

# Overview report: 14th International EAUN Meeting

## Milan meeting draws enthusiastic approval from urology nurses

Milan

The three-day 14th International EAUN Meeting in Milan last March gathered around 400 participants for a varied scientific programme that covers a range of topics including controversies in post-operative procedures to specialised nursing care of patients with urological cancers and bladder dysfunction.



Ms. Dora Mair presenting at the Bladder dysfunction session

Pros and cons regarding prostate cancer screening was one of the issues discussed with a panel of prostate cancer experts from Europe sharing their views on the controversial subject.

**“Both nurses also said that they learned from the case the importance of good communication and documentation of nursing problems and interventions.”**

Roderick Van Den Bergh (NL) presented the pro-view on PSA screening while Klaus Brasso (DK) provided the opposing opinion. The presentations were later followed by a panel discussion with Brasso, Karen Flynn Thomas (IE) and Erik Van Muilekom (NL) as members. Moderated by Van Den Bergh, the panel carefully examined the benefits of early detection, while weighing its drawbacks in some groups of patients.



Jury members Jerome Marley, Veronika Geng and Michael Borre watch the presentation of a research plan in the Research Plan Competition session

“The truth probably lies somewhere in the middle,” said Van Den Bergh. He added: “PSA screening at a population level reduces PCA mortality by 21 to 29%, while at the same time PSA screening results in a large over-diagnosis of 50%.” Comments from the audience also indicated that patients’ views must be carefully considered as some patients prefer active treatment from doctors over so-called watchful waiting strategies.

### Video abstract session

The video abstract session “*Inside the body: Surgery in Motion*,” a new feature in the EAUN programme also received high praise in post-meeting surveys. Several participants remarked that this session was very interesting and instructional and should definitely be repeated in Stockholm.

### Presenting a difficult case

Two Dutch nurses, Marjette Beije and Alice Van Der Scheer from the Netherlands Cancer Institute (NL), presented a difficult case in the session “*Nursing solutions in difficult cases & case discussions*” this year and enthusiastically shared their experience.

“In Milan, we presented a difficult case from our daily



From left: Participants Enzo Federico (IT) and Maria Russo (IT) with cystoscopy trainer Carmen Sommers (NL)

practice, which was very interesting to work on,” said Beije and Van Der Scheer. “We tried to inform our urology colleagues as much as possible about our patient. Presenting the case was an opportunity to share knowledge with our colleagues from other countries and to find out if we are on the right track.”

The case deals with complicated ostomy and wound care after cystectomy and Bricker deviation (with complex co-morbidity). “We don’t often see such big problems with such a good result, although together with our patients we face challenging issues every day,” they added.

Both nurses also said that they learned from the case the importance of good communication and documentation of nursing problems and interventions. “A colleague asked what we could have done differently. Our answer was that the nursing discharge document should not be open to multiple interpretations,” Beije said. “Although we thought the information we gave the patient was clear (text,



photos), it led to problems. Sometimes, (whenever possible) bedside teaching could be a solution.”

They added that the difficult case presentation made them more aware of the role of their skills, their interventions and its impact on the treatment. “Did we overlook something or are there other aspects that could have been improved? For us it was a great opportunity to examine these issues by participating in Milan.”

They also noted that it was a challenge to present the case in English within the given time (10 minutes) with an international audience as they were prompted to get straight to the main questions, which actually helped to get a clear look of the main problems.

### Cystoscopy course: positive feedback

One of the main goals of the EAUN is to fill in gaps in nursing education. The EAUN board considered a cystoscopy course for nurses as one of the needs and the course in Milan served as a test for offering an accredited course. In some countries patients are provided with a cystoscopy in a nurse-led clinic, and in the US, the UK, Scandinavia and the Netherlands, especially trained nurses are familiar with performing cystoscopies independently. This is certainly not the case in all countries, and as far as the EAUN is concerned this need also not be the goal.

There is no doubt that nurses who run nurse-led cystoscopy clinics are well-trained since most nurses are trained on the job and have had their training directly from the urologists in actual clinical practice. Often their training is based on the so-called “do one-see one-teach one principle.” Trained nurses recommend that offering good theoretical education should be the basis, alongside a hands-on training session. In Milan, nurses who do not perform cystoscopies themselves also proved to be interested to participate in such courses.

