

# President's message

Since the Fall 2001 edition of **Outlook**, much has happened within NENA and the world at large. These past few months have been a time for all to reflect upon what is truly important in our lives, and this has given us "permission" to take action if needed.


My career in emergency nursing started as a staff nurse, which, I believe, is the starting point for the majority of us. From here I had a brief venture in education, and over the past three-and-a-half years I have been involved in management.

During the 14 years of my emergency nursing career, I have learned a great deal – professionally, in finding what I believe my "niche" to be, but more importantly, on a personal note, I have finally learned to prioritize what Anne, the person, needs, and that I must come first, before any position or job!

On that note, I recently put job satisfaction as my number one priority ahead of any other variable that one can encounter at work, aside from safe patient care! In so doing, I have returned to the bedside in the emergency department of Surrey Memorial Hospital (the busiest emergency department in British Columbia). As much as I have enjoyed management, and I do hope to return one day, I need to feel good at the end of the day. After all, this was the reason I went into nursing – to be able to make a difference, to touch and positively impact the lives of others.

There are many challenges that a registered nurse faces in an emergency department today. The acuity of the patients, along with the numbers that enter, have increased dramatically over the past few years. Continual and

ongoing education is essential to ensure that all who enter are cared for with competence and knowledge. In returning to the bedside, my learning curve will be steep – there is so much to know and learn! I pray that I will be able to meet the challenges ahead of me.

So what is my message? Take a deep look inside, find out where your own job satisfaction lies. Appreciate and value **all** emergency nursing positions. Access the resources that are offered you through your manager/administrator, staff nurse, educator and/or researcher! Most importantly though, be happy in what you do and, in so doing, you will not only be a better nurse, you will be a more content and fulfilled individual. 

**Anne Cessford**  
RN, BA, BScN, ENC(C)

## The NENA election process

By **Debbie Cotton**

Two years ago, at the annual general meeting (AGM) in Winnipeg, the NENA board of directors was tasked with reviewing our current voting procedures, and to offer suggestions regarding possible changes to the process. Specifically, we were asked to investigate the possibility of either using proxy votes or mail-in votes.

The election process for the executive requires written nominations that are submitted to the chairperson of the nominations committee. The bylaws for the affiliation state that nominations are allowed from the floor prior to the election that is held at the annual general meeting. The election is held at the AGM and the successful candidates are announced at that time.


Several specialty nursing groups were contacted regarding their voting processes. Their responses varied. Some groups used the same process as NENA, with mail-in nominations and a call for nominations from the floor at the AGM, with voting in

person at the AGM. One group used proxy voting. The votes must be signed and mailed into the national office two weeks prior to the AGM. This process would limit the nominations from the floor and would be costly. One group only elected the executive from the board of directors.


We also spoke to ENA staff, because they used e-mail voting last year. The cost is prohibitive at \$20,000.00. Discussions with the company used by ENA revealed that the cost would be similar for our association. The cost results from inputting the data.

We then investigated the potential of mail-out via business return mail. The cost would be \$425.00/year plus the mail-out and \$0.57 for each returned ballot.

To attempt either a proxy vote or mail-in vote, there will be a cost incurred. The bylaws for the association would have to be changed to reflect the change in process. This would necessitate drafting the changes, sending the changes out to the membership, and voting upon the changes at the next AGM.

These results will be reported at the AGM to provide a platform for further discussion with the membership. 

### In Memoriam

It was with sadness that we learned of the recent death of Joe Hare as the result of a cardiac arrest at the age of 50 years. Many of us knew Joe from his work as a sales representative for thrombolytic intravenous drug therapy. We often would see him at nursing conference trade shows across Canada. He was a great friend of emergency nurses. He valued education and would often ensure that emergency nurses were able to attend a workshop or a conference. He valued nurses' opinions and their experience. He was energetic, enthusiastic, thoughtful and a lot of fun to be around. He will be missed. Our sympathies go to his wife and children. 

# Call for nominations - 2002 board of directors “president-elect” and “communication officer”

Are you interested in serving on the board of directors? Then read on - this year there are two available positions. The president-elect position is a one-year term preceding the presidential role, and the communication officer position is a two-year term. Both positions would begin following the annual general meeting in Moncton, New Brunswick. The board of directors meets twice yearly. Both meetings are three days in length. Typically, the spring meeting, though, is held in conjunction with a regional or national conference, so time away from home is usually longer.

As president-elect you are a vital member of the board. You would be expected to assume the role of president if the current president were to resign. Other duties include: reviewing and revising (as needed) the policy manual, position statements, bylaws and preparing achievements and actions in the strategic plan. There may be other duties that would be assigned to you by the president.

