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European Professional Card No agreement yet on its implementation.

The European Commission and the Group of Coordinators, a group of civil servants appointed by the national Governments and chaired by the Commission, are currently negotiating the implementing act of the European Professional Card.

At a meeting in February the negotiators have again not agreed on a common position, thus forcing the adoption to be postponed until mid-March.

As you know the European Professional Card is one of the most important innovations of Directive 2013/55/EU amending Directive 2005/36/EC on the Recognition of Professional Qualifications.

Promoted by former European Commissioner, Michael Barnier, the card is aiming at simplifying the administrative procedure for recognition, making it more transparent for citizens and increasing trust among the competent authorities of EU Member States.

Implementing acts have to be adopted before a new piece of legislation enters into force. For the Directive 2013/55/EC the deadline for such acts is the 18th January 2016. Our profession, together, with pharmacist and physiotherapists were the ones that the European Commission tried more intensely to persuade to adopt the card.

In practice since the days of the Steering Group, designed to reach consensus for the card among stakeholders at the time of the drafting of the Directive proposal, the "card" idea was not met with unanimous praise, to say the least.

In the current version of the implementing act, for temporary and occasional provision of services, it will be the competent authority in the home member state which will issue the EPC.

This by-passes the competent authorities in the host member state (where the service would be provided) and undermines their regulatory authority. It does seem counter-intuitive that one authority is in a position to decide that a worker's qualifications must be recognized in another country. This provision is bound to lead to errors which will undermine trust between competent authorities.

As you remember, at the time FEPI exercises a big influence on the position of CEPLIS relating to the cards. The

position in question was an echo of our thoughts:

« We welcome the development of a European Professional Card as a potential means of reducing complexity in some cases; we feel however that is inappropriate to describe what is a 'tool' as being an 'objective' of the modernisation. We are also skeptical about European Professional Cards being mandatory for all Competent Authorities before their precise objective, specification, information architecture, security and interoperability issues have been properly addressed by both professional associations and social partners along with competent authorities. This seems to us rather premature, and certainly difficult to achieve in the expected timeline. The priority must be first to make the IMI mandatory for all competent authorities in all professional areas. It is a pre-requisite for any card system. »

For any further information on that issue, please do not hesitate to contact our Secretariat.

A private hospital without physicians managed by nurses in Ontario.

We would like to share with you an interesting interview realized by ICI Radio Canada. In the State of Ontario, Canada some clinics are now running without any physicians and are managed by nurses. This experience is interesting for the nursing profession and is worth discussing it.

In Ontario, only five kilometers away from the Quebec Province border, two nurses from Rouyn-Noranda are running a private hospital without any doctor working there. This type of hospital, managed by nurses and organized around primary health care, is widespread in Ontario. Emily Parent-Bouchard went to meet the two nurses to gather their opinions.

Community Health Centre Temiskaming (CSCT) counts 460 patients. This clinic is based in Virginiatown, an Ontario village of 600 inhabitants. Manon Lacroix is one of the two nurses residing in Rouyn-Noranda that work there. There is no medical doctor working at the CSCT. The team includes a receptionist and three nurses.

Manon Lacroix can diagnose, provide adequate care, including small surgeries, and even prescribe medication. She has been practicing there for 12 year. In addition, she trains future nurses at the Université du Québec.

"Here, the patients are from 0 to 100 years old, we treat all pathologies, it makes no difference" says Ms Lacroix. We receive pregnant women, we assist people in their life but also in their end of life.

Once a week, a "telemedicine" meeting is organized with Dr. Sandra Romain, based in Toronto. Of course, if it is necessary, nurses can also refer patients to physicians. The nurse practitioner Kathy Breton appreciates the autonomy and the practical side of that way of doing. "As an interdisciplinary team, we discuss with the medical doctor or nurse, then come back and do what we have to do… at the end it really helps everybody saving time" she said.
This efficiency is also appreciated by patients. André Gagnon, who went to the hospital for a burned hand: "It's been two weeks that I come every day. They clean it, change the bandage. The service is great, there is no problem on getting an appointment. It's like a big family here. That's what I like about this clinic" he says.
In Quebec City, a first "clinic without doctor", funded by the Interprofessional Health Federation of Quebec (FIQ), was created in October.

For any further information on that issue, please do not hesitate to contact our Secretariat.

As Greece faces economic crisis, bogus nurses set up shops in hospitals.

