THE HEALTH IN CHILDHOOD PROGRAMME:

Implementation of nurse-led preventive and health-promoting activities at paediatric age in primary care

Consorci de Salut i Social de Catalunya

Implementation of nurse-led preventive and health-promoting activities at paediatric age in primary care

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Summary

1.

INTRODUCTION

Continual research to improve the quality of care received by the citizen is common to the whole Catalan health system. In this framework, the redefinition of professional roles, favouring the redistribution of competencies and boosting the autonomy of each professional to the maximum becomes fundamental.

In response to the requests of numerous associated organisations, in June 2013 the CSC organised a session focussed on advanced nursing skills. Various experiences of these advanced skills already being used in Catalonia were presented.

With the aim of following up on this session, it was agreed that a series of documents with recommendations would be produced to help all those entities planning to implement some of the experiences presented. The implementation of nurse-led preventive and health-promoting activities at paediatric age in primary health care was unanimously chosen as one of the first experiences that needed to be developed.

The model of prevention and health promotion at paediatric age in primary health care is included within the legally-established area of nursing competencies, and has already been carried out by nursing professionals for more than 20 years in many primary health care centres in Catalonia.

In this sense, Law 44/2003 of 21st November on the Regulation of the Health Professions (BOE no. 280 of 22nd November 2003), establishes in article 7.1 that *"it falls to qualified health professionals, in general, within the field of action for which the corresponding qualification is awarded, to personally provide the care and services that form part of their professional competence in the various phases of the health care process without prejudice to the competence, responsibility and autonomy of the various professionals involved in this process"*. And article 7.2 a) establishes that nurses are responsible for *the "management, evaluation and provision of the nursing care aimed at the promotion, maintenance and recovery of health, and the prevention of illnesses and disabilities".*

On the other hand, article 53.2 of the Statute of the Nursing Profession, approved by Royal Decree 1231/2001 of 8th November (BOE no. 269 of 9th November 2001), determines that the nurse *"has acquired the sufficient knowledge and skills with regard to the human being, their organs, biopsychosocial functions in both states of wellbeing and illness, the applicable scientific method, the ways to measure, assess and evaluate the proven scientific facts, as well as the knowledge and skills to analyse the results obtained with the aid of the appropriate clinical and technological media and resources with the objective of detecting the needs, imbalances and changes in the human being related to the prevention of illness, the recovery of health and rehabilitation, social reinsertion and/or help towards a dignified death".*

What is more, Law 44/2003 establishes that the limits of the professional competencies of the nurse must correlate with the knowledge, skills and abilities conferred by their university qualification and speciality. Thus, and as set out in the resolution by which publicity is given to the Agreement of the Catalan Council of Nurses establishing guidelines for the exercise of nursing activities in the mentioned management of demand (DOGC of 8th July 2013), "*the nurse is the health professional qualified to professionally nurse with the appropriate autonomy, duties and responsibilities. In accordance with this they take on the management, evaluation and provision of nursing care and services to both sick and healthy persons, as well as the community, that contribute to the maintenance, promotion and recovery of health, the prevention of illnesses and accidents, as well as assistance, rehabilitation, social reintegration and help towards a dignified death*". In this sense, SAS Order 1729/2010 of

17th June, which approves and publishes the training programme for the specialty of Family and Community Nursing (BOE no. 157 of 29th June 2010), establishes in article 5.2 that the nurse with the specialty Family and Community Nursing is able to: the "*systematically assess the infant's physical, psychological, cultural, environmental and social development in the family and community setting; promote the health of boys and girls in the family and in the community, with particular attention to schools; prevent illness in girls and boys at family and community level; and provide specialised treatment at community level, alongside other specialists and professionals when necessary, in the situations of: abnormalities with the child's development, acute health problems, disabilities and chronic health problems*".

For its part, Order SAS/1730/2010, of the 17th of June, which approves and publishes the training programme for the specialty of Family and Community Nursing (BOE no. 157, of the 29th of June 2010) recognises in article 3 that the nurse with this speciality is "*a professional trained to independently provide nursing treatment during infancy and adolescence, at all levels of care, including the promotion of health, the prevention of illness, care of the healthy or unwell newborn, child or adolescent and their rehabilitation in a multi-professional team and in collaboration with nurses that are specialists in other areas. This is a professional who, with a responsible, scientific attitude will exercise leadership in the field of newborn, child and adolescent care, for those who are healthy and those with acute, chronic or debilitating pathological processes, being trained to plan, perform and assess health programmes relating to their specialty and to develop research projects and teaching to improve the quality of their services and collaborate in the progress of the specialty*."

