President's message

"Diversity" is the one word that sums up and describes a competent emergency nurse for me. Emergency nurses care for individuals across the continuum of the lifespan, from prenatal to death. Individuals we care for arrive at our doors with varying degrees of acuity and disease processes. Their health care needs range from prevention, education, and promotion, to critical care and resuscitation.

Over the last few years, emergency nursing has changed dramatically. We are no longer a profession that assesses, stabilizes and directs the patient to an area for further treatment and/or definitive care. The emergency department has become the "be all and end all" of the health care system. Out of necessity, emergency nurses have broadened our realm and scope of care.

We attempt to care for admitted inpatients who cannot be placed on an inpatient unit and may be left for days on a stretcher in the emergency department. Numerous programs have been implemented to assist in getting patients out of hospital and back into the community quickly. However, when these programs meet the maximum number of patients they can take on, the patients return to the emergency department for their outpatient treatment. One just needs to look at the waiting rooms of our emergency departments, and chances are you will discover one large patient care area. People wait to get in, be assessed and reassessed by the triage nurse. It is almost as if we have accepted the overcrowding of emergency departments with admitted patients, and the obvious lack of resources, as the norm. If this is the case, then we have a great deal of work ahead of us! Emergency nurses need to change this way of thinking among ourselves, with the general public, and politicians if we are ever going to have an impact on the health care system of Canada!

There are numerous reports that have been written and presented to the government over the past year; Romanow, Kirby, CNAC, to name just a few. These reports speak in broad terms of receiving "timely access to quality health care." I have to ask: What is considered "timely access" for the emergency patient who waits for hours to enter a treatment area of the emergency department and then, if admitted, may wait for days for admission to an inpatient unit in the hospital? What is considered "quality care" for this same patient who is often unintentionally neglected, due to the busyness of the emergency department and lack of inpatient resources required to give the proper and needed care this patient deserves? Surely the care and/or lack of care that is being provided to these patients can qualify as "timely access" and/or "quality care."

So what can we do and, more importantly, what must we do? The possibilities are endless, but it will depend on how creative, motivated, and intent we as emergency nurses wish to be!

In this edition of **Outlook** you will find the joint position statement from the Canadian Association of Emergency Physicians (CAEP) and NENA on *"Access to Acute Care in the Setting of Emergency Department Overcrowding"*. This is the second such position statement on overcrowding published by our two organizations. I encourage members of NENA to familiarize themselves with its content and be creative in promoting suggested recommendations.

Emergency nurses must refocus the energy that we expend on the emotions and frustrations of overcrowding, and develop that energy into a positive proactive effort. Doing our best in overcrowded emergency departments will never be good enough! There is always a better way; our challenge is to find it! We need to be vocal beyond the walls of our institutions to ensure that we are heard! We must be persistent with our goal, keeping in mind that great achievements require time, they do not happen overnight. In so doing, emergency nurses **will** make necessary changes for the betterment of the health care of our patients, which will undeniably improve our own work environment and health!

I ask each of you take up the challenge and be proactive in promoting "timely access for quality health" for our patients and ourselves.

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

Did you know?

- That membership continues to grow and totals 1,407.
- That Judith Shamian, Executive Director, Office of Nursing Policy, Health Canada, acknowledged the successful completion of the core competencies in a letter to the board.
- That NENA and critical care nurses have collaborated to promote bike helmet safety by writing letters of support to various levels of government.
- That the first PEDS CTAS instructor course was held in Toronto in November 2002 with 47 people becoming successful instructors.
- That NENA has developed position statements on ambulance diversion and ambulance waiting in ER.
- That the verdict from the Ontario Ministry of Health's inquest into the death of Scott McCorkindale recommended that all ED nurses have the Trauma Nursing Core Course (TNCC).

Outlook contest winner

Congratulations to Lucy Rebello, an ED nurse at Kingston General! She is the lucky winner of the Outlook article contest, which means that Lucy will be able to attend the national conference in Regina, Saskatchewan in May. Way to go Lucy! A reminder to all potential article writers: Get those articles in and you might win your way to a national conference too.

