

ICS Nursing Committee Meeting Minutes

Tuesday 27th August 2013, Barcelona

Present: Amanda Wells (Chair), Diaa Rizk, Gisele Azevedo, Joan Ostaszkievicz, Maria Helena Lopes, Sharon Eustice, Beatriz Yamada, Veronica Hagggar, Kathleen Hunter, Sandra Engberg, Donna Bliss, Lesley-Ann Hanson, Wakako Satoh

Apologies: Jennifer Skelly, Karen Logan

Also in attendance: Avicia Burchill

1. Committee picture to be taken

2. Approval of Beijing minutes

Motion to approve Beijing minutes

KH proposed

LH seconded

All in favour: Carried

3. Terms of Office review

It was confirmed that Kathleen Hunter, Wakako Satoh and Sharon Eustice would all renew their position.

Maria Helena Lopes not present at the time of this discussion so would need to be asked post meeting.

ACTION POINT: Ask Maria Helena Lopes whether she is willing to renew for another 3 years in 2014.

Post Script note: Maria confirmed she would like to renew her position

4 places needed as terms ending. It was discussed for the need for some mainland Europeans and Australian to fill the positions. MW also explained that a chair is needed. MW thanked JO for her hard work to date. It was also noted that Jennifer Skelly also stepping down.

4. Terms of Reference review

AB explained that the education committee will have a nurse on the education committee who would then be an ex-officio on the nursing committee. DB explained there is a lot of work on the education committee and it requires someones full attention. KH expressed that this person would have to work together with the nursing committee and that they cannot be at odds. All agreed

MW explained that Mandy Fader is an ex-officio member of the committee. MW has started the care home guidelines which JO is leading on. The peri-partum working party was chaired by Liz Thomas who

has been unwell so Anna Bosequet has been covering. Marg Sherburn will take the physio expert role and Bob Freeman is leading the urology part.

Motion that that Marg Sherburn and Bob Freeman become ex-officio members.

SE proposed

KH seconded

All agreed: carried

ACTION POINT: Website to reflect chairs of these working committee groups.

ACTION POINT: Working groups are to provide written reports twice a year in February and at the annual meeting.

ACTION POINT: Update terms of reference to reflect changes with nurse sitting on education committee is an ex-officio member of the nursing committee.

MW wanted to add “timely” response to e-mails on the terms of reference. AB suggested to use deadlines in the e-mails and also to use the forum more and the office would put a deadline for comments.

ACTION POINT: Office to ask all committee members if they can get to the forum and that they know how to use it.

ACTION POINT: Update terms of reference to include forum use and also for one topic and timely responses to e-mails. Deadlines to use – 7-10 days.

ACTION POINT: ICS office to post peoples out of office back onto the forum when a new post is added so that rest of committee is aware that person may not respond within deadline.

A discussion was held about the reference to attendance at annual meetings on the terms of reference but it was agreed not to change at this point.

Language was discussed and felt it was important to keep in the terms of reference.

ACTION POINT: Office to consider placing “good understanding of English etc” in the nomination process.

KH suggested that it would be good to have a chair elect.

ACTION POINT: Office to investigate whether possible to have a chair-elect within the committee and how that would work in practice.

Post Script Note: The office investigated the possibility of having a chair-elect and this would not be possible in line with the current bylaws. The bylaws state that a committee chair holds their position for 3 years after which time they must re-apply for a further term by formal election. At that point the chair is either re-elected or not and a new chair takes control. Therefore it would not be possible for the nursing committee to have a chair elect as it would contra this bylaw. The board of trustees have a general

secretary elect who is appointed in the final year of the current general secretary who can only stand for one term. The chair elect then runs for a two years with another general secretary elected being appointed in the general secretary's final year. The Articles of Association define this for the board.

5. Discuss committee members- review inactive members

MW confirmed there have been no inactive members this year

6. Reports from sub-committee chairs

MW explained that the practice subcommittee needs new members as the Chair & Co-Chair stepping down. LH explained that she was going to take this on but cannot do this now. JO explained the position on the current main project (continence nurse specialist profile) of the practice subcommittee and that needs ethics approval and that most work is done and just needs the survey to go out. AB explained that ICS has premium survey monkey and could use ICS resources for this. After a discussion it was agreed that JO will be ex-officio as a working group member in order to finish the project. LH agreed to take on the practice subcommittee chair position.

