FreemanWhite (DLAFW) UK were delighted to be asked by the Medical Centre Haaglanden Westeinde to facilitate a 4 day workshop at the hospital to review the current Emergency Department and develop a concept design for a refurbished department that would include a new out of hours GP service.

MCHW need to be certain as to how the new process would work and the space required to deliver services. Currently they are one of the best performing and busiest Emergency Departments in the Netherlands and are keen to maintain their high standards.

The changing model of care for emergency patients in the Netherlands has meant that there will be fewer low acuity patients attending the ED department, these patients will be seen by a GP led service. Higher acuity patients will still attend the ED but there will be fewer of these facilities across the country. Due to a changing demographic population, people are living longer with increasing health care needs, there is an expectation that attendances of higher acuity patients will present at the ED. Additionally, closure of nearby ED's will potentially increase the volume of patients attending MCHW which is to be one of two specialist ED's in the region.

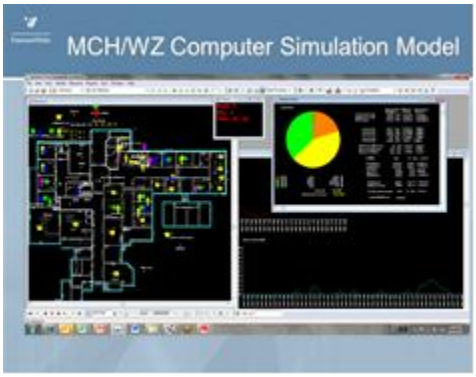
We focused on the operational, technological, facility planning analysis and development of the department.

During the visit a number of activities were undertaken to assist MCHW to achieve the workshop goals. This included:

- General observation of processes and flows through the ED on site
- Meetings with:
    - ED team to confirming existing operations, staffing and patient flow in existing ED.
    - Key stakeholders including GPs, ward staff, radiology, emergency medical services (EMS), patient representatives, security, paediatrics and psychiatry.
- Development of current and future patient pathways and process flows
- Development of modelling tools, simulation tools and conceptual plans
- Option appraisal to determine the best solution for the future configuration of the ED.
- Development of a concept design for the preferred option.
- Presentations to the Project team to review and agree progress.

The work sessions were well attended by clinical staff, management staff and representatives from the GP's as well as patient representatives who all contributed to the design by telling us how they felt the current unit worked for them and how they felt the unit could be improved in the future.

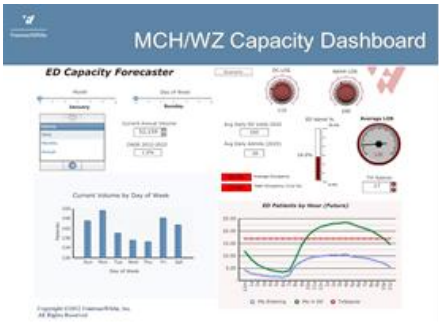
Prior to arriving onsite MCHW provided substantial data to DLAFW which allowed them to develop a simulation model (see fig 1) which we used during the workshop.



The simulation model is a complex, animated tool that allowed us to test various physical and operational scenarios. We tracked patient incoming volume, patient acuity, patient throughput time, patient disposition distribution, ancillary study volume, ancillary study results turnaround time, patient waiting time, patient waiting room volume, patient care and interaction area capacity (Registration, Triage, treatment, imaging) and staff and provider utilization.

The model allowed us to quantify the effect of the new GP process on ER volume, treatment space needs, processes and the ED staffing model as overall volume increases.

Along with the simulation models, we created a Capacity modeling tool (fig 2). This is an interactive modeling tool that allowed the team to test various high level capacity scenarios, including changes in volume, patient throughput time and admission rate. The team used this to determine the physical design capacity for the new ED design.



The Medical Centre Haaglanden currently has many different patient care spaces in various sizes and configurations. Once the team agreed on the number of clinical spaces that would be required in the future Jon (our architect) introduced the team to some benchmarking information regarding room sizes and what would be best for the space we had at MCHW. He then developed 8 design concepts for appraisal which allowed the team to make an evidence based decision on the most appropriate solution for the future ED at MCHW (fig 3).

By the end of the four day workshop, the following outputs were delivered:

- Presentation to the Project Board which included the Chief Executive) outlining the process, option appraisal and final preferred option.
- Documentation of both current and future workflow
- Computer simulation model establishing future length of stay times based on future volumes, staffing patterns and workflow patterns
- Summary report (PowerPoint format) defining all key recommendations: facilities, workflow
- Outline Design of new departmental layout
- Diagram defining recommended planning option for expansion

Following the design work shops, we carefully reviewed the agreed proposal against the existing ACAD drawings which we had been provided by the Hospital to create a first stage design. This design development in Revit enabled the client team to clearly understand the design proposal in conjunction with the building constraints.

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The International Emergency Department Leadership Institute is a collaboration between Harvard Medical Faculty Physicians at BIDMC and Brigham and Women's Hospital.

EuSEN

European Society of Emergency Nursing

Are you interested in Emergency Nursing?
Then join the European Society of 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 troughout 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.

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EuSEN
European Society of 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

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.....

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Name of the President.....

Contact address, E-Mail and phone number

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

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Contact address, E-Mail and phone number

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Send the application form and relevant documents presenting your organization to:
The President of EuSEN Door Lauwaert
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