Revised position statements, standards and new core competencies are available for purchase by non-NENA members for $20.00 per document. For orders of 20 copies or more, 15% will be reduced from the total cost. Just make sure that you note this when you place your order. Send orders to Jerry Bell, 10 Laval Drive, Regina, SK S4V 0H1

From the editor

As you can see from the president's message and the second position statement published on overcrowding in the emergency department, we are all struggling with the same huge issue across the country. While there may be different local, regional, and provincial issues, this is one issue that is common to all of us. As you can see, there are many recommendations that have been suggested by the authors to help with the overcrowding problem in the emergency department. What kinds of things has your department attempted and continues to try in order to ease the burden of care? Write them down and submit them to this journal. Perhaps an idea that your department has tried is something that another ED might like to implement too. One of the things that emergency staff does so well is share information and ideas. Now is your chance to share some of those great ideas with others.

This is your journal and it is a vehicle for you to submit ideas, suggestions, stories and articles. Articles can be clinically based, research oriented, educational pieces or management strategies. All are welcome. It matters not whether you have written before.

What interesting books have you read or videos have you watched? What about interesting websites? Do you have any conferences coming up that you might want to advertise? Do you have any bouquets that you want to share about nurses with whom you work?

What about any community projects that you may have initiated or been involved in, like Gail Colosimo and her colleagues in Moncton, NB, who approached a local high school after a tragedy with underage drinking and provided the students with information about drinking (see p.7). Share those stories with other ED nurses.

This journal can only be as good as you want it to be. It needs to hear from you - it needs to hear your voice.

Yours in nursing,
Valerie Eden, RN, BN, ENC(C), MDE

Outlook Bouquets

Goodbye and hello

- We say a special thank you to retiring board members: **Sheila Early** (British Columbia); **Bob Lawson** (Saskatchewan); and **Angela Bachynski** (Manitoba) for their valuable contributions to NENA and to emergency nursing in Canada. We wish you well in all your future endeavours!
- We welcome new board members **Clay Gillrie** (BC), **Troy Sebastian** (Alberta), **Chris Norman** (Saskatchewan) and **Irene Osinchuk** (Manitoba), and we look forward to working with each of you over the next two years.

- To **Janet Spence**, an ED nurse who is employed at the Halifax Infirmary Emergency Department, who was awarded Nova Scotia Emergency Nurses Association's Member of the Year
- Emergency nurses are doing extraordinary things at and away from work every day! Ontario emergency nurse, 49-year-old Paula Jongerden, became the oldest female to successfully swim Lake Erie this summer. Her 55 km. swim began in Erie, Pennsylvania and finished in Long Point, Ontario. Money made from Paula's swim will be used to support habitat restoration and educational programs in the Long Point World Biosphere Reserve. Congratulations Paula! This further proves that emergency nurses are special, and there is a lot more to emergency nurses than nursing! *Proudly submitted by Janice Spivey, ENAO president*.
- To Melanie Rose who participated in the Wheels of Motion Marathon in the States from your friends and colleagues at Dartmouth General Hospital.

"Bouquets" is dedicated to celebrating the achievements of NENA members. If you would like to send a bouquet to a NENA member, contact the communication officer, Valerie Eden, 34 Bow Street, Dartmouth, NS B2Y 4P6 (H) 902 461-1897; (W) 902 465-8340; fax: 902 465-8435; e-mail: ***valeden@hfx.eastlink.ca****.*

Build your future by making history

Participate in one of the largest surveys of Canadian nurses ever

Now is a critical time in health care for nurses to be heard, and *Building the Future: An integrated strategy for nursing human resources in Canada* wants to hear from you.

More than 24,000 nurses from all three occupational groups (licensed practical nurses/registered practical nurses, registered nurses, registered psychiatric nurses) will be randomly selected from all parts of Canada to receive a survey later this spring.

If you receive one, please complete it and return it as soon as you can.

We need to hear from you about the challenges you face every day. Your direct input is critical in helping us provide concrete options to improve the work environment of nurses.

Recent high-profile studies and reports have placed emphasis on the major health human resources data dearth. Your completed survey will help fill the information/data gaps for all three nursing occupational groups. With your involvement, we can develop a long-term strategy to deal with issues, including the nursing surplus/shortage cycles that continue to plague your profession, and many other worklife issues.

While you may have answered some of these questions before, the sheer size of this sample will add strength to the findings. It is also the first survey to seek similar information from all three nursing occupational groups. Your responses will give us data that doesn't exist in any of the registrar or administrative databases.

Building the Future is a milestone project. It is the first national nursing study that is both endorsed and led by all the nursing stakeholder groups in Canada: professional nursing organizations, unions, employers, researchers, educators, physicians, provincial and territorial governments, Health Canada and Human Resources Development Canada. Together, we are committed to building a better future for nurses in Canada.

