



Dear Colleagues,

**EuSEN is still alive and kicking 😊**

Get ready to be inspired! Mark your calendars for **November 30<sup>th</sup>, 2023, from 18.00 -19.15**, when the next **free-of-charge EuSEN webinar** will take place via Zoom (find more information on the next page).

The **EuSEN board** will be actively present from **8.-11. November 2023** at the **4th Global Conference on Emergency Nursing and Trauma Care** in Gothenburg, Sweden

**It would be great to meet some EuSEN members at the conference. The program is fantastic, so make sure to take advantage of it!** (<https://www.elsevier.com/events/conferences/global-conference-on-emergency-nursing-and-trauma-care>).

**For the first time in 4 years**, since Covid hit us all hard, the EuSEN board will hold an **in-person board meeting** in Gothenburg. New beginnings are always exciting, and we eagerly await this much-needed relaunch.

During the conference, also for the first time in 4 years, a **EuSEN General Assembly** will be organized **LIVE** on November 10<sup>th</sup> from 17:10 to 18:00. The details regarding the meeting room will be communicated soon.

Meanwhile, SAC members Þórdís Katrín Þorsteinsdóttir (Iceland), Florian Grossmann (Switzerland), Jochen Berghs (Belgium), Christien van der Linden (the Netherlands), and Door Lauwaert from the board (Belgium) are actively participating in the EUSEM "Working Group on Quality and Safety in Emergency Medicine".

They have also begun preparing the scientific program for the 2<sup>nd</sup> EuSEN congress, which will take place in Belgium, most likely in 2024—more updates to follow.

**EuSEN General Assembly 2023**  
**November 10<sup>th</sup> from 17:10 till 18:00**  
**in Gothenburg, Sweden!**



**EUSEN**

European Society for emergency Nursing

**SAVE THE DATE**

**EMERGENCY NURSING  
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GREEN ED**

**30 NOVEMBER 2023**

**starting at 18:00 till 19:15 via ZOOM**

**Info and registration: [www.eusen.org](http://www.eusen.org)**

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# The preanalytical process in the emergency department, a European survey

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Collaboration between EUSEM, EuSEN and EFLM

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## Abstract

### Objectives

Clinical decision-making in emergency medicine is under constant pressure from demand and performance requirements, with blood tests being a fundamental part of this. However, the preanalytical process has received little attention. Therefore, this study aimed to investigate the quality of preanalytical phase processes in European emergency departments (EDs) from the perspectives of the three main providers: clinicians, nurses, and laboratory specialists.

### Methods

This online survey, distributed among European EDs and laboratories, was supported by the European Society for Emergency Nursing (EuSEN), European Society for Emergency Medicine (EuSEM), and the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM). The size of the centers, the European region, the responder's profession and the country's economic condition were used as co-variables.

### Results

We included 376 responses from all ED-related professions from 306 European centers. In 66.9% of all ED visits, at least one blood test was performed. Tests were requested mostly by nurses (44.6%) using electronic Order/Entry systems (65.4%). Only a minority (19%) reported not using laboratory quality indicators (QIs). Most responders defined the TAT starting point "when the laboratory receives the sample" (66.1%), defining the goal to be "less than 60 min" (69.9%), but only 42.4% of the centers estimated achieving this goal.

[www.eusen.org](http://www.eusen.org)

## Conclusions

Our survey illustrates the current situation on preanalytical blood sample processing in European EDs from the clinical and laboratory perspectives. The results emphasise the importance of the IT infrastructure and QI usage in this process and highlight some differences between European regions.

**Keywords:** blood sampling; blood specimen collection; emergency departments; emergency nursing; haemolysis; hematologic tests; key performance indicators; preanalytical phase; quality assurance; quality indicators

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## Acknowledgments

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**Informed consent:** Not applicable.

**Ethical approval:** The project and survey were evaluated and supported by the EUSEM Ethical and Research Committees and the Boards of the EuSEN and EFLM.