Frank d’Ancona, a Dutch urologist, introduced the course with a lecture on anatomy and physiology of the bladder, embryology, anatomy and anomalies and pathology of the urological system. Lawrence Drudge-Coates, clinical nurse specialist (UK) and



European nurses visit the hospital San Raffaele Turro

Willem De Blok, a Dutch nurse, explained indications and preparations for cystoscopy, legal aspects, experiences of nurses practising cystoscopies, and discussed some clinical cases.

A representative of Olympus Europe Holding GmbH,



The revamped EAUN booth drew much attention

The chief of the nursing department of urology gave a presentation, and mentioned that in their clinic there are two wards for urologic patients: one for the uninsured patients and another for those with insurance. The ward for patients with insurance is a VIP ward with spacious rooms and with a second bed for a family member, a large bathroom and a little lounge.

She also discussed the new clinical routine for robotic prostatectomy surgery, and mentioned the following points regarding the new routine:

1. No bowel washout day before operation but only a little enema in the evening and morning prior to the operation. The patient can eat normally the evening before, and in most cases the patient can also have meals after the operation;
2. No epidural painkillers or opiates after the operation; and
3. Mobilisation in bed on the day of the operation and a few hours out of bed the day after the operation.

### The results of the new clinical routine for robotic prostatectomy

	Conventional	After clinical path
Free mobilisation	51h.	29.5h
Gas canalisation	43h.	29.5h.
Stool canalisation	94h.	88h.
Pain VNS scale	3,65	1,85
Presence of post-operative nausea	13,5%	23%*
Discharge after:	5 to 6 days	3 to 4 days

\*there is no compromise about the use of anesthetic medication

The participants also visited the rooms where lithotripsy, cystography, changing the DJ or nephrostomy catheter and prostate biopsy and urodynamic examinations take place. The urological polyclinic was also equipped with a cardiologic consultation room with equipment for cardiac echo, cardiac effort test, etc.

“On behalf of all the nurses who visited the hospital, I thank the nursing staff and the head nurses of the urology department for the very fine welcome we had in San Raffaele,” said Vandewinkel.

### New EAUN booth

This year’s EAUN meeting also featured a revamped booth, which gave both members and non-members the opportunity to inquire about membership inquiries, future activities or simply have a meeting place.

### Nurses’ dinner

A special nurses’ dinner with music and an informal atmosphere formed part of the social programme. However, some were unable to attend since they were unaware that registration for this event always takes place online together with the meeting registration, and is not automatically included in the registration.

All in all this year’s EAUN meeting was a success in terms of attendance and quality of the programme, and many of the participants said they look forward to another instructive and insightful meeting in Stockholm.

### Next year’s meeting

The meeting in 2014 will take place from 12 to 14 April 2014, in Stockholm, Sweden. This year’s abstract deadline will again be on the 1st of December (2013). More information on the submission of a Difficult Case or a Research Plan can be found on page 40 of this newsletter.

The congress website [www.eaustockholm2014.org/15th-eaun-meeting/](http://www.eaustockholm2014.org/15th-eaun-meeting/) with more information will be available soon. We are looking forward to your submissions!



Urodynamic examination room in the Urology department

## Berne University Hospital hosts short-term visit



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**Helsinki University Hospital (HUCH) provides high-specialised medical care for more than a million people within the Helsinki region. The coordination of the service provision is divided between four departments: Department of Medicine, Department of Surgery, Department of Gynecology and Pediatrics, and Department of Psychiatry.**

The 17 HUCH hospitals form part of Helsinki and Uusimaa Hospital District (HUS). HUCH hospitals serve as training centers and provide excellent facilities for both national and international research projects. As of last year, the number of employees for the whole HUS organisation totalled to around 21,322.

I work in the Clinic of Urology as a registered nurse. The Clinic of Urology covers the entire range of adult urology, from diagnose to high-specialised medical care and follow-up. The clinic consists of two Outpatient Clinics (in Meilahti Hospital and in Peijas Hospital), three wards (48 beds), operating theatres and a stone treatment center. I work mainly in the urodynamic laboratory.

All in all the team in Clinic of Urology consists of one professor of urology, 18 urologists, six senior residents (residents in urology), around three junior residents (residents in surgery), and 84 nurses. Last year, 2,392 elective urologic surgical operations were done in addition to about 250 emergency operations. (Matikainen, 2012).