The Boston Global has recently published an interesting article, written by Dannis Hokim, about how the number of illegal nurses has increased, and the problems this situation brings. One of the austerity measures taken by the Greek government as part of the terms of the country's bailout was the end of universal health coverage. Such situation has also led to the cut of hospital staff nurses, and patients.
Thus, everyday more and more have had the need to hire private nurses to receive basic care. Even though this practice was always seen as normal in the Greek health care system, because of the economic crisis, people have less and less money or insurance coverage to hire licensed nurses and ended up turning to illegal nurses. These bogus nurses are mostly Immigrants with little or no training at all, putting the patient's life in great risk, and creating big difficulties for real nurses to find jobs.

We feel that it is worth to share some parts of the article in question with you:

"ATHENS — Fotini Katsigianni wears a white nurse's hat that protrudes prominently from the top of her head. She is head nurse at Evangelismos Hospital, one of the city's most prominent.
So she was surprised last month when she was approached by a man in the hospital's hallway. At the time, Katsigianni's husband was a patient there. The strange man extended an arm with a business card and averted his face, so she could not identify him. He offered to rent her a cut-rate nurse.
"He told me for 30 euros I could have whatever I want!" Katsigianni said, laughing at the idea of the head nurse being solicited to buy illegal nursing care.
First the men come to the hospitals of Greece during visiting hours, leaving business cards with pictures of pretty nurses under pillows and in waiting rooms. Then the women come at night, mostly foreigners from countries such as Georgia and Bulgaria.

Greece's dire finances have gutted its health care system. Universal coverage effectively ended under the austerity measures imposed under the terms of the country's bailout. Budget cuts have also thinned the ranks of hospital staff nurses, who are supposed to handle medical tasks such as changing IVs.

While private nurses have long been a feature of Greek health care, the country's wrenching economic crisis has left many patients with neither the money nor the insurance coverage to hire licensed caregivers.
Instead, patients are turning to illegal nurses, often immigrants with little or

no training. One top official said he believed that half of the nursing care came from 18,000 illegal providers.
'Because of the crisis . . . we see more and more illegal nurses'.

The situation reflects the grip of the black-market economy on Greece, where even skilled are working like mechanics and plumbers under the table to avoid taxes is commonplace.

Illegal nurses typically pose as family members or say they are longtime personal employees of a patient. In reality, temp agencies employing these women send men into the hospitals to distribute business cards advertising 12 hours of nursing care for less than $60.
By contrast, a contract nurse at another hospital, Sotiria, costs nearly $70 for 6 hours, 40 minutes, although those who still have insurance can be reimbursed for about a third of the cost.
Thanos Maroukis, a professor at the University of Bath, England, who has studied the problem, said temporary agencies are taking "over control of the hospital's workplace," adding, "It's incredible what's happening, but it's true."
Nurses are just the beginning. Almost anything can be rented.
"We have the same thing with TVs, with ambulances, I would say with bedding," said Anastasios Grigoropoulos, the chief executive of Evangelismos Hospital. "Or chairs."
Chairs are carried in by strangers who rent them to groups of visiting relatives. Or they bring televisions.
In many other developed countries, hospital security would simply expel unauthorized visitors.

But administrators face staff shortages and impoverished patients. They also say they lack the legal jurisdiction to act without police intervention.
"Because of the crisis, the last three years, we see more and more illegal nurses," said Grigoropoulos. "You can't do anything."
He has called the police, and a few days earlier, Evangelismos was raided. Several illegal nurses were arrested, but that is a fairly rare event because the police have had their own cutbacks.
Government agencies, too, have been overwhelmed. An influx of immigrants since the 1990s swelled a pool of cheap labor.
These immigrants "filled the space and found themselves in every clinic and every hospital," said Dimitrios Papachristou, a senior official at the Social Insurance Institute, a state agency known by its Greek acronym, IKA, which provides insurance and pensions to 2.2 million Greek workers, including nurses. "Why is that? There was a great demand by the patients" for cheaper care, Papachristou said.

But some of the real nurses having trouble getting work are themselves immigrants, like Eleni Souli, a 41-year-old Albanian who married a Greek man and works as a contract nurse. She was sitting among a group of eight other nurses at a cafe outside another Athens hospital recently. All had studied for two to four years to become nurses, and they poured out their frustration. "They are not nurses," Souli said of the illegal workers.

Maria Skiada, 54, has been a nurse for 23 years. She said she recently saw a

woman who did not even use gloves when she cleaned up. “That is how you get bugs all around the hospital,” she said.

Souli said medical doctors would sometimes be surprised at how infections spread. “When they see that in the blood of a patient, they’ll say, ‘Where did he get that from?’ ”

She counted eight illegal nurses at the clinic where she worked the previous evening. “At night,” she said, “it’s full of them.””

For any further information on that issue, please do not hesitate to contact our Secretariat.

At Veteran Affairs (VA) Hospitals, training and technology reduce nurses' injuries

On the very interesting subject of the prevention of nurses' injuries, the National Public Radio, USA has released a great article on February 25th.