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# AI in the ED...The Vital Role Nurses Play

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Artificial intelligence (AI) is ever present in our daily lives. It suggests items to purchase that might be of value, enhances traffic management, provides directions for the fastest route to a destination, and makes it easier (or harder) to receive customer support. In healthcare, AI is being used to accurately analyze radiology images, provide differential diagnosis support, and reduce administrative burden on providers. We are also starting to see AI used in nursing in the development of predictive analytics, analysis of data from the electronic health record to identify patients whose condition is deteriorating, automation of administrative tasks, and even fall prevention in an inpatient setting. AI promises to revolutionize healthcare, reduce the burden on clinicians and improve patient outcomes. Almost sounds too good to be true. The reality is effective, accurate and practice enhancing AI cannot be successful without the voice of the nurse being part of the process. Nurses who will be using the product must be part of the evaluation and decision-making process. Here are a few points to consider when evaluating AI to be used in a clinical setting.

What problem does the AI product attempt to solve?

As experts in clinical workflow and practices, we know where the actual problems exist. Assess whether the problem this technology is trying to solve exists in your practice environment. Solutions that are looking for a problem may create barriers to providing clinical care, while those aimed at assisting nurses while they do their work may not. Products that make the most significant impact often had front line nurses involved in the technology design and development process.

How do I know if AI products are accurate?

While many AI products come with claims about efficiency, effectiveness and workflow enhancement, some may not be transparent about how their AI model is trained or the accuracy of the model at doing what it is advertised to do. As someone evaluating an AI-based product, it is crucial to ask questions about how the model was trained. If the product is expected to make a clinical impact, questions about how the “correct answer” was identified by the product. For example, if the product you are evaluating is meant to provide early recognition of patients with sepsis, asking “how was the model trained to identify sepsis?” is a great place to start. Information about the sensitivity and specificity of the product, how the company measures the accuracy of the model, and how the model is improved over time are all important questions to ask. The best practice is an honest and transparent discussion of the accuracy and reliability of the product. If the company is not transparent about how its product was trained, be wary of the outcomes being shared.

How is this AI product going to impact my daily work?

As nurses, we struggle at times to complete all our care responsibilities on a shift. Technology should complement our workflows and processes, not add to them. For example, a great product design is one that works in the background and notifies the nurse only if clinically warranted, without the RN

having to click any additional buttons or provide new documentation. If a product requires the nurse to double document, click additional buttons, work around processes, or deviate from their standard work, it is necessary to evaluate whether these changes are in alignment with the goal of the product and the problem trying to be solved.

Does the product enhance patient or nurse safety?

If we could accurately recognize patients with sepsis on arrival to the ED, what would be the impact on patient safety? Does this product really improve patient outcomes, or does it increase the burden on nursing? Drawing a direct line between implementation of the product and improvement in outcomes should be clear based on the discussion. We do not have the time, resources, or capacity to add projects or products that do not add value to our clinical practice or patient care.

How are we going to be trained to use the new product?

Asking a vendor what their clinical implementation process looks like is key. A product that is easy to use and improves patient outcomes or nursing satisfaction should not require an 8-hour class to train the nursing team. Will the vendor provide the education, or does that fall to the leadership team? As new nurses are onboarded to the unit, how do they receive education about the new product? What happens when an update is implemented? How will we know if the nurses are using the product or not? The answers to these questions are an important part of the evaluation process.

How much does it cost and what is the Return on Investment (ROI)?

While true innovation does not always have a clear ROI in the beginning, understanding the financial and operational impact of the product being considered is an important part of the evaluation process. AI can reduce workload, improve processes and throughput, improve patient outcomes, increase nursing satisfaction, and promote more efficient time management. A product that delivers on its promise has a clearly defined ROI which is clear to the nurse who will be using the product. If the goal of the product is to increase revenue, the calculations used to create the ROI should be readily available to the team evaluating the product. If the product is intended to reduce patient harm, understanding how that outcome will impact the care provided in the department will lead you to the ROI.