Help us make history. Look for our survey this spring.

Go to **www.buildingthefuture.ca** for news on when the survey will be distributed, and for more information on how to participate.

Community involvement

By Gail Colosimo, RN,
Moncton City Hospital, Moncton, NB

In September of 2002, shortly after beginning her first year at university, my daughter received word that a friend and classmate from high school had died due to complications of alcohol ingestion, possibly combined with drugs. It was a heartbreaking phone call to receive from her. Two days later, I met her at the bus stop. She came home to attend the funeral.

During the drive home, she told me about orientation week at the university, that the students were told daily of the dangers of drinking too much, and what they should do for anyone they were with who was inebriated. "Mom, kids in high school should know this stuff too." She felt that her friend's death could have been prevented. "It shouldn't have happened." "Mom, couldn't you do something - your group of emergency nurses, could they do something?"

Later that evening at work, I approached two co-workers who have been active in the work of the New Brunswick Emergency Nurses Association, both provincially and locally with the Moncton chapter. Nadine LeClair and Alison Bulmer agreed that it was a very worthwhile project. We have seen many young people brought to our emergency department with injuries suffered because they had been drinking.

My daughter, Melanie visited the school and spoke with several teachers and the principal about her idea on the day she arrived home. They were thrilled with her notion and very encouraging.

I contacted the principal and told him what we would like to do, with a summary of the information we wanted to give. Again, he was very receptive.

One of the most challenging aspects was to find a way to give the information without appearing to condone teenage drinking. Some universities address this topic as "responsible drinking", clearly not an acceptable approach for 14- and 15-year-olds. It was very important that the students and their parents understood our goal was to give information that might be needed should anyone make the decision to drink. It had to be understood that we were saying, "if this happens to someone you're with," not "when you are out with your friends." The most important point for them to grasp was that, if they ever found themselves in the position where someone had drank too much alcohol, that person should not be left alone.

The presentation was about an hour long and included information on the effects of alcohol, the dangers of combining drugs and alcohol, aspiration, alcohol and hypothermia, and drinking and driving. Following the presentation, we gave a demonstration of rescue breathing and the recovery position, involving the students. Hand-outs were also provided.

A short time was allowed for questions. The questions asked and some of the comments illustrated an interest and a good understanding of the important points.

Another of our concerns was the protection of confidentiality for the family of Melanie's friend. We felt that this should be protected above all else.

During one full day, we made four presentations to a total of approximately 130 students and a number of their teachers. The remarks afterward were very positive. All the teachers echoed the remark, "If this saves just one kid, it will have been worth it." We will probably never know whether we had an impact or not, but our sense of accomplishment and the hope that we did help someone is enough.

One of the goals of NENA and NBENA is to promote development of community partnerships in prevention education. It was an honour to have been given this opportunity to contribute to our community.

Outlook
Letter 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

Currently, we have a task force at Capitol Health Edmonton, Alberta, who are looking to tag triage scores to workload measurement and then compute a methodology to see how many FTEs you need and what type of skill set would be necessary. I have concerns about the use of the triage scores for this, as the patient in the ER can and does move between these scores throughout his/her stay in the ED. For example, a patient presents with abdominal pain at a scale of five. He may have slightly altered vital signs. He may then be triaged at three or four. Then, one hour later, he has acute back pain and his BP drops and he is now in Resus as a level one and is on his way to the OR as an AAA. His workload measurement would have been tagged to the three or four. My question is, what are the EDs across Canada doing or using for workload measurement, is anyone using triage scores and, if so, with what success in reflecting the nursing workload associated with acuity? Please send any information that you might have to: Karen Latoszek, 115 Healy Rd., Edmonton, AB T6R 1VR, e-mail: klatoszek@shaw.ca.

Karen Latoszek

Nova Scotia flight nurse and paramedic among the top in the world

Caroline McGarry-Ross, RN, ENC(c)
EHS LifeFlight Nova Scotia

Darlene Pertus has been a Nova Scotia emergency nurse for 13 of her 25 years in nursing, and she recently put that experience to the test in her role as flight nurse. Darlene and partner, Dale Traer (a critical care paramedic), competed in an air medical crew competition in the United States, putting Nova Scotia and Canada on the map!