Post script note: A full summary of current position on continence nurse specialist profile project can be found in Appendix 1

ACTION POINT: JO to be working group member practice sub-committee re continence nurse specialist profile. LH to be chair of practice sub-committee

JO explained there were 44 respondents. Items 1, 2 and 5 were equally ranked, with no clear preferred issue. JO wanted to discuss the items and ranking of the 5 practice issues. The top 3 needed deciding on which one to take forward, however, time constraints prevented further discussion. DR cautioned prioritising issue # 3 as developing guidelines is a very long project. LH suggested we could call it standards of practice. The committee agreed item three should be informed by the outcomes of the project to validate the role of the Nurse Continence Specialist.

DB asked what we can do for those nurses that we meet at the annual meetings. AB stated that the website can be used as a resource database for content to be added post meeting and the fellowships could be a follow up for those who attend and want to develop more. DB stated that we can also use the guest lecture programme through the education committee to send nurses to countries requesting further assistance. It was discussed that maybe the practice committee can come up with steps so that ICS can do more for local nurses.

ACTION POINT: What can the nursing committee do for local nurses who ask for help - it was agreed to put this discussion on the forum to add ideas together to formulate. Include Katherine Moore in the discussions to find out what resources are available.

7. 3 year plan

It was agreed to take this agenda item off as there will be a new committee next year.

8. Website

Not discussed

9. AOB

MW said that if we do get an extra day next year will put in for extra accommodation.

ACTION POINT: Provide the nurses committee with a list of nurses on all committees in order to make contact with them.

Appendix 1:

JO provided an update on the project titled 'An international survey of the Nurse Continence Specialist role profile' Continence nurse specialist. The project team, led by Emeritus Professor Jan Paterson, is currently awaiting final ethical approval from Flinders University to conduct the project. The team includes:

- Emeritus Professor Jan Paterson
- Dr Joan Ostaszkiwicz
- Mr I Gede Putu Darma Suyasa
- Ms Lesley Hanson
- Associate Professor Jennifer Skelly

The aim of the project is to explore agreement about the draft profile of the Nurse Continence Specialist role from nurses whose professional interest is caring for individuals with bladder, bowel and pelvic floor dysfunction with a particular emphasis on urinary and faecal incontinence and are members of any of the following organisations:

- The Association for Continence Advice
- The Continence Nurses Society of Australia – formerly Australian Nurses for Continence
- The Canadian Nurse Continence Advisors Association
- The European Association of Urology Nurses
- The Society of Urological Nurses and Associates
- The Wound, Ostomy and Continence Nurses Association
- The Urology Nurses of Canada

Members of these organisations will receive an email from the secretariat of each organisation advising them of the purpose of the project and inviting them to complete an anonymous on-line survey (using SurveyMonkey). The survey will contain 8 statements about the profile of the Nurse Continence Specialist. Participants will be invited to indicate their level of agreement or disagreement with each statement. They will also be asked to provide basic demographic information such as their country,

state, and area of specialisation within nursing, and the name of the professional organisation of which they are a member and where they obtained information about the project. The project team are currently investigating options to purchase SurveyMonkey.

JO explained the findings of a recent Delphi survey which was coordinated by Associate Professor Jennifer Skelly. The purpose of the survey was to provide members with the opportunity to rank previously identified practice issues in terms of the most to the least important/relevant. The five practice issues were as follows:

- 1) **Promoting Continence Awareness** - Primary care addresses incontinence in an ad hoc and unsystematic way, with an underpinning lack of interest and general apathy. What can continence nurse specialists do to improve access to continence care by promoting early recognition and treatment of urinary and fecal incontinence in primary care settings?
- 2) **Adherence to Self-Management** - Continence self-management is dependent on the patients' adherence to life style and behavioral therapies for incontinence. How can patients' adherence to life style and behavioral therapies for incontinence be optimized and measured?
- 3) **Biofeedback** - What is the role for Continence Nurse Specialists in performing different modalities such as EMG biofeedback and neuromuscular stimulation? What training and education do they currently have and what should they have?
- 4) **Catheter Care Issues** - Is there a need to explore/map/identify current practices about the use of urethral and supra pubic catheters for continence management including insertion, securing, changing, and skin care issues?
- 5) **Practice Standards** - Building on the Draft Continence Nurse Specialist profile led by Professor Jan Paterson, can we establish international evidence based guidelines for standards of care in continence care nursing?