Is this the right product for us?

At the end of the day, the team that will be using the product should be the ones making the decision about whether it is the right product for the team. Nurses are invaluable stakeholders in the development and implementation of AI in healthcare. We understand the systems and processes involved in care delivery, are workflow experts, and can easily identify opportunities where AI would be a welcomed addition to our practice environments. Our clinical expertise and deep understanding of the work we do make us invaluable assets to the design of AI products and services. We need to be at the forefront of the development and evaluation of the solutions that aim to support our practice.

# Call for pilot study to improve Child Abuse & Neglect Readiness in European hospitals

"Are you committed to enhancing child maltreatment recognition within your hospital and establish an innovative standard for the safety and wellbeing of children across Europe?"

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## Who are we looking for?

For the pilot, we are looking for three hospitals willing to improve their approach to identifying child abuse and neglect, and share results with other hospitals in their country (for an eventual wider implementation). Preferably, there is already a dedicated doctor or nurse who can coordinate the implementation of this project and a widely spoken language used in your hospital.



## About the project

This is a unique opportunity to benefit from a Child Abuse and Neglect Readiness Package & Implementation project. An estimated 117 million children across Europe endure abuse or neglect. Timely identification of child maltreatment is crucial in mitigating its enduring consequences.



However, the identification of child abuse remains a challenge, even within emergency departments where victims are more likely to present with injuries. The use of screening instruments, training and hospital policies (such as a child abuse team and/or policy officer) regarding child maltreatment have shown to increase the detection rate of child maltreatment.

The aim of the project is to enhance the recognition and management of child abuse and neglect with a toolkit 'Child Abuse and Neglect (CAN) Readiness Package' within emergency departments across Europe.

A previous survey amongst healthcare professionals showed a notable absence of screening instruments, hospital policies and training regarding child maltreatment in more than 50% of European emergency departments (Hoedeman et al. PLOS ONE 2021).

Erasmus Medical Center Sophia Children's Hospital and Augeo Foundation in the Netherlands are launching a pilot study in three European hospitals to implement a 'Child Abuse and Neglect (CAN) Readiness Package', which comprises a comprehensive toolkit including a screening tool, hospital protocol, and specialized training on child maltreatment. This initial phase aims to lay the groundwork for a wider adoption of the CAN-Ready package throughout Europe.

## What do we offer?

A unique opportunity to strengthen the approach to identifying child abuse & neglect in your hospital by means of:

- A free of charge Child Abuse and Neglect Readiness Package to enhance recognition and management of child maltreatment within the hospital, containing the following components:
  1. Exemplary best practice framework for a hospital policy addressing the recognition and management of child maltreatment.
  2. Highly rated qualitative online training on child maltreatment identification and communication (two online courses), facilitated by Augeo Foundation, renowned experts in child maltreatment and domestic violence. Click [here](#) for a demo.
  3. Implementation of a validated screening tool for improved recognition of child abuse and neglect (Hoedeman et al. 2023 EurJPed).
- The launch of the package will involve a kickoff event, jointly organized with the local project leader. Implementation of the CAN ready package is planned from April till October 2024, with additional preparations in the months before this period.
- Consultative support and assistance with implementation and the possibility to share and learn from experiences of hospitals in other countries during the one-year implementation period during 6 online sessions, provided by Augeo Foundation and Erasmus Medical Center.
- A conclusive report regarding the results of the implementation study in your hospital, including recommendations on further policy implementation.
- Enhanced international reputation within international professional associations and literature with additional publication of the complete results of all pilot hospitals in a scientific journal.



