

EfCCNa 1999 - 2019

20 years of working together - achieving more



From Florence Nightingale to the Future - Critical Care Nursing 1850-2050

*Learn from the past building future to last,
nothing new is revealed if ignoring the past*

Einar Bendiktsson

Where it all began.....

History of Critical Care...

- Following the Crimean War (1854-1856), **Florence Nightingale** described the advantages of **specialized areas** for the **recovery of postoperative patients**



The fifties

The sixties



Paediatric Intensive Care Units in Europe were founded in 1965 and celebrate 50 years in 2015

PICUs often have benefitted from advanced technology of adult ICUs - but adult ICUs have never learned from PICUs, which is...



The seventies

- Critical care nursing educations arise in Europe
- Most patients were sedated and relaxed to keep them calm and to follow the ventilator
- Proper pain management was often absent
- Patients were mechanically ventilated and suction was performed every hour, 24/7
- Organ donation starts – some times without brain death criteria (kidneys)

The eighties

- From instrumental to humanistic care
- More focus on open visitation/ family centered care
- Diaries in ICU
- Brain death criteria emerge in many countries



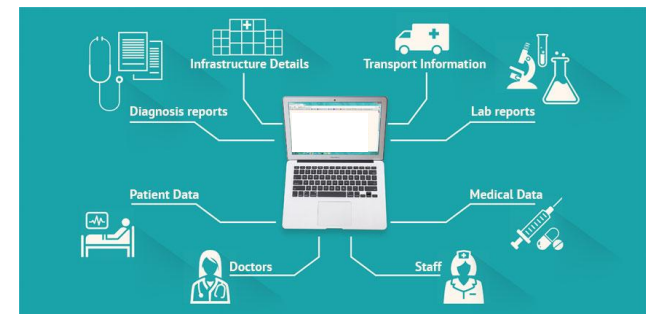
The nineties

- In 1997 – the first meeting in Rotterdam
- 1999 EfCCNa was formally established
- The federation was managed by a Core-Administration



What was happening in critical care nursing?

- Patient safety
- Less sedation and relaxation
- Patient data management systems (PDMS)



The 2000s

- Critical care without walls
- Outreach
- Patients are awake
- Early mobilisation

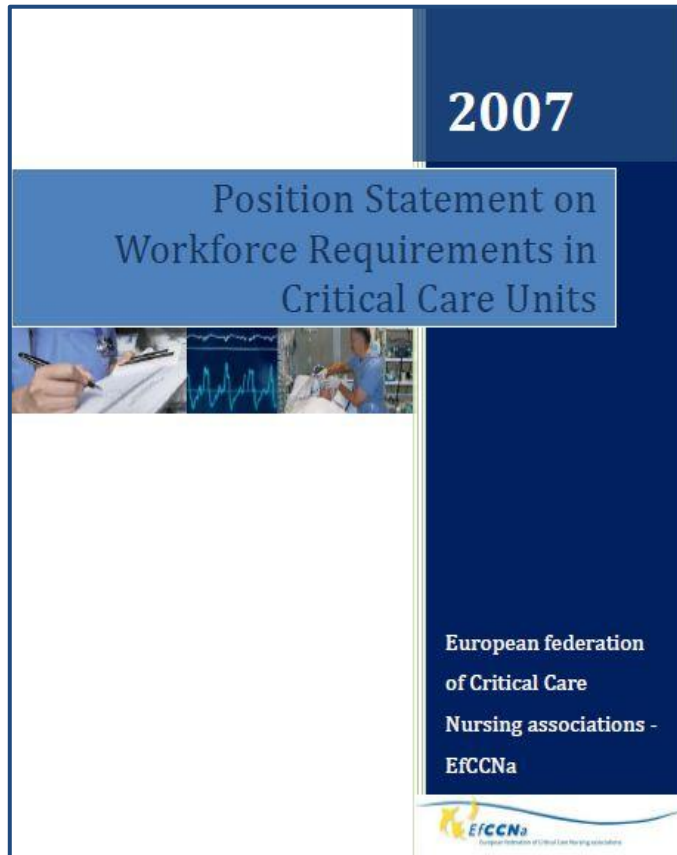


Slovenia, April 2005

EfCCNa elected a new Board to manage the affairs of the Federation
Since then...