Thus, when the document speaks of the nurse, it refers both to the nurse who performs activities of prevention and promotion of health at paediatric age in primary healthcare, and, following the approval of the training programmes for the specialties of Family and Community Nursing and Paediatric Nursing, it refers both to paediatric nursing in primary healthcare and to community paediatric nursing.

2.

WHAT DO WE MEAN BY NURSES LEADING PREVENTION AND HEALTH PROMOTION AT PAEDIATRIC AGE IN PRIMARY CARE?

When we speak of nurses leading prevention and health promotion at paediatric age in primary care we are referring to the nurse: carrying out the visits of the Protocol on Preventive and Health-Promoting Activities at Paediatric Age and those that may result from it; developing advisory and education activities for children, families and the community; following the growth of the children; identifying problems and/or health or life issues; and providing a professional judgement within the field of their competence.

Throughout this process, the figure of the paediatrician will be that of consultant, providing decision-making support.

3.

RECOMMENDATIONS FOR THE IMPLEMENTATION OF NURSE-LED PREVENTIVE AND HEALTH-PROMOTING ACTIVITIES

1. DECISIONS MUST BE MADE THROUGH CONSENSUS BETWEEN THE CENTRE'S MANAGEMENT AND PROFESSIONALS

In order for nurses to lead the prevention and health-promoting activities at paediatric age in primary care, it is essential that the management understands its benefits, promotes its implementation and provides guidelines. At the same time, the paediatric team, paediatricians and nurses must lead the implementation of these activities.

In order to ensure the successful implementation of this model of care, it is necessary for the project to be shared between the paediatricians and nurses as well as between these and the management and administration.

2. START WITH THE MOST MOTIVATED AND EXPERT PROFESSIONALS

When beginning the implementation of this model of care it is recommended that the professionals in the team who are most enthusiastic about the advantages of the new model lead its implementation.

3. THE END GOAL: APPLICATION TO THE WHOLE CENTRE

Though the model's implementation should be led by the most motivated professionals in the centre, it is important that everyone understands that the end goal is for all of the centre's health care professionals to end up participating this model of care led by the nurse with most experience and knowledge.

4. A HIGH LEVEL OF MUTUAL TRUST MUST EXIST BETWEEN THE PAEDIATRICIANS AND NURSES

It is essential that there is mutual trust between the nurses and paediatricians in order for the implementation to be successful.

The nurse will have the competencies to work independently and the peace of mind of having the support and reinforcement of the paediatrician when taking decisions that require the consent of both members of the team.

5. THE CREATION OF DYNAMIC TEAMS OF PAEDIATRICIANS AND NURSES IS RECOMMENDED

In order to make the management of this model easier – and as long as the structure of the centre allows it – team dynamics should be created in such a way that a nurse is able to have the support of various paediatricians

6. COORDINATION AND LEADERSHIP

The coordination and leadership of the teams who carry out the prevention and promotion of health at paediatric age in primary care should be led by professionals who believe in the advantages of this new model and who are very close to other professionals in the team.

7. ENSURE NURSES' ACCESS TO PAEDIATRICS

The paediatrician's role in this model of care is one of support. For this reason it is necessary that the nurse carrying out the prevention and promotion of health at paediatric age in primary care has quick, easy access to a paediatrician.

8. NURSES' TRAINING AND EXPERIENCE ARE KEY ELEMENTS

It is necessary to point out that the training – practical as well as theoretical – of the nurses in this field is very important. Without this foundation, proper care cannot be given.

A positive factor is the involvement of the paediatricians in the training of nurses, as it helps develop trusting working alliances between the two professional areas. It is also important that the already-trained nurses are involved and intervene in subsequent training processes.

The experience of the nurses leading the prevention and health-promoting activities at paediatric age in primary care is a key factor. The health care management of each centre will determine which nurses have the necessary skills in terms of their professional experience and training.