As communication officer, you are expected to ensure the production and dissemination of the “**Outlook**” journal every six months. You will liaise with provincial communication officers to encourage members to submit articles, pictures, tips, etc., to the journal. You will establish and maintain a credit rating with a printing firm for the production of “**Outlook**”. You will ensure that all invoices for the production of the journal are correct and are submitted to the NENA treasurer for payment. You will also maintain a liaison with NENA webpage designers to ensure updated information is displayed, and you will act as a contact resource for affiliation members who wish to use the website services. You will also assist with national and regional conferences by acting as a liaison between the conference committee and the board of directors.

Two NENA members must nominate candidates and the nominee must be a NENA member in good standing. A nomination form has been included for your use. Please forward completed nomination and curriculum vitae to Debbie Cotton. Her address is listed on the nomination form. Nominations for these positions may also be made from the floor at the AGM. Announcement of successful candidates will be made following the election at the AGM in Moncton.

**Outlook**

## Nomination Form

### NENA executive position

#### Positions:

- Communication Officer
- President-elect

We, the undersigned voting members of NENA, do hereby nominate:

\_\_\_\_\_ for the position of

\_\_\_\_\_ on the NENA executive.

\_\_\_\_\_ (nominee) is in good standing with NENA.

1. Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of nominator: \_\_\_\_\_

2. Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of nominator: \_\_\_\_\_

I, \_\_\_\_\_, do hereby accept this nomination for the position of

\_\_\_\_\_ on the NENA executive.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this letter of intent and CV, by May 2, 2002, to: Debbie Cotton, P.O. Box 34, Judique, NS, B0E 1P0, Fax: 902 863-6455**



# Board highlights

The NENA board of directors meeting was held November 9-11, 2001 in Toronto. This is a brief synopsis of the meeting.

## NENA forum

This is a section in the meeting in which board members explore common issues and needs of nurses across the country. During the general discussion period, board members identified several common issues that are currently facing emergency nurses in Canada. From the issues that were identified, three were prioritized as being most urgent:

- new untrained staff
- replacing RN staff with multi-skilled workers, such as paramedics and/or LPNs
- overcrowding and apathy (intertwined with above)

The BOD then broke into two groups to develop recommendations and/or actions.

1. New untrained staff
  - develop a national orientation plan and education tool
  - develop core and advanced competencies
  - develop a mentor and preceptor program
  - collaborate with Canadian Association of University Schools of Nursing (CAUSN) and other provincial emergency nursing programs to educate nursing students about NENA Standards of Nursing Practice and Position Statements
  - promote NENA education requirements
2. Non-RN health care providers
  - develop a position statement
  - send position statement to federal and provincial health ministers, CNA, Federal Nursing Union, Provincial Nursing Associations and Unions.
  - produce a media release.

## Emergency Nurses Day

Provincial directors reported on various activities held in the provinces – ranging from letters and tokens of appreciation from provincial and national associations, radio announcements, and media releases, to balloon baskets to departments. Calgary region hosted a wine and cheese party for nurses, and Edmonton had sites performing skits with the winner taking home a plaque. Great ideas!

President Ann Cessford sent letters to the federal Minister of Health and the Prime Minister who both responded. Two provinces, Saskatchewan and Nova Scotia, had proclamations declared by their respective ministers of health.

## National Triage Working Group

NENA continues to actively participate in the working group. Pediatric Canadian Triage and Acuity Scale (CTAS) was completed and published in the fall issue


of the **Canadian Journal of Emergency Medicine (CJEM)**. There is continuing work on the educational package for Peds CTAS by various members of the national working group. The next national triage working group meeting will be at the Canadian Association of Emergency Physicians (CAEP) meeting in Hamilton in April 2002. Posters and postcards are available for purchase at the CAEP office.

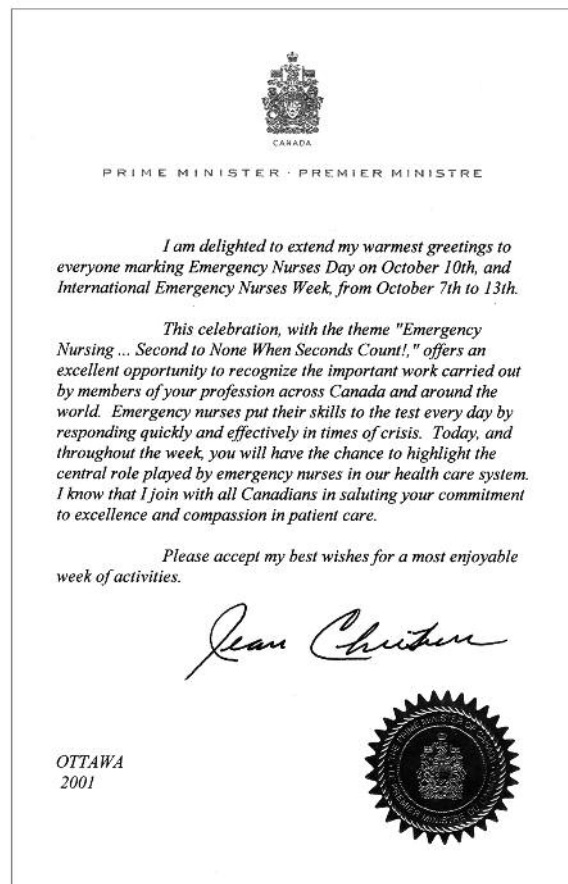
## CEDIS (Canadian Emergency Department Information System) Working Group

This is another collaborative working group with CAEP. The objective for this working group is to develop a comprehensive national ED data set that meets the informational needs of Canadian EDs. This data set will enable regional, provincial and national comparisons for evaluation, quality improvement, and research applications, both in rural and urban settings.