Workforce / Management



Position Statement on staffing and patient depending level (2007)

The aim of this study was

- to review the literature on staff-patient ratios for Intensive Care Units
- to define the levels of care
- to recommended gold standard nurse/patient ratios within European Intensive Care Units

Levels of Care/Patient dependency

Level I critical care:

Comprehensive care of the critically ill patient including multidisciplinary care (e.g. neurosurgery, cardiothoracic surgery, multiple trauma, Burn Units etc.)

Level II critical care:

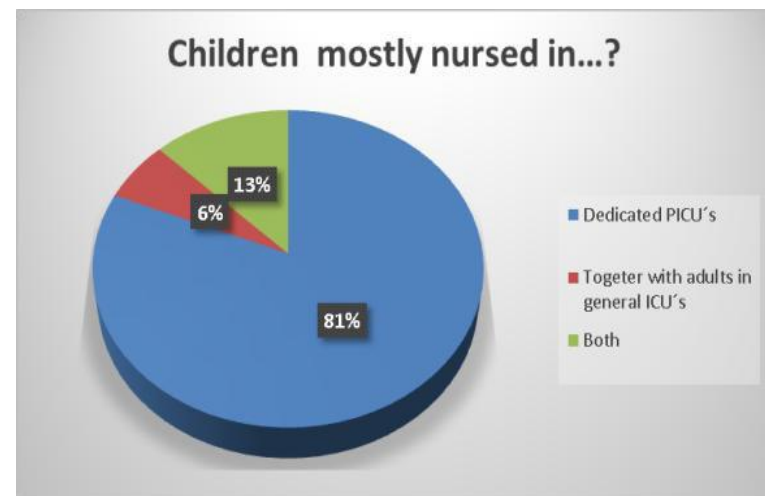
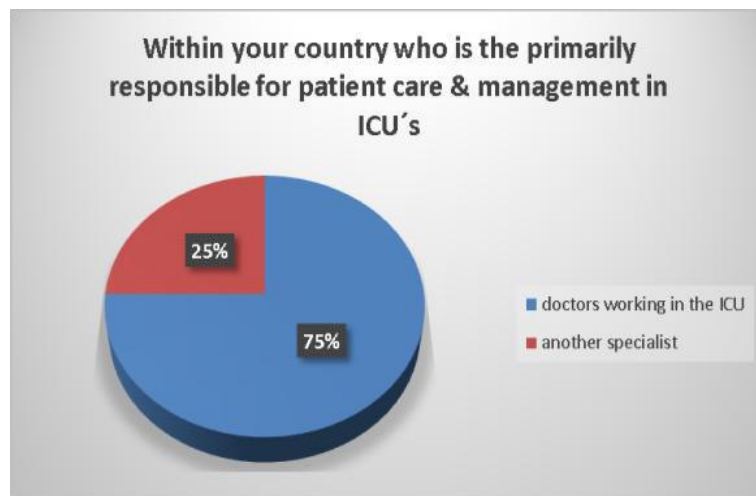
Comprehensive care of the critically ill patient but requiring for specialty care

Level III critical care:

Providing initial resuscitation and stabilization of the critically ill patient but usually (depending on the patient's critical illness and available resources) requiring transfer for comprehensive and specialty care