It is essential that the professionals who participate in this new model know how to work in a team.

9. VARIOUS NURSES MUST BE TRAINED

It is necessary to have a team of trained nurses in order to cover substitutions in the case of holidays and temporary incapacity. This ensures the continuity of the model and encourages its acceptance among the citizens.

10. CONSENSUS ON ACTION PROTOCOLS

Before implementing this model consensus should be reached about the protocols of action among the paediatricians, among the nurses and between the nurses and paediatricians. All professionals in the team must work according to the same criteria and the best care quality must be assured by a basis on evidence.

These protocols must be known and shared by the whole team and it is necessary to revise them periodically. This will allow the nurses to develop their skills with greater tranquillity and assurance.

11. SHARED INFORMATION SYSTEMS BETWEEN THE PAEDIATRICIAN AND NURSE

Though currently the vast majority of primary care teams share information systems, we believe that this is a recommendation that we cannot avoid because of the impact that it has.

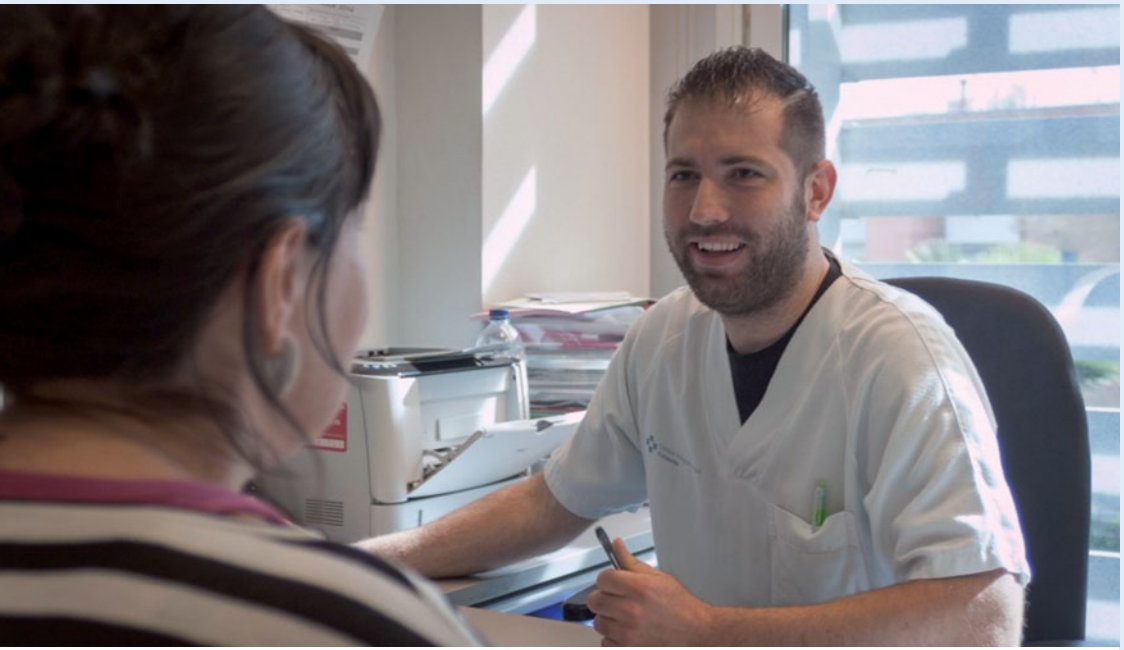
It is essential that at all times the paediatrician and the nurse are able to access the health information of the child, which must be gathered within a single platform.

12. THE FAMILY MUST BE INFORMED OF THE MODEL

It is believed to be of benefit that on the baby's first visit the paediatrician is present so that the family can get to know the team and establish a link of trust. On this first visit it is necessary to explain the structure of the subsequent visits, which will be led by the nurse in charge of the process, and that the paediatrician will be aware of the whole process.

The aims of this model

- Boost the competencies of the paediatricians and nurses.
- Enable the paediatricians to attend to the children whose conditions most require it in the most adequate way.
- Promote work on the prevention and promotion of health and the empowerment of families.
- Redistribute resources, thereby improving the level of decision-making and efficiency in the system.



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