

GOING DUTCH: EMERGENCY NURSING IN THE NETHERLANDS

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What is the first thing that comes to mind when thinking of the Netherlands? Windmills, tulips, speed skating, the red-light district, and drugs? Next to these iconic trademarks, the Netherlands is also known for its health care system, which is not only well organized but also accessible to all who live and work in the Netherlands. This article provides an inside look into the Dutch health care system focused on emergency nursing.

The Netherlands

The Netherlands is a relatively small but densely populated country. It is about 13,084 square miles (for comparison, Maryland is 12,407 square miles)¹; has 17 million inhabitants, which accounts for 1,259 inhabitants per square mile (for comparison, the United States has 84 inhabitants per square mile)²; and is situated in Western Europe. Given its geographical location and moderate, temperate climate, natural disasters are rare.

The Dutch are a healthy population with a life expectancy of 79.5 years for Dutch men and 83.1 years for Dutch women.³ Cancer is the number 1 cause of death, followed by heart and vascular disease. In the year 2011 (and holding stable), a total of 5,844 people died of non-natural causes (35 deaths per 100,000 inhabitants), with suicide as the leading cause (28.2%), followed by traffic-related incidents (11.2%). Further causes of non-natural deaths included falls (2,376), accidents in or around the

house (911), violence (143), drowning (70), and firearms (49). Traffic participation is relatively safe. In 2011 a total of 4.97 traffic-related deaths were registered per 1 billion traffic kilometers. This is low in comparison with the United States with a rate of 9.03 deaths per billion kilometers.⁴ In the Netherlands a decrease has been seen when it comes to traffic-related deaths; 1,000 deaths were recorded in 1990 compared with 653 in 2011. Multiple factors can be held accountable for this decrease, for example, the introduction of speed limits on highways, tougher enforcement of the speed limits, and the increase in traffic, which in hindsight forces the driver to reduce his or her speed. Bicycles are one of the most frequent forms of transportation, and 30.2% of all traffic-related deaths are bicycle related.¹ Wearing a helmet while riding a bicycle is not mandatory for adults or children, and few people wear them.

In the Netherlands there are 114 general hospitals. Of these hospitals, 93 have an emergency department (Figures 1 and 2). Since the 1980s, emergency services have changed dramatically. Before that time, emergency departments only coordinated the initial assessment of patients. The care that was provided was of especially low complexity and consisted of a large number of minor emergencies. The emphasis in the emergency department was first assessment and transfer to a ward where it was thought that the patient would receive the proper care. In this day and age, emergency departments in the Netherlands are staffed by highly qualified, well-trained nursing and medical staff, and all patients receive excellent care.

In the 1990s, international research showed that improvements in the emergency chain, both inside and outside of the hospital, could bring significant health benefits and that, by investing in acute care, a reduction in both mortality and morbidity rates could be realized.⁵⁻⁶

The Government

The Dutch government also realized the importance of a proper emergency chain. Because of this quality boost, 12 hospitals were granted the status of a trauma center, similar to a Level 1 hospital in the United States. These trauma centers must meet criteria set by the government and are considered experts when it comes to emergency medicine.

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FIGURE 1

Trauma room at Leiden University Medical Centre (Photographer, Alex van der Lecq).

Besides changes within hospitals in the Netherlands, the profession of emergency nursing also saw great changes. Until the 1990s, there was no separate training or schooling for nurses working in the emergency department. In the early 1990s, Advanced Trauma Life Support was introduced in the Netherlands. The establishment of a private professional organization for emergency nurses in 1992 (Dutch Association of Emergency Nurses, Nederlandse Vereniging van Spoedeisende Hulpverpleegkundigen [NVSHV]) was of great importance for the further professionalization of the emergency nursing profession. The NVSHV initiated the introduction of the Trauma Nursing Core Course in 1996 and the Emergency Nursing Pediatric Course in 2001. Next to these changes, the introduction of emergency medicine as a separate medical specialty also led to another quality boost in Dutch emergency care. In 2009 the Dutch government set up a committee (Breedveld Commission)⁷ to introduce further quality classification for emergency departments. Basic requirements were set regarding not only equipment but also staffing, training, and responsibilities (Table). The commission's report also determined that the training and schooling of doctors working within the emergency department in many of the Dutch hospitals could be improved. This was in contrast to emergency nurses, who seemed well equipped for working within the emergency department.

The Emergency Nurse

The emergency departments in the Netherlands are staffed by well-qualified nurses. Because of their schooling, experience, and recurrent training, they are competent and skilled at their work. Each nurse in the Netherlands follows a basic 4-year nursing training program in which he or she becomes competent in several areas, such as coordination of care, communication, science, and development of care. This nursing education can be completed at 2 different levels: levels 4 and 5. The level 4 nurse has a standard nursing qualification. He or she works in a hospital performing all the nursing tasks.

The level 5 nurse is in possession of a bachelor of nursing degree. This nurse performs a leadership role and initiates care processes. He or she is open to consultation by colleagues and other disciplines. In addition, he or she is able to act in situations in which no protocols or requirements are available and standing protocols are not applicable. This nurse is able to adapt, provide health education, and play a role within professional development, quality assurance, and quality improvement. The level 5 nurse is a proactive team member who, along with performing regular nursing tasks, will be part of the education and guidance of students and can be a participating member of different task forces. For example,

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