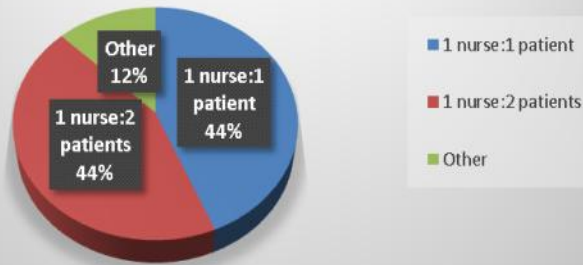
ICU Organizational Context



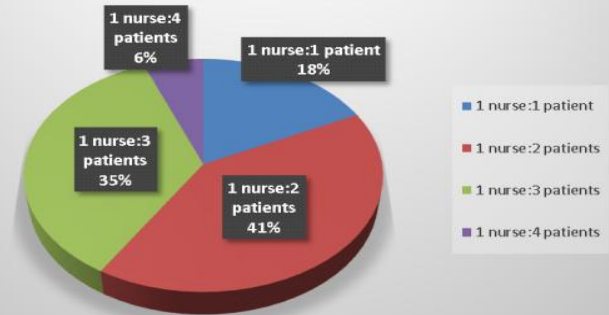
- Ensuring an adequate supply of registered nurses to work in critical care (quantity)
- Ensuring an adequate supply of qualified critical care nurses (quality)

Staffing Structure & Workload

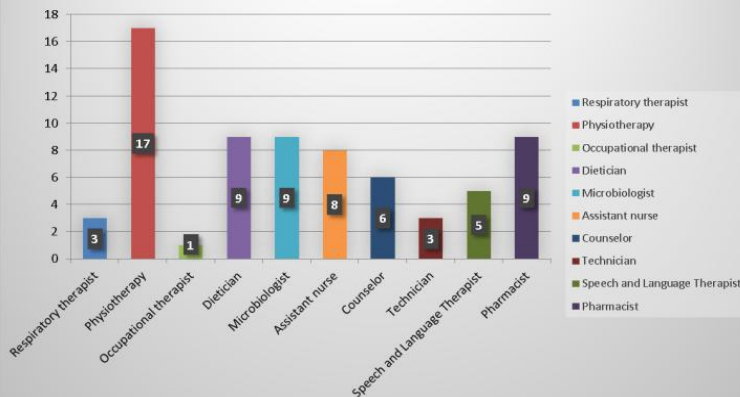
What is the nurse to ventilated ICU patient ratio within your country during a typical day shift?



What is the nurse to non-ventilated ICU patient ratio within your country during a typical day shift?



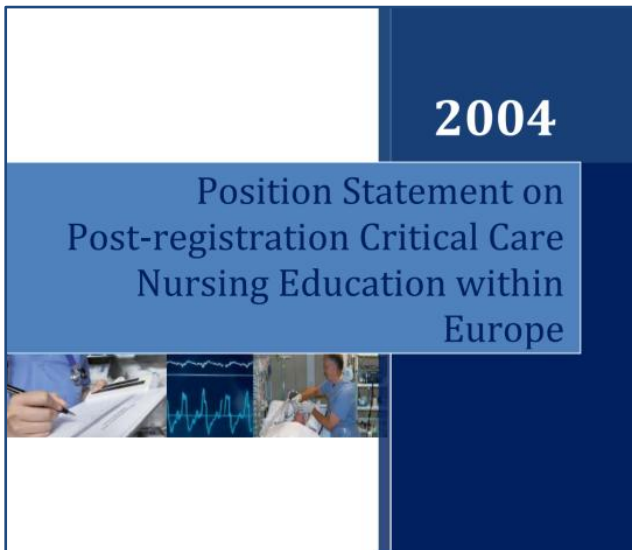
What healthcare professionals do you have that support nursing care delivery within the ICU? Number of countries that utilised each professional role.



