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## CONFERENCE ABSTRACT

# Execution of Preventive Healthcare and Health Promotion Activities in the Paediatric Age Group Led by Primary Care Nurses

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**Introduction:** The constant pursuit of improvement in the quality of healthcare received by citizens is palpable throughout the Catalan healthcare system. In this context, professional roles must be redefined, fostering the redistribution of skills and optimising the autonomy of every practitioner. Therefore, in response to the request put forward by many bodies that are part of the Catalan Healthcare and Social Services Consortium (CSC), in June 2013, we organised a seminar focussed on advanced nursing skills, in which different experiences undertaken in Catalonia were presented and in which advanced skills were already tangible.

**Main Objective:** In order to lend continuity to this seminar, it was agreed to put together a series of documents outlining recommendations to help all those bodies that considered implementing one of the experiences presented. Preventive healthcare and health promotion activities in the paediatric age group in primary care, led by nursing practitioners, were unanimously chosen as one of the first skills to be nurtured and developed.

**Description:** This document was drawn up by a working group comprising experts with different health professional roles (paediatricians, paediatric nurses, community nurses, centre directors, etc.), in the field of primary care throughout Catalonia.

The key points for implementing nurse-led preventive healthcare and health promotion activities are as follows:

- 1) It must be a consensus decision reached by management and the professionals involved;
- 2) Implementation may be commenced by the more motivated and expert professionals;
- 3) The ultimate goal is to apply the initiative across the whole centre;
- 4) There must be a high level of mutual trust between paediatricians and nurses;
- 5) Dynamic teams of paediatricians-nurses must be created;
- 6) The initiative must be coordinated and managed by professionals who believe in the model;
- 7) Spaces must be accessible between the nurse's consulting room and that of the paediatrician;
- 8) Nurses must be trained and experienced in this field;
- 9) Various duly trained nurses are required;
- 10) Protocols for action must be agreed upon;
- 11) Information systems must be shared between the paediatrician and the nurse;
- 12) The family must be informed about the model.

**Discussion:** In practice, it is a model that promotes nurse autonomy in paediatrics and families' accessibility to healthcare, making the nurse a reference point for these families. This system helps create a climate of trust and closer relations for all those involved. It also allows paediatricians to dedicate more time to the pathologies that most need it, freeing up agendas.

As suggestions for improvement in the present day, impetus must be given to training nurses both internally and externally, as well as to increasing the number of trained nurses to lead the child healthcare programme.

**Conclusions:** This model seeks to foster the skills of paediatricians and nurses, supporting nursing leadership and the provision of more appropriate care by paediatricians to care for children in need of it on account of their pathology, fostering preventive healthcare and the promotion of health coupled with family empowerment and better resource distribution.

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**Keywords:** new professional roles; advanced nursing skills; integrated healthcare; healthcare continuum; family empowerment

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