My aim with this Fellowship short term visit is to improve the current patient safety culture and bring concrete improvement proposals to daily practice and procedures. This work greatly benefited from

comparing practice and procedures to those of a hospital operating in a completely different environment. As a renowned Swiss hospital, the Berne University Hospital provided an ideal setting for this comparative work.

### Host institution

Berne University Hospital was founded in 1354. It is named Inselspital and it provides highly specialised medical care and has an international reputation of being equipped with high-technology and engaging in excellent scientific research. The hospital employs over 7,100 people (Inselspital, 2012).

Inselspital has committed itself to a continuing and long-term investment in nursing development and research, and the strategy is to focus on Evidence Based Practice (EBP) for at least the last 10 years. (Willener, 2006).

The Department of Nursing Development and Research has developed several standards and strategies of different nursing interventions for the whole organisation, and every clinic has adapted them to their own speciality. All patient education material is produced here. (Hirter, Shaha, 2013).

The Department of Risk Management organises patient safety education for all of the clinics in Inselspital, and there is a systematic reporting and evaluation system of adverse events. The reports are mostly concerned with medication. There is a system of emergency notifications if an acute defect is noticed with products or operation modes. These notifications are immediately transmitted to the Intranet. (Paula, 2013).

The Department of Urology in Inselspital (Fig. 1) is internationally renowned for its surgical techniques in treating bladder and prostate cancers. The Department of Urology consists of an Outpatient Clinic, two wards



Figure 1: Clinic of Urology (Anna-Seiler Haus) at Berne University Hospital.

(39 beds), operating theatres, Intermediate Care Unit (five beds) and a stone treatment centre (eight beds).

The Department of Urology has a Clinical Nurse Specialist (CNS) who cooperates with the Department of Nursing Development and Research and is responsible for nursing development and nursing quality within the clinic. The CNS has also been part of research groups of the clinic. (Willener, 2013).

The Clinical Nurse Specialist organises education in the clinic regarding current topics twice every month. To share knowledge of experienced nurses with their younger colleagues, additional short sessions (20 minutes) are organised in the ward. (Willener, 2013).

**“The Department of Nursing Development and Research has developed several standards and strategies of different nursing interventions for the whole organisation.”**

Before my visit to Berne I was in contact with the very kind and experienced CNS Mrs Rita Willener, who arranged me a versatile programme in the Department of Urology. Mrs. Willener founded the Swiss Association of Urology Nurses while being an EAUN board member. She has really done a remarkable career.

### Improving patient safety

I found my visit to Berne very rewarding and I learned much about patient safety. In the following I list the main points that I found during this project.

A clear relationship has been demonstrated between inadequate nurse staffing and increase in e.g. mortality rates, urinary tract infections, pressure ulcers and length of hospital stay. There are studies showing the improvement in quality of care and increase in job satisfaction following the implementation of the mandated ratios. (Berry & Curry, 2012).

Evidence based nursing is a type of evidence based healthcare. It involves identifying reliable research results and implementing them in nursing practices. The aim is to provide the highest quality of patient care in the most cost-effective way. In order to

effectively identify and implement relevant procedures, every organisation needs dedicated staff that has proper resources. One possible way to support the implementation of evidence based nursing practices is to have a separate department for this. It provides a solid support for clinical work.

Once proper nursing practices have been identified, their implementation in the daily work needs an ongoing effort. Ideally, every clinic should have dedicated staff for this type of work. The staff, e.g. a Clinical Nurse Specialist (CNS), is important for all aspects of nursing development and nursing quality. The CNS is an important link between research and development and the daily nursing practice: from selecting the development topic to implementing and evaluating it. The CNS could be used for nursing consultancy or as a visionary of the future.

The latest strategies, evidence based nursing practices and guidelines should be easy to find in the daily practice. An up-to-date and structured Intranet is one way of providing this important source. It serves both the newcomers and the experienced nurses. It is also important to have a continuing discussion about clinical topics. These routine sessions will aid both the newcomers and the experienced nurses, and the goal of this developing work is that the nursing practices will be solid and safe.

The above is supported by our own survey results. (Tylli & Koskinen, 2012). Here one finding was that newcomers found it difficult to get sufficient proper information needed for decision-making in nursing.

Even if patient safety thinking belongs to everyone in the organisation, it is important to have a separate unit for this. With a systematic reporting and evaluation system of adverse events and near-misses in place, patient safety can be improved.

