

President's message: Triage - protecting patients and nurses

One of the most prevalent and frustrating issues identified by emergency nurses is the challenges and vulnerability of the role of the triage nurse. Efforts have been made over the last year to collaborate with the Canadian Association of Emergency Physicians (CAEP), and to develop a national position statement on the impact of overcrowding within emergency departments. The implications of emergency departments crowded with patients waiting for inpatient beds have resulted in severe reductions of emergency stretchers and exceedingly long waits. The impact on the triage nurse has been such that patients who require treatment are left for the triage nurse to reassess and re-prioritize to ensure that conditions do not change drastically in the waiting room and that the most ill remain to be seen first. Subsequently, the triage nurse has been placed in the most vulnerable and risky position of all emergency staff. How can we, as the National Emergency Nurses Affiliation and individual emergency nurses, assist our nurses and provide them with practice standards which may be utilized to establish standards within their own facilities, and at the same time provide national benchmarks they can use as references to address issues within their facilities?

The National Canadian Triage and Acuity Scales developed between CAEP, NENA, CPS (Canadian Pediatric Society), and Quebec Emergency Physicians, provides Canadian standards for emergency triage. Of great concern are the reassessment standards and the impact on workload. These reassessment times provide nurses with guidelines to ensure that patients, as they are waiting for extended times in our emergency

waiting rooms, are being assessed and re-prioritized. Although this is placing a great deal of pressure on the triage nurse, we really need to look critically at the option of not doing the reassessments. Regular reassessments ensure that we are evaluating patients' status routinely and maintaining a safe environment for our patients. Realistically, it is also not without pressure, from a staffing standpoint. How can we, as advocates for our patients, promote safe emergency care and prepare for these challenges and pressures on our triage nurses?

To ensure that triage nurses are covered by their facilities, and maintaining expected standards of care, one of the first issues which needs to be addressed is to be sure that there is a policy for your institution that outlines the triage procedure. NENA also has developed national position statements on triage that can be utilized as a national benchmark. Through appropriate documentation, triage nurses can demonstrate due diligence in their practice. Next is to maintain current knowledge and skills in triage. The National Pediatric CTAS course is available to assist in this area. Revisions to the adult CTAS standards are underway and will include sections on the elderly, mental health, and obstetrics and gynecology. A working group comprised of CAEP and NENA representatives will be presenting the revisions at the national CTAS working group in Montreal in April, and an educational program which incorporates these additions will also be presented. Our ultimate goal will be the eventual amalgamation of both the pediatric and adult CTAS in one course. At this time, however, the Peds CTAS course is



available and efforts are being made to ensure access to these courses.

Are the national standards an obstacle or are they a benchmark to assist us to promote and ensure adequate, safe care for our patients? I believe we cannot and should not lower standards because they are challenging to maintain, but rather should look upon them as a national reference by which our care will more than likely be measured, should our care be in question. As a result, we need to collectively work with our facilities to strive towards meeting these standards. We, as emergency nurses, can and will continue to work on issues which impact on the care of emergency patients, such as throughput, overcrowding, and prolonged waits. In the meantime, as professionals providing care, we need to focus on both ensuring that we are working with our facilities to clarify expectations through establishing triage policies and procedures, as well as continuously increasing our knowledge and skills as triage nurses. As your representatives, NENA, comprised of your provincial directors, will continue to work on national issues to support the challenges we are all facing daily. Continue to communicate your issues and concerns through your provincial directors to ensure that we, as a group, are collectively working on issues that make a difference to each of us daily. 🇨🇦

Carla Policicchio,
RN, MA, BScN, ENC(C)

From the editor

It has been a rollercoaster of a ride over the past few months for me and for many of my colleagues, both personally and professionally. In September, Nova Scotia and in particular the Halifax area was hit hard by Hurricane Juan. The “storm of the century” changed forever the landscape of the city I have lived in for my entire adult life. While the degree of destruction saddened me, I was at the same time very proud of all the health care providers who worked in the local

hospitals and who, at some cost to themselves and their families, came to work every day during the disaster. The “emergency community” lost a friend and colleague, John Rossiter, a paramedic who died during the height of the hurricane – doing a job that he loved.

The Christmas season coincided with the flu season and proved to be a monster as emergency departments were flooded with patients – many very

sick patients. Our local emergency departments were overwhelmed with large numbers of admitted patients who stayed for days in the emergency departments waiting for beds, while those seeking care spent hours out in the waiting rooms. It was a small consolation that our situation here was not unlike what was being experienced across the country. Nurses at the Halifax Infirmary Emergency Department took action into their own hands by going public with their union. They held a press conference and explained their fears of providing care in a jammed emergency department. This prompted a public discussion about the ongoing pressures experienced in emergency departments across the province. More specifically, discussion between the government and the Capital Health District led to the implementation of the *10-point plan*.