## What do we ask from you?

The 'CAN readiness package' is offered at no cost, contingent upon meeting specific prerequisites and ensuring the complete implementation of all package components within your hospital. We request the following from you and your hospital:

- Commitment to the project.
- A dedicated local project leader who coordinates implementation.
- Willingness to implement a hospital policy once approved by the hospital board.
- Technical support for implementing the screening instrument and data extraction.
- Throughout the implementation process, provide data from your hospital to achieve the project's objective, including surveys, evaluations, and data extraction.
- Allocation of dedicated time for proposed online training.
- Participation (obligatory) of local project leader in scheduled implementation support sessions.
- Execution of a contract signifying a year-long commitment to the project.

## How can you participate?

To engage with the initiative the procedure is as follows:

- Kindly complete the intake questionnaire via the QR-code:
- After submission, assessment will take place as to whether the necessary criteria can be met and you will be contacted.
- If your hospital is eligible for the study based on the intake questionnaire, a meeting will be arranged to further evaluate your suitability for participation in the project.
- Prior to the project start you will be required to sign a cooperation agreement.



The collaboration between the Erasmus Medical Center Sophia Children's Hospital and Augeo Foundation in the Netherlands forms the foundation of this innovative endeavor. Since 2017, we have been partnering with EUSEM, EuSEN and REPEM to enhance the identification and management of child abuse and neglect. Through this pilot implementation of the CAN-Ready package, our goal is to address the current shortfall in the utilization of screening tools, training, and hospital policies related to child maltreatment within European emergency departments (Hoedeman et al. PLOS ONE 2021).

## Questions?

Feel free to reach out to us at [f.hoedeman@erasmusmc.nl](mailto:f.hoedeman@erasmusmc.nl)

- **Patrycja Puiman**, Pediatrician and Child Abuse Expert, Erasmus MC Sophia Children's Hospital, the Netherlands.
- **Feline Hoedeman**, PhD student on child maltreatment recognition, Erasmus MC Sophia Children's Hospital, the Netherlands
- **Andrea Smits**, content expert and International Project Manager, Augeo Foundation, the Netherlands



# WORLD MENTAL HEALTH DAY 2023

## “Our minds, Our Rights”

Every year, 10 October, marks the “World Mental Health Day” which represents “an opportunity for people and communities to unite behind the theme ‘Mental health is a universal human right’ to improve knowledge, raise awareness and drive actions that promote and protect everyone’s mental health as a universal human right.” as stated by the World Health Organisation. Moreover, this day is the greatest occasion to remind all healthcare stakeholders and citizens of the importance of mental health and the importance of breaking the social stigmas around it, and raising awareness about this important topic.

From an EFN perspective, representing 3 million EU nurses, it is essential to highlight how severely the nurses’ mental health has been tested due to increasingly complex situations and precarious working conditions in which nurses’ work. The aging of the nursing staff and the lack of young nurses put a strain on the proper functioning of healthcare systems that, in this way, risk to collapse.

The nursing profession is not attractive for the young generation and the lack of nurses only increases the workload for those who remain in this profession, increasing levels of stress and burnout.

As the European Federation of Nurses Associations (EFN) and Mental Health Europe (MHE) asked to the EU institutions, the EU Member States, the health industry and the other health stakeholders, it is necessary to take in place concrete actions for supporting nurses’ mental health – such as:

Put in place national and local programmes to support frontline nurses who are caring for patients to preserve their mental health and prevent psychological trauma.

Combat the stigmatisation of nurses;

Foster the co-creation and co-design with frontline nurses, concerning relevant political decision-making processes;

Work closely with the nursing profession to develop policies that protect frontline staff from unnecessarily difficult or unsafe working conditions;

Allocate funds to support frontline nurses;

Urgently adopt European comprehensive long-term strategies on mental health.

It is crucial to keep our nurses protected from chronic stress and poor mental health. Ensuring their well-being and mental health is key to sustain any pandemic preparedness, response, and recovery.

It is therefore time to reflect on this and start taking care of those who care.

Source: <https://efn.eu/>



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# **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](mailto: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](mailto:door.lauwaert@uzbrussel.be)

# 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.

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