### Acknowledgement

This visit was made possible with a grant of the European Association of Urology Nurses Fellowship Programme.

### Note:

The references and an extended version of this article are available on request at EUT@uroweb.org. Please mention title, author and EUT edition March/ May 2013 in your email.

European Association of Urology Nurses

# A forward-looking urology practice

## Report from Tauranga, New Zealand



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**Tauranga City, located in the Bay of Plenty region on the east coast of northern New Zealand, is one of the country's top holiday destinations, boasting one of the sunniest climates and many beautiful beaches.**

Tauranga is New Zealand's sixth largest city with an urban population of 122,000 encompassing 168 square kilometers. Around 17.4 % of the population is over 65 and the Bay of Plenty region has an estimated population of 214,910.

The management of the urological health budget is unique in this region. Venturo is a joint venture partnership providing elective urological services for the Bay of Plenty. The joint venture partners are the Bay of Plenty District Health Board and Urology Bay of Plenty. Urology Bay of Plenty, in essence, is composed of the four urology doctors in Tauranga. The clinicians believed that they could provide a better and timelier service if they managed the budget and deliver the service in a different format compared to the previous system.

The concept is based on outcome rather than output and all appropriate referrals were seen and treated within a set timeframe and with very few exceptions. Some of the factors that set Venturo apart from other hospital-managed services are the categories of referrals that are seen and treated within a fixed timeframe of two months for a First Specialist Assessment (FSA) and six months for elective surgery. To demonstrate the efficiency, in 2011 there were 877 surgical urology procedures performed at the public hospital wherein the urology team has three full day lists per week. Obviously a dedicated and efficient theatre team is available. The venture is now in its 18th year and has been at the forefront of health delivery innovation. A neighbouring region, Waikato, adopted this model soon after its development.

The founding urologists of Venturo, Peter Gilling and Mark Fraundorfer, are internationally renowned for their innovation, use of technology and clinical research. This culture has been maintained with the recruitment of urologists such as Andre Westenberg and Liam Wilson.

### Pioneering strategy

The pioneering nature of their business strategy is also evident in their medical accomplishments and opportunities. Tauranga has been the birth place of numerous surgical procedures including the invention of Holmium Laser Enucleation of the Prostate (HoLEP) for BPH. Tauranga was the first in the world to use Holmium for surgery, modifying and developing techniques and equipment to suit the HoLEP procedure. The first ever laparoscopic pubo-vaginal sling was also performed here. Other NZ first's include laparoscopic prostatectomy, laparoscopic nephrectomy, renal cryotherapy, prostate

cryotherapy, robotic prostatectomy and prostate aqua ablation. The idea of using ultrasound for performing TRUS biopsy came from Tauranga. Prior to ultrasound, the needle guide was manually employed by the doctor, meaning it was finger rather than ultrasound guided.

Tauranga Urology Research Limited (TURL) was established in 1992 by Gilling and Fraundorfer and has experience in Phase I (first time ever in humans) to Phase IV (variation to the license of an approved drug etc) trials. The trials are single or multi-centre, pilot and / or multinational studies and include pharmaceutical and device studies. TURL employs a manager and three part-time research nurses. Current studies include metastatic prostate cancer, overactive bladder, robotic prostatectomy, BPH, bladder cancer and post-prostatectomy stress incontinence. A current project is a Phase I study for BPH.

**“...The first ever laparoscopic pubo-vaginal sling...”**

There are two hospitals in Tauranga, one public and the other privately owned. The private hospital (Grace) is owned and managed by Norfolk Southern Cross Ltd, a partnership between two private hospitals. Grace Hospital, which opened in 2007, has six modern operating theatres, 50 inpatient beds and a separate day-stay facility performing around 6,500 procedures per year. 30% of the Da Vinci robotic prostatectomies that are performed at Grace are for patients living out of the region. 70% of all Brachytherapy Implants are also for out-of-region patients. The publicly owned Tauranga Hospital has

349 beds including 224 beds which are available for medical and surgical patients (including critical care and coronary care). Tauranga Hospital has eight operating theatres.

### A committed partnership

There is a strong and committed relationship between the urologists and nurses as we work together to develop new techniques and procedures. The teamwork also involves frequent development of care plans, pathways, procedural setups and patient information booklets for procedures that have never been performed.

The urology nurses are appreciated and encouraged to establish in-service and study groups; funding is available for study and conference leave and communication between the doctors and nurses are informal and friendly. Generally, 'Team Tauranga' has a strong representation at NZ Urology Nurse Conferences.