- Nurse staffing levels should be determined primarily by workload (number of patients and case mix)
- Unit and ward managers need to recognise all the variables before deciding on appropriated staffing

Education

EfCCNa Statement: patients with specialist needs must be cared by nurses with specialist skills and knowledge

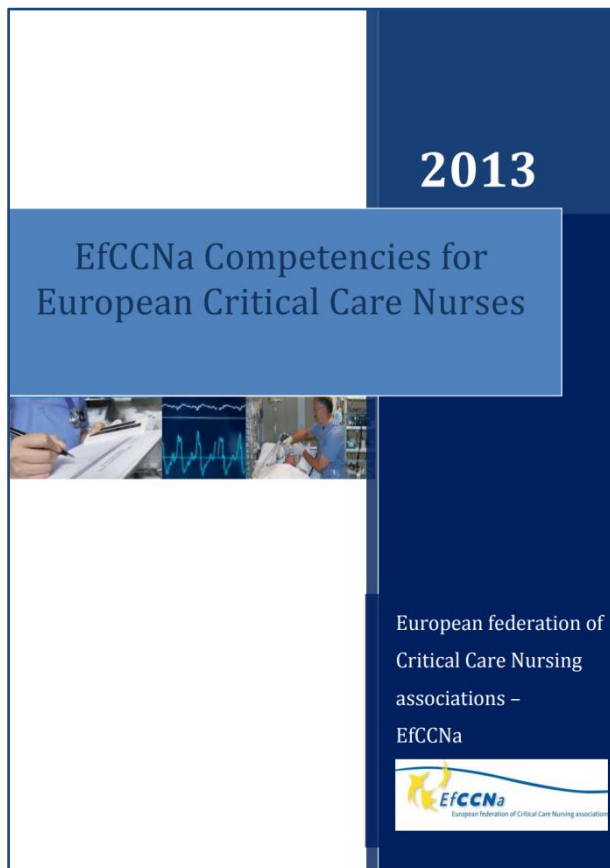


‘Patients in hospitals in which 60% of nurses had bachelor’s degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor’s degrees and nurses cared for an average of eight patients.’

Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. The Journal of nursing administration, 38(5), 223.

Education

The increasing complexity & holistic nature of critical care requires a unique combination of skills, knowledge and attitudes in critical care nurses

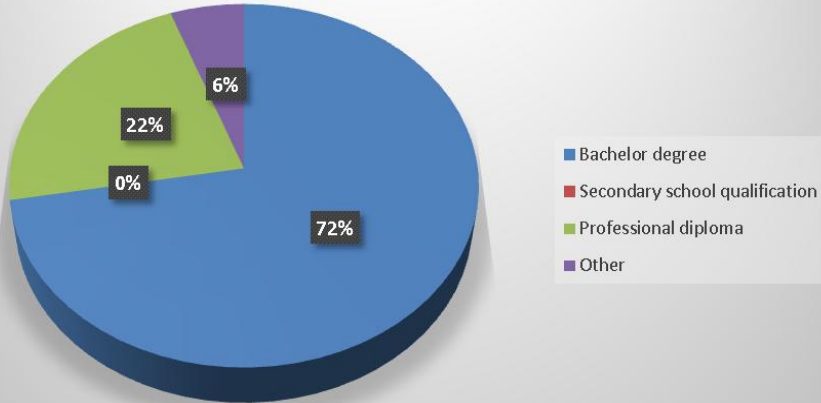


- To ensure that critical care nurses are fit for purpose and competent to perform their role, appropriate training and development opportunities should be provided
- Examples include post-registration critical care training and local competency, too

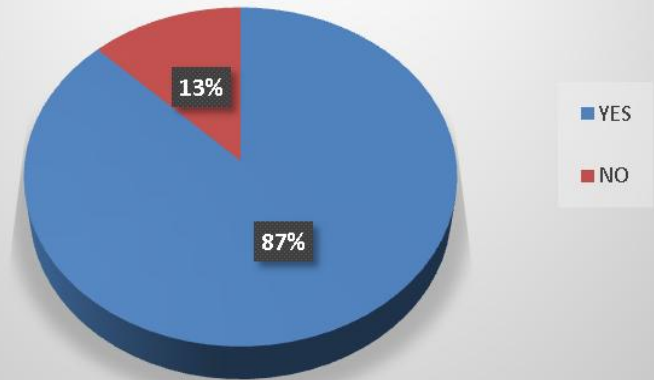


Qualification of CCN

Nurses completing their initial nurse training gain which qualification?