The Loma Linda Hospital, in California, has been an example of drastically reducing nurses' injuries. As part of a nationwide health care system of VA Hospitals, they have implemented a series of measures to avoid that nurses lift patients themselves. The use of motors or floating mattress are some examples of it. Studies showed that when nurses lift and move patients on the traditional way they have always been taught they are susceptible to a series of injuries, mainly on their back. Those injuries would cause them to get away from work, also causing troubles to the hospital, since there would be a shortage of staff and lots of money spent on treatments and staff replacement. Since manual handling of patients has been taught for years, the cultural change is a hard job that must be taken seriously by the hospital for the prevention program to work, so lots of time and training have been spent on that. The preventing measures have shown to be effective: the VA hospitals have registered a decrease of an average of 40% since the program started in 2008.

"Bernard Valencia's room in the Jerry L. Pettis Memorial Medical Center in Loma Linda, Calif., illustrates how hospitals across the country could fight a nationwide epidemic. As soon as you enter the room, you can see one of the main strategies: A hook hangs from a metal track that runs across the ceiling.
This isn't some bizarre way of fighting hospital-acquired infections or preventing the staff from getting needle sticks. The contraption is a ceiling hoist designed to lift and move patients with a motor instead of muscle.

As NPR has reported in our investigative series Injured Nurses, nursing employees suffer more debilitating back and other injuries than almost any other occupation — and they get those injuries mainly from doing the everyday tasks of lifting and moving patients.
But the Loma Linda hospital is part of a nationwide health care system that is proving hospitals can dramatically reduce the rate of injuries caused by lifting — if administrators are willing to invest the time and money.
The name of the system might surprise you. It's the VA — the Department of Veterans Affairs.

As I stood next to Valencia's bed one morning, he and his nurse Patience

Umoffia showed how the hook dangling from the ceiling is protecting the VA's staff. Umoffia needed to move Valencia from his bed to a wheelchair, and then to a shower. Valencia couldn't help: At 65 years old, his body is so twisted by arthritis that he can barely move his hands or legs.

If this were a typical hospital, Umoffia would cradle her arms around and under Valencia, drag him to the edge of the bed and then lift him like a life-size doll into the wheelchair. Umoffia says she used to move patients that way — just as hospitals and nursing schools have been teaching for more than a century.

"We get so sore," she says. "You barely can even take care of [the patients] the following day."

But Umoffia didn't try to lift Valencia using her own muscle. Instead, Umoffia attached the hook dangling from the ceiling to a fabric sling wrapped around Valencia's body. She pushed the button on a control box, and a gentle whir filled the room. The machine slowly hoisted Valencia in his sling a few feet over the bed, swung him until he was dangling in midair over a waterproof wheelchair, and then gently lowered him.

"I'm comfortable," Valencia said, adding that he felt "like a little baby" hanging from a stork's beak.

Tony Hilton, the hospital's safe patient handling and mobility coordinator, watched as Valencia glided through the air. Nobody at this VA, she said, is allowed to move patients the traditional way anymore. "The guideline is, you're not manually moving or handling patients. You're using technology."

The VA's campaign to protect nursing staff started in the late 1990s when one of its hospital directors asked colleagues why so many of the hospital's nursing employees were getting hurt.

"Everybody knew" about the epidemic of back injuries, said Michael Hodgson, then a top researcher at the VA. "Nurses knew about it, physicians knew about it, hospitals' administrators knew about it." VA records showed that more than 2,400 of its nursing staff suffered debilitating injuries every year from lifting patients.

The injuries "were interfering with their lives at work," Hodgson said. "They were interfering with productivity. They were putting patients at risk because, you know, if somebody gets hurt at work and has to go home, you're down a nurse on that shift."

The VA's own studies estimated that its hospitals were spending at least $22 million every year treating back and other injuries among nursing staff. And that figure "likely represents a substantial underestimate," a VA report cautioned, since half of all injuries that interfered with employees' ability to do their work were not reported.

So VA researchers started studying exactly how nursing employees perform their jobs — partly by just following them around and observing. Scientists at The Ohio State University's Spine Research Institute did their own studies, too. They wired up nursing staff with sophisticated sensors and discovered

that when nursing employees move and lift patients using the traditional techniques they've been taught, the magnitude of forces on their backs is greater than researchers had seen on factory assembly lines.

VA officials responded in 2008 by announcing a sweeping program: The agency would transform all of its 153 hospitals to prevent nursing staff from getting hurt.
"In recent years, a patient body weight of 35 pounds was established as the maximum weight that providers can safely lift when lifting and moving patients without the risk of injury," the VA declared. "This limit requires a new approach to lifting and moving patients."