Following Christmas, the paramedic and emergency family of Nova Scotia was dealt yet another blow as another veteran paramedic, John Wyllie, died in a tragic home invasion. It has been a rough few months for us. Yet, we continue to go to work and in tragedy, it has brought us closer together, united in a common bond of friendship.

The stresses of the past few months have certainly taken their toll on all of us. We continue to face challenges, yet we have learned valuable lessons about ourselves that keep us motivated to keep moving forward. Our experiences here in Nova Scotia are no different than the experiences of emergency nurses across the country. Share your stories with us – what have been your challenges and, more importantly, what did you do about them?

I encourage you to begin writing about those experiences and submit to this journal. We want to hear from you! 🇨🇦

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

Board meeting observer policy

NENA
Policies & Procedures
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NENA board of directors' meetings are open to NENA members on a pre-arranged basis.

The objectives of open board of directors' meetings are to enhance the board's accountability to those who have an interest in the affiliation's affairs and to facilitate member understanding of the board's governance of the emergency nursing specialty.

Observer policy

- Those wishing to observe a NENA board of directors' meeting will contact the NENA president with their wish to do so at least 30 days prior to the board meeting when possible.
- Numbers of observers allowed will be at the discretion of the board.
- If the request is less than 30 days in advance of a NENA board of directors' meeting, it will be at the discretion of the NENA executive as to whether or not permission will be granted.
- All observers shall be identified at the beginning of the meeting.
- A review of observer expectations will be outlined at the start of the meeting and are as follows:
 - i. Observers, prior to the start of the meeting, must agree to confidentiality of matters discussed.
 - ii. Observers will not be allowed to attend in-camera sessions.
 - iii. All observers will have non-voting status.
 - iv. Observers may not enter into the discussion of the business of the board.
 - v. The observer may comment in writing to their official representative while the meeting is in progress.
 - vi. Observers cannot be elected to chair a standing committee.
 - vii. Observers will be placed in a row behind the table where the meeting is held, depending on the number of observers present.
 - viii. NENA, Inc. will not be responsible for any expenses incurred by the observer attending a NENA board of directors' meeting (i.e., meals, accommodation, travel, etc.).
 - ix. If any observer becomes disruptive, they will leave the BOD meeting immediately on the request of the president. 🇨🇦

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Bouquets

✧ The board of directors expresses its thanks and appreciation to Anne Cessford who will be completing her role as past-president in July. During her term as president, Anne has worked tirelessly to develop partnerships with other national associations and to ensure that NENA's voice was heard nationally. We wish Anne all the best in her future endeavours.

✧ To the emergency nurses at the Halifax Infirmiry Emergency Department at Queen Elizabeth II Health Sciences Center in Halifax, Nova Scotia for having the courage to inform the public about the issues of overcrowding in the province's largest emergency department.

✧ To emergency nurses throughout Nova Scotia who worked through Hurricane Juan and again through "White Juan". For those staff who stayed hours and hours past their regular shift, covering for the staff who couldn't get in to work. To the many staff who walked, skied, or used snowmobiles, sleds, or whatever in order to get to work. Their ingenuity and persistence were remarkable.

✧ To Kate Mahon, Health Services Manager of Emergency and Critical Care Services, Children's Health Program at IWK Health Centre, Halifax, NS for acknowledging the work of the preceptors within the program by supporting membership in their professional associations.

"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.

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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) authorization 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



The Nuts and Bolts of ED Nursing

Come to the Island... for a weekend of "NUTS AND BOLTS" emergency nursing in Charlottetown, Prince Edward Island. May 14-16, 2004. Hosted by PEIENA (PEI Emergency Nurses Association). For further information contact Celie Walsh-Gallison, Conference chair @ (902) 629-1462, or e-mail: nutsandbolts@isn.net

Code Triage: National Triage Conference

Host: Vancouver General Hospital Emergency Department, June 11, 2004, Vancouver, BC. For further inquiries please contact Claude Strang: cstrang@vanhosp.bc.ca, or Monique McLaughlin: mmclaugh@vanhosp.bc.ca

Emergency Nurse Interest Group of Alberta, AGM & Conference

October 1-3, 2004, Kananaskis Resort and Conference Centre. For more info contact Pam Little: pjlittle@ucalgary.ca

Pediatric CTAS course

October 1, 2004, 0930-1700, Kananaskis Resort and Conference Centre. Contact: [judyskanderup@hotmail.com](mailto:judykanderup@hotmail.com)

Partnerships, National NENA Conference

May 14-15, 2005, Kelowna, BC. For further information, contact Clay Gillrie: clay_gillrie@bcit.ca

NENA's "Win a trip to the national conference" contest rules

NENA Inc. will biannually sponsor a NENA member's attendance at the national conference/AGM, for an article published in **Outlook**. The winner will be chosen by lottery.