The conference

This past November, the annual Air Medical Transport Conference (AMTC) was held in Kansas City, USA. While the conference is an annual event, this year was the first time the air medical crew competition became part of it, and three Canadian teams entered as well as a number of teams from the USA. With people attending from all over North America and as far away as China, teams were really under the microscope during their competition. After all, how a team performs directly reflects on the type of program they represent.

The competition

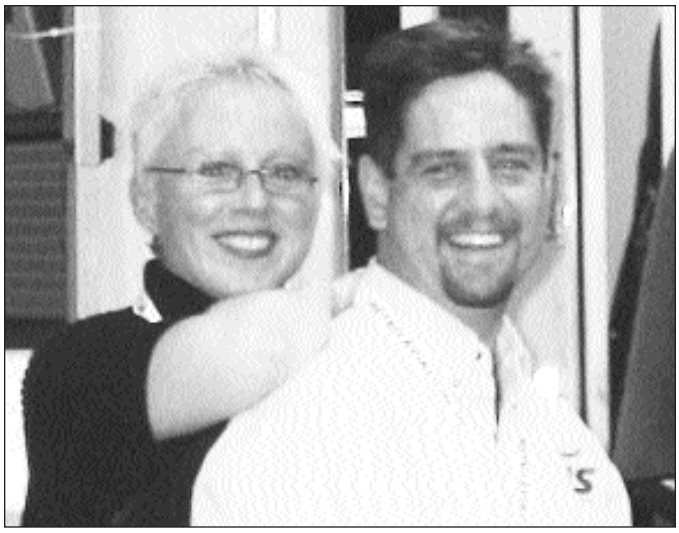
The competition portion consisted of giving each team two scenarios; one pediatric and one adult. The teams were told to be prepared for any kind of emergency such as trauma, medical, cardiac or obstetrics to be staged as an interfacility or a scene call. They were to perform the scenarios without use of calculators or drug reference cards, and would only be allowed a Broslow tape for reference. The teams were sequestered away from everyone to ensure fairness and were all given two identical scenarios. Once their turn came up, a team was put into the helicopter simulator with a 'Realistic Simulator Patient Mannequin*', wearing what they normally would be working in (flight suits, steel toed boots, and helmet). The helicopter simulator produced the real noise and vibration of rotors and, therefore, all communication between team members and patient had to be done through the internal microphones from their helmets. As you can imagine, assessment of patients in this environment poses special challenges, since such things as breath sounds and blood pressures cannot be heard. The scenarios lasted 30 to 50 minutes and were broadcast *live* to everyone in attendance at the conference! Four judges participated in the competition (two Canadian, two USA) and each is a medical control physician for a flight program in their area. The two Canadian judges were from the Alberta STARS program and the Ontario Sunnybrook program.

The Nova Scotia Lifeflight team

The Nova Scotia air medical team was comprised of a flight nurse, Darlene Pertus, and a critical care paramedic, Dale Traer. Darlene and Dale have worked together since the program's inception in 1995, and felt it was time to challenge themselves and see how they compared to other air ambulance programs. The pediatric scenario (30 minutes) was a scene call for a 20 kg male in status asthmaticus, and the second scenario (50 minutes) was an interfacility call for a 56-year-old with acute pancreatitis, renal failure, shock and ARDS. Throughout each scenario, they worked through an assortment of drugs and interventions using only their experience, knowledge, and teamwork as resources. Their hard work and dedication paid off, as they were awarded a very commendable and impressive *second place* in the competition!

Canadians fly above the rest

To the credit of air ambulance programs in Canada, the top three teams in the entire competition were Canadian (Bandage from Sunnybrook, LifeFlight from Nova Scotia, and STARS from Alberta). Special congratulations go out to Darlene and Dale, as well as the teams from Ontario and Alberta, for putting Canada 'on the map' internationally as *the* centre of excellence in air medical transport!



Darlene Pertus and Dale Traer of Nova Scotia.

** The "Realistic Patient Simulator Mannequin" is a training mannequin that responds physiologically to interventions such as drugs, chest tubes, airway interventions, and electrical therapy, etc. Computerized, it will even identify the drug given and the actual dosage that was delivered. It is an excellent learning resource.*

Trauma nurse recognized

Congratulations to Laura Wilding, Injury Prevention Coordinator, Trauma Services, The Ottawa Hospital (TOH) for receiving a certificate in recognition of her commitment and support of the P.A.R.T.Y. program. The award was presented by Dr. Jack Kitts (President and CEO of TOH) and Ms. Paula Doering (VP Clinical Program TOH) on behalf of Smartrisk and P.A.R.T.Y.