Since it began, the VA has spent more than $200 million on what it calls "the safe patient handling program."
The most visible signs of the program at Loma Linda are the ceiling lifts, like the one that hoisted Valencia. The VA is by no means the only system that uses them — administrators at some private hospitals across the country told me that they have lifts in a portion of their rooms, such as in the intensive care unit, and perhaps some rooms reserved for patients getting surgery.

But researchers told me they've seldom seen a hospital embrace lifts as dramatically as Loma Linda and other VA medical centers have. Staff engineers at Loma Linda ripped up parts of the ceilings and installed lifts in all 207 patient rooms, at a cost of roughly $2 million. They also installed lifts just about everywhere else patients need to go, according to Hilton, including imaging departments, clinics and the dialysis center — even the morgue.

And the hospital is trying to prevent injuries with more than lifts. For instance, workers move some patients on HoverMatt floating mattresses: Just connect the mattress with a pump, and it shoots air streams through thousands of tiny holes under it, so the mattress almost levitates. This way, workers don't have to lift a patient from a bed onto a gurney. They can float the mattress over using just one hand — although HoverMatt recommends using two.

Hilton also persuaded hospital administrators to replace their traditional gurneys, which nursing employees have to push, with power gurneys that employees drive at the touch of a button. Again, the VA is not unique in using equipment like that — it's unusual because every corner of the hospital has it.

Still, the VA has discovered that all the equipment in the world does not prevent injuries on its own. When Hilton came to the Loma Linda VA six years ago, for instance, many of the rooms were already outfitted with lifts, but most nursing employees ignored them. "It was actually a laughing matter in the beginning," Hilton said. The staff said, "'Oh, no, lifts? They don't work. Takes too much time.' They were used to their old ways. They wouldn't use it. We have been taught for years that we manually handle patients," she said. "So to undo that in your brain is a cultural change. They have to buy into it."

Hilton realized that to make that cultural change, they needed to train the nursing employees over and over again. At the Loma Linda VA, the training starts practically the first day employees come to work. One morning, I watched Hilton walk to the podium in the hospital's auditorium and gaze out over a new batch of nurses, nursing assistants and other staff. "So," Hilton asked them, "anybody here who knows what in the world is safe patient handling all about?"

The audience was silent.

"For a 200-pound man, how much do you think that leg weighs?" Hilton continued, and the new employees started to murmur. "Anybody want to guess? Can go up to 45 pounds," she said. Hilton told the new employees they would not be allowed to move patients anymore without using lifts or other equipment.

Officials at private hospitals told me they teach employees to move patients safely, too — typically by sending them to an hour long class, perhaps once per year. But Hilton says training that infrequently is not likely to work. At the Loma Linda hospital, they're constantly training employees how to use lift equipment, partly with "peer" trainers. There's at least one employee on every unit, every shift, 24 hours a day, assigned to coach colleagues on how to use safe lifting technology. Outside trainers also conduct workshops frequently. One afternoon, we dropped by a room where nurses from the intensive care unit were learning how to use a brand-new machine that takes over the job of turning patients onto their stomachs.

One of the trainees at the session, Tiffany Gratton, said she worked at roughly 20 private hospitals as a substitute nurse before she came to the VA a few years ago. None had a program like this. "In my 12 years of experience I've not experienced this type of system for safe patient handling," Gratton said. "They never stressed the injuries that could be sustained."

Researchers in the VA have discovered that there's one more ingredient that hospitals need if they're going to prevent injuries as much as possible: what they call a safety "champion." They need a full-time coordinator like Hilton to remind the staff every day — including managers — that it's a priority in the hospital to protect employees' backs. Hospital administrators told me that without Hilton's constant lobbying, armed with research to bolster her arguments, they wouldn't have invested so much money in safe patient handling. Rank-and-file nursing employees said that without Hilton's prodding, they wouldn't remember to use the equipment. Hilton spends a typical day speed-walking from one unit to the next, making sure the staff is staying safe. "Any issues here we need to take care of with safe patient handling today?" she asks employees in the emergency room as she breezes through the department. "Do you have what you need to do your job?" The employees call out to her, "Yes."

"Remember, I'm your guardian angel," Hilton told them. "You know I've got your back."

Federal researchers have been studying the results. They show that VA hospitals across the country have reduced nursing injuries from moving patients by an average of 40 percent since the program started. Hilton says the reduction at the Loma Linda hospital has been closer to 30 percent — but the injuries that employees do suffer are less serious than they used to be. Loma Linda spent almost $1 million during a recent four-year period just to hire replacements for employees who got hurt so badly they had to go home, Hilton said.

Last year, the hospital spent "zero."
She said nobody got hurt badly enough to miss work."

For any further information on that issue, please do not hesitate to contact our Secretariat.