1. Contest will be advertised in **Outlook**
2. Provincial representatives are encouraged to promote the contest among their membership.
3. Articles must be submitted directly from the author. Provincial newsletters forwarded to the communication officer for selection of items to include in **Outlook** will not be considered in the lottery. Please refer to the submission guidelines included with this issue.
4. Primary author's name will be entered into the draw (in the event of multiple authors).
5. Names will be entered into the draw beginning with the winter 2003 edition of **Outlook** and ending with the winter edition of 2005.
6. The communication officer will maintain a record of names entered into the lottery.
7. The NENA president will randomly draw the name of the winner.
8. The NENA president (or delegate) will notify the winner and will communicate with the winner to ensure conference registration, hotel booking at the convention rate, and travel arrangements are made at the most economical rate to the maximum value of \$2,000.00.
9. The draw will occur in January prior to the national NENA conference to allow the winner to arrange their time off to attend. In addition, this allows time to obtain the best fares and booking of a hotel room at conference rates.
10. The winner of the lottery will have three weeks in which to accept their prize. In the event the winner is unable to claim their prize, a second name will be drawn. The prize is non-transferable.
11. The winner will make his or her own travel arrangements.
12. The winner's name will be published in **Outlook**.
13. The winner must be a NENA member at the time of submission.
14. NENA board of directors and **Outlook** section editors are exempt.
15. Articles are published at the discretion of the communication officer.
16. NENA board of directors has approved the contest rules.

The next National Emergency Nurses Conference is in British Columbia in 2005.

Canadian Essentials of Nursing Research

Authors: Carmen G. Loiselle, PhD, RN, Joanne Profetto-McGrath, PhD, RN, Denise F. Polit, PhD, and Cheryl Tatano Beck, DNSc, CNM, FAAN
Published by Lippincott Williams & Wilkins, 2004
519 pages ISBN 0-7817-4281-1

My first question after reading this book is, where was it when I did my undergraduate research course? Nursing research is essential if we are

to understand the diverse scope of our profession. We are all aware of the expectation and necessity of nursing research, particularly those of us in clinical practice who utilize the results of scientific study and thus promote evidence-based practice. Finally, here is a book that teaches us all how to read, understand, and translate research findings into practice. Each chapter defines the basic terminology that will be found in the specific chapter and concludes with summary points. I know that this book will be at my side as a reference

to guide me through future readings of research papers.

In addition, the key benefit of this book is that it is Canadian-based. Finally, a book that promotes the numerous Canadian nursing research endeavours that have taken place in Canada. It is my hope that **Canadian Essentials of Nursing Research** will be the prime research text recommended and used in schools of nursing across this country! 🇨🇦

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

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Tidbits & Trivia

- 👉 North American journalist, Suzanne Gordon, is quoted to say, “Nursing is the security component in the health care system. Nurses prevent the catastrophies. Nurses are the intelligence gatherers. Nurses keep patients safe.”
- 👉 Toronto oncologist, Dr. Robert Buckman, is quoted to have said, “Bad news is any news that seriously and adversely affects a patient’s view of his or her future. Good news is any news which importantly and positively affects anyone’s view of their future.”
- 👉 Ralph Waldo Emerson once said, “Life is an experiment. The more experiments you make, the better.”
- 👉 You can tell a lot about a person by the way they handle three things; a rainy day, lost luggage, and tangled Christmas tree lights.
- 👉 You shouldn’t go through life with a catcher’s mitt on both hands. You need to be able to throw something back.
- 👉 Six critical life messages: I believe in you. I trust in you. I know you can handle it. You are listened to. You are cared for. You are very important to me.
- 👉 You know it will be a bad day in the ER when:
 - 👉 The off-going shift can’t keep a straight face while giving report about the patient in Room 12.
 - 👉 Your first patient of the day insists there is no way she could be pregnant.
 - 👉 Your next patient screams at you, and you just can’t remember ever hearing that many obscenities strung together.
 - 👉 Someone on the off-going shift wishes you a Q day.
 - 👉 The paramedics on the ramp are using mops to clean up their ambulance.
 - 👉 You have writer’s cramp, and still have seven hours left in your shift.
 - 👉 The paramedics tell you that the arriving patient with a closed head injury, flail chest, and positive belly tap is in much better shape than the one still being cut out of the minivan.
 - 👉 You hear there is a flu epidemic travelling like wildfire through the local nursing homes.
 - 👉 And finally, the psychiatric patient’s delusions are beginning to make sense.

Submitted by Janice L. Spivey, RN, ENCC, CEN, ENAO President