Tauranga has hosted the annual National Urology Nurses conference several times in the past decade with the most recent in 2009 when 120 delegates attended. These conferences are always a great opportunity to showcase a region, network with colleagues, establish friendships and be updated of developments in other centres. Currently three of the eight New Zealand Urology Nurses Society (NZUNS) committee members are from this region, and I serve as secretary and have been in the committee for five years.

For me and many of my colleagues, urology work in Tauranga is exciting, interesting, rewarding and challenging. Come and visit us!

European Association of Urology Nurses

#### Join our search for Nursing Solutions in Difficult Cases

If you are among those who encounter atypical cases in daily practice and have found your own solutions, we would like to invite you to take a few photos and write a standard protocol. You can download a form with a list of standard questions. The form should include a description of the problem, the nursing intervention provided, the material you have chosen to help the patient and the final results. **Please note:** Difficult Cases that have not been (completely) solved may also be submitted!

#### Share your expertise

Together with the EAUN you will share and pass on this knowledge to other nurses. The cases will be evaluated by an international expert jury. The 10 most interesting cases are presented by the authors and discussed with the audience in a special session at the 15th International EAUN Meeting in Stockholm. The EAUN will place the material on their website as a unique opportunity to learn from each other. All submissions that meet the criteria will be published on the EAUN website and in *European Urology Today*.

#### Some of the Submission Criteria and Rules

- The authors and presenter of this Difficult Case must be registered nurses
- The topic selected must be of relevance to urology nursing interventions in Difficult Cases
- The case is illustrated with photos of the problem and the solution (if any), preferably 2-5 photos
- The solution described in this Difficult Case is your own solution and a nursing intervention
- The case is presented in a completed submission form accompanied by a written patient consent
- When invited to present the Difficult Case in Stockholm you will present the case using the EAUN Difficult Cases slides

All criteria can be found at the Stockholm website:  
[www.eaustockholm2014.org/15th-eaun-meeting](http://www.eaustockholm2014.org/15th-eaun-meeting)

#### How to apply

- Please check the special page on Difficult Case submission at the congress website for full details.
- For more information you can contact the EAUN Office at [eaun@uroweb.org](mailto:eaun@uroweb.org)

**Submission deadline: 1 December 2013**

**Join our search for the best nursing solutions! We are looking forward to your contributions!**



# Call for Cases

## Nursing Solutions in Difficult Cases

The 10 best cases will be granted a free registration for the 15th International EAUN Meeting in Stockholm, 12-14 April 2014

#### Nursing research may bring the most amazing results

With the EAUN's commitment to support innovative work, we invite you to submit a research project proposal for the EAUN Nursing Research Competition.

During the 15th International EAUN Meeting in Stockholm (12-14 April 2014), all projects of the nominees will be discussed in a scientific session, enabling all participants to learn through feedback and discussions. A winner, chosen from the six final nominees selected by a jury, will receive € 2,500 to (partly) fund the research project.

#### Eligible participants have to comply with the following:

- Only registered nurses can submit a research project
- The project has not started at the time of submission
- The research and the presentation have to be done by a nurse
- The topic selected must be of relevance to urologic nursing
- The results of the prize-winning research project will be published in *European Urology Today* and on the EAUN website and the winner is invited to submit an abstract for the next International EAUN Meeting.

#### Consider the following guidelines before you start writing your research protocol:

- Is your research question clear and why does it matter?
- How will you address this question? (i.e. what methods will you use?)
- How important is this activity to urologic nursing?
- Are your research methods appropriate?

All criteria can be found at the Stockholm congress website (from 1 May 2013):  
[www.eaustockholm2014.org/15th-eaun-meeting](http://www.eaustockholm2014.org/15th-eaun-meeting)

#### How to apply

- Please check the congress website [www.eaustockholm2014.org](http://www.eaustockholm2014.org) for full details.
- For more information you can contact the EAUN Office at [eaun@uroweb.org](mailto:eaun@uroweb.org)

**Submission deadline: 1 December 2013**

We hope that you will not miss this opportunity. Remember, nursing research small or large can still change the urological world!



# Call for Research Projects

## EAUN Nursing Research Competition

€ 2,500 grant to be awarded at the 15th International EAUN Meeting in Stockholm, 12-14 April 2014