In your country are specialist critical care nursing courses available?



E-learning course on Multi Cultural Care on ICU



MICE
Multicultural Care in European
Intensive Care Units



Erasmus+



Multicultural Care in European Intensive Care Units
An e-learning opportunity for critical care nurses

www.mice-icu.eu

The e-learning course is available on the MICE-ICU website <https://lms.mice-icu.eu/>

Exchange Programme



Research

JAN

JOURNAL OF ADVANCED NURSING

ORIGINAL RESEARCH

Research priorities of adult intensive care nurses in 20 European countries: a Delphi study

Bronagh Blackwood, John W. Albarran & Jos M. Latour

Accepted for publication 24 September 2010

The Delphi Study on research priorities 2010

Studies supported by EfCCNa

- End of Life (EoL) Care Study
- Weaning from Mechanical Ventilation

International Journal of Nursing Studies 49 (2012) 191–200

Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/ijns



A survey of European intensive care nurses' knowledge levels

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^e Intensive Care Unit, Royal Brisbane and Women's Hospital, Brisbane, Australia

The E-link study 2012

Critical Care Doctoral European Nursing



The CC DEN brings together
nurses across Europe engaged
in critical care nursing research

Research Awards



Research Grants

The EfCCNa research grants are aimed at encouraging European Nursing Research that focuses on critically ill patients, their relatives, or the staff and services that provide for them.

Funding

The funds available each year limits the maximum for individual grants to 4.000 €.

Who can apply?

The grants are open to members of national associations that are members of the EfCCNa.

- For grant application visit the EfCCNa website: www.efccna.org/nursing-research
- The closing date for consideration of research grants is 1st September.

Award
Research Grants
working together
EfCCNa
European Nursing Research
achieving more
Award
EfCCNa
Critical Care
Research Grants
working together
Award

Clinical Practice

EfCCNa provides evidence based information, useful and supportive for health care professionals in their daily work in intensive and critical care environments

❖ GLOBAL CONNECTIONS ❖

The Presence of Family Members During Cardiopulmonary Resuscitation:

European federation of Critical Care Nursing associations, European Society of Paediatric and Neonatal Intensive Care and European Society of Cardiology Council on Cardiovascular Nursing and Allied Professions
Joint Position Statement



Paul Fulbrook RN: PhD, MSc, PGDipEd, BSc (Hons), Professor of Nursing, Australian Catholic University, Brisbane, Australia,
Jos Latour RN: MSc, Clinical Researcher, Erasmus MC-Sophia Children's Hospital, Rotterdam, The Netherlands,
John Albarran RN: MSc, BSc (Hons), NFESC, Principal Lecturer in Critical Care, University of the West of England, Bristol, UK,
Wouter de Graaf RN, RSCN, President, EfCCNa,
Fiona Lynch RN: MSc, BSc, President, Scientific Committee, ESPNIC Nursing,
Denis Devictor MD: PhD, President ESPNIC,
Tone Norekvål, RN: MSc, NFESC, Chair, Council on Cardiovascular Nursing and Allied Professions;
The Presence of Family Members During Cardiopulmonary Resuscitation Working Group.

2012

Position Statement on Nurses' Role in Weaning from Ventilation



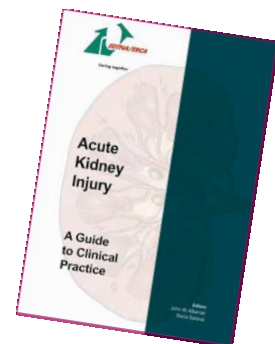
2017

Pain Management in Intensive Care EfCCNa Recommendations



Publications

- European Intensive Care Nurses' Attitudes and Beliefs towards End-of-Life Care (2008)
- A European survey of critical care nurses' attitudes and experiences of having family members' present during Cardiopulmonary resuscitation
- European survey of adult intensive care nurses' practice in relation to nutritional assessment
- Enteral Feeding practices in European ICUs: A survey from the European Federation of Critical Care Associations (EfCCNa), e-SPEN
- The presence of family members during cardiopulmonary resuscitation
- Acute Kidney Injury – A Guide to Clinical Practice
(in co-operation with EDTNA / ERCA / EfCCNa / HENNA 2012)



EfCCNa project outcomes, e.g.