From left to right: Paula Doering, Laura Wilding and Dr. Jack Kitts

Remembrance Day - November 11, 2002

On behalf of National Emergency Nurses Affiliation (NENA), three Ottawa trauma services nurses placed a wreath, below, at the cenotaph during the Remembrance Day ceremony at the National War Cenotaph. Left to right: Laura Wilding, Joanne O'Brien and Susan Phillips.

Outlook
Guidelines for submission

Editorial Policy

1. **Outlook** welcomes the submission of clinical and research articles, case studies, and book reviews relating to the field of emergency nursing.
2. Statements or opinions expressed in the articles and communications are those of the authors and not necessarily those of the editor, publisher or NENA. The foregoing disclaim any responsibility or liability for such material and do not guarantee, warrant or endorse a product or service advertised in this publication, neither do they guarantee any claim made by the manufacturer of such product or service.
3. Authors are encouraged to have their articles read by others for style and content before submission.

Preparation of Manuscripts

1. The original copy of manuscripts and supporting material should be submitted to the **NENA Outlook** editor. The author should retain one complete copy.
2. Manuscripts must be typed, double-spaced (including references), on 8 1/2" x 11" paper with adequate margins. Manuscripts longer than one page must be submitted in a disk format in Word Perfect or Word. Submissions are accepted via e-mail to the communication officer.
3. Author's name(s) and province of origin must be included
4. Clinical articles should be limited to six pages.
5. Direct quotations, tables and illustrations that have appeared in copyrighted material must be accompanied by written permission for their use from the copyright owner, and original author and complete source information cited.
6. Photographs of identifiable persons, whether patients or staff, must be accompanied by signed releases, such as the following: "I hereby give (author's name) to use the photograph of (subject's name) in the **NENA Outlook**.

Please submit articles to:
NENA Outlook Editor, 34 Bow Street
Dartmouth, NS B2Y 4P6
valeden@hfx.eastlink.ca

Deadline dates:

February 20 and August 16

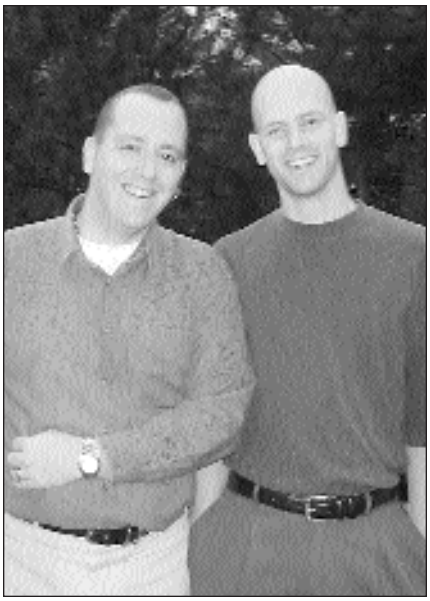
Meet your board members!

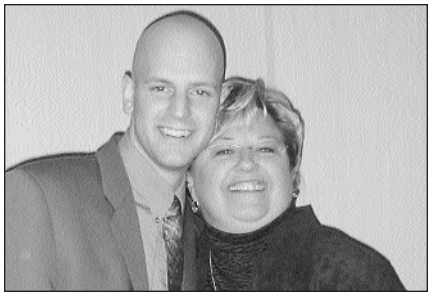
Below are pictures of board members from the fall board meeting in Toronto. This was a transition meeting in which retiring board members were orienting new board members to their roles. Thanks to Jan Spivey, photographer extraordinaire!

Carla Policicchio, president-elect, left, and Clavell Bolger of Newfoundland.

Above, from left: Gail Colosimo of New Brunswick, Debbie Cotton of Nova Scotia and Irene Osinchuk of Manitoba. Right, Anne Cessford, president.

Above left, from left: Bob Lawson, outgoing Saskatchewan representative, treasurer Jerry Bell, and Celie Walsh-Gallison of PEI. Above right, Jan Calnan, secretary, Valerie Eden, communications, and Celie Walsh-Gallison.





Clockwise, from bottom left: Chris Norman of Saskatchewan and Carla Policicchio. Jan Calnan and Valerie Eden. A group at the board table, with Jan Spivey of Ontario, Bob Lawson, Troy Sebastian of Alberta, Chris Norman and Carla Policicchio. Clay Gillrie, incoming representative for B.C. and Chris Norman.