## CAEP/NENA meeting

The highlight of the board meeting was the first-ever combined meeting of the NENA and CAEP boards. Both presidents provided an overview of their respective associations. Most of the meeting was spent looking at ways the two associations can work together. Through a brainstorming session, the members identified specific areas of collaboration and common processes.

The boards identified opportunities for improved communication between the two associations through sharing board minutes and web links, continuing our present collaborative projects (CTAS and CEDIS), and two additional projects - more work around overcrowding, and violence in the workplace. 



# The New Brunswick Emergency Nurses Association, St. John chapter

*Editor's note: When I learned that this chapter had recently formed, I thought it would be a great idea to interview the president to find out how and why they organized, and to share this with you. Way to go Saint John!*

In May 1999, eight nurses from the Atlantic Health Science Corporation in Saint John, New Brunswick piled into a van and drove all the way to St. John's, Newfoundland to attend the national emergency nurses' conference. While they acknowledge that it was a very long drive, they were inspired by the nurses whom they met and the information they gained from the conference. They realized that we have a common goal to improve emergency nursing through education and through networking with other emergency nurses.

Planning for the new chapter began in the latter part of 2000, and it officially came


**NENA Position Statements and NENA Standards may be purchased for \$20.00. Please contact Jerry Bell, NENA treasurer, for further information.**

into being January 2001. Members of the executive are: president, Hiadee Goldie; vice-president, Tammy Lawson; secretary, Rose McKenna; treasurer, Lois Moore. Although notices had gone to other emergency departments in the region, the 27 members come primarily from the Atlantic Health Sciences Corporation. While Hiadee Goldie (president) realizes that the issues for the rural EDs may differ from the tertiary referral centre, she firmly believes that ED nurses in that region could be so much stronger if all the ED nurses within the region were members of the chapter. She believes that by joining forces, rural and urban nurses would better understand the pressures that each faces on a daily basis.

The goals of the chapter are to educate nurses through inservices provided at the monthly meetings, promoting the Trauma Nursing Core Course (TNCC), fundraising to send nurses to conferences (with the understanding that they bring back fresh ideas and concepts and share the information with the rest of the members), problem-solving issues in the department, and celebrating their successes as nurses.

Not all the meetings are about serious issues, they have fun and try to include the spouses as well. For example, the group plans to go curling with their spouses, and an invitation has been extended to the rest of the department.

One of the chapter's greatest successes to date has been the legal liabilities conference. Over 175 nurses attended this one-and-a-half day conference sponsored and organized by the chapter. The group was pleased with the outcome, the feedback they received, and the skills they developed in organizing a conference for a large number of people.

If there are any nurses in the region who would like to become members or get more information on the chapter, please call Hiadee Goldie (w) 506-648-6900 or (h) 506-738-8939 or e-mail Hiadee Goldie@msn.com. In Hiadee's words: "I would like to encourage emergency room nurses to get involved in their association. We are a professional group of people and we should stand up and be heard, whether it is in our own departments, our hospitals or with the government. Also it's a lot of fun!" 

## Outlook

### Letters to the editor

*This will be a new feature for Outlook. I would encourage all of you to send in your letters, questions, tips, ideas. Many of our issues and the problems that we face daily are the same, whether you work in Victoria, BC or Grand Falls, NFLD.*

*The sharing of information is powerful. Trying to develop a new policy, looking for a new form? Request it here. This is your journal. It is a vehicle for communication for all of us. Use it.*

*Please send your letters, etc., to: Valerie Eden, 34 Bow Street, Dartmouth, NS B2Y 4P6, or e-mail at: valeden@hfx.eastlink.ca*

### Attention - position statement and core competencies

Be on the look-out for newly revised position statements and newly developed core competencies. They will be coming to a mail box near you over the next two months. They will also be available for purchase for \$20.00.

### Legal implications

Check out the **ED LEGAL LETTER**, Volume 13(1), January 2002. The title article is "Errors at triage - don't get off on the wrong

foot." Although this is an American article, the cases that are presented for review are enlightening reading for any of us who triage patients. Traditionally, lawsuits resulting from improper or inadequate triage were framed as medical malpractice, and for those patients who died, wrongful death. With increasing frequency, patients who are injured by the triage process are bringing forward lawsuits.

It's worth reading and posting in your ED triage areas. 