- Position Statement on Critical Care Nursing Education (2004)
- Joint position statement of EfCCNa, European Society of Pediatric and Neonatal Intensive Care and European Society of Cardiology Council of Cardiovascular Nursing and Allied Professionals: The Presence of Family Members during Cardiopulmonary Resuscitation (2007)
- Position Statement on Workforce Requirements within European Critical Care Nursing (2007)
- Position Statement on the Nurses' Role on Weaning from Ventilation (2012)
- EfCCNa Questionnaire on Critical Care and Critical Care Nursing in Europe (2017)
- Nutrition (2019)

The Belfast Declaration: Promoting and Supporting Optimal Critical Care Nursing Practices Worldwide

PREAMBLE

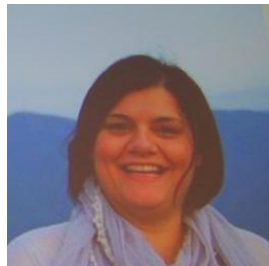
Supporting and advancing critical care nursing is a priority and focus area of the global critical care nursing organizations. At the European federation of Critical Care Nursing associations (EfCCNa) meeting in Belfast, Northern Ireland, held February 15-18, 2017, the inaugural Joint Session of the critical care nursing organizations – EfCCNa, the European Society of Intensive Care Medicine (ESICM), Nursing and Allied Health Section (N&AHP), the Society of Critical Care Medicine (SCCM), and the World Federation of Critical Care Nurses (WFCCN) - was held.

Collectively, these leading critical care nursing organizations represent over 600,000 critical care nurses worldwide.

The Joint Session highlighted the work of each individual international critical care nursing organization and it became evident that each organization, individually, as well as collectively, was advancing critical care nursing practice.

Through *educational initiatives* including congress programming, web-based resources and other education-based projects; *clinical support* initiatives including clinical competency and skill building resources and tools; *research* projects targeting key critical care practices such as prevention of pressure ulcers, fall reduction, promoting early mobility in the ICU, and patient and family centred care research among others; and through *administrative support* resources such as metrics for determining appropriate staffing in the ICU, supporting ongoing professional education, and promoting specialty certification in critical care, the international critical care nursing organizations – EfCCNa, ESICM-N&AHP, SCCM, and WFCCN – are supporting, promoting, and elevating standards of practice for critical care nursing worldwide.

EfCCNa Fellows



EfCCNa 2019: a federation of 30 member organisations, representing 27 countries in Europe



A word cloud on a dark blue background featuring the names of 30 member organizations and 27 countries. The words are in various colors (purple, yellow, teal, pink, light blue) and sizes, arranged in a circular pattern. The organizations included are EfCCNa, ESPNIC, and several national nursing associations. The countries listed are Turkey, Denmark, Israel, Cyprus, Slovenia, Greece, Macedonia, Belgium, Netherlands, Hungary, Croatia, Finland, Germany, France, Switzerland, Italy, Spain, Poland, Iceland, Great-Britain, Norway, Austria, Sweden, Slovakia, Malta, and Ireland.

Turkey
EfCCNa Denmark Israel
Serbia Slovenia Greece Cyprus
Macedonia Belgium Netherlands Hungary
Croatia Finland Germany Switzerland
France EfCCNa Italy Spain
ESPNIC Poland Iceland Great-Britain
Norway Austria Sweden
Slovakia Malta Ireland



The EfCCNa family warmly welcomes you to the 8th Congress in Ljubljana