
President's message



I always laugh when people say September's here – “back to the old grind”. Well, when you work in an emergency department, there is NO

back to the grind – we are always in the grind! I do hope, however, that everyone was able to take some time off over the summer to rejuvenate.

Over the past year, the NENA board of directors has been looking at strategic planning. This plan took shape in November 2006. I submit the outline to you for your opinion and criticism. (It would be impossible for me to submit all the discussions that have occurred surrounding these initiatives). I would love to hear your comments and suggestions about the plan itself, as well as where do you see NENA in the next year? Five years? Please e-mail president@nena.ca.

I will endeavour to take this feedback for inclusion in the strategic plan to the board table in the spring. Following that meeting, I will share the plan in its entirety on the website and in the next **Outlook**.

The use of the acronym NENA INC seemed fitting, as well as comprehensive.

N – Nationally Focused

This direction is self-explanatory – NENA represents Canada, supporting each provincial body.

E – Education

As nurses, we inherently recognize the need for education – both initially as well as ongoing. Courses such as TNCC, ENPC, and CTAS that are NENA-driven are included here, as well as our orientation packages. Within this section there has also been significant discussion surrounding degree-based education and new graduates beginning in critical care areas.

N – Nursing Practice

NENA supports safe, competent, and responsible nursing practice through standards of care, position statements and guidelines.

A – Affiliations

Who do we need to work with to provide optimal patient care? Not only those colleagues who are present in our day-to-day practice, but also the decision-makers, policymakers, and groups that are looking at disaster planning,

injury prevention, etc. For example, paramedics, police, physicians, trauma groups, national emergency response teams and the Canadian Nursing Association.

I – Innovations in Research

Nursing-initiated research within the emergency field is supported financially annually by NENA through an annual grant.


N- New Initiatives

Emergency nursing is an ever-changing profession in an ever-changing practice environment. What are new ways of providing support to emergency nurses?

C – Communication

What communication tools do we currently use – website and **Outlook**; can we improve on these? Are they effective? Is there another means of communication that we can be utilizing?

As I said, this is but an outline of a year's worth of work. Please take the time to provide some feedback.

“Change – The most powerful waves begin as a single drop.” 

Tanya Penney, RN, BScN, ENC(C)
NENA President


From the editor



Fall is an interesting word for this time of year. It is during this time that many of us “fall” back into our “business as usual” routines, with kids returning to school,

summer vacation finished, and the return of regular rotations and wind-up of summer hours. It is also the time that

we can “fall” into the humdrum that the anticipation of long winter months often brings. But fall is also a season in which we are surrounded by beautiful tapestries and amazing palettes. Fall brings a sense of renewal and anticipation of what the future holds. Fall is often a time of change and forward momentum after a summer lull. It is in this spirit that this edition of **Outlook** is published. Herein you will find a collection of interesting articles that highlight various new initiatives and adven-

tures in the various populations we serve. There is also the call for nominations for the positions of president-elect and communication officer, and I would highly encourage everyone to think about embracing the opportunity that either of these positions presents. Take this time to not “fall” back to the routines of the past, but rather reach out to new experiences in the future. 

Colleen Brayman, RN, BScN
Communication Officer

Highlights from the Spring 2007 Board of Directors' and Annual General Meeting

NENA Highlights


- BOD has created a new strategic plan.
- BOD looking at initiatives to increase the exposure of NENA and, thereby, increase membership.
- Website continues to expand and be interactive.
- NENA is maintaining liaisons with several groups such as CAEP, CEEP and PHAC, and is actively participating in emergency preparedness.
- NENA is increasing its exposure internationally through a collaborative relationship with ENA in the U.S.
- NENA is being recognized further from home with the NENA President having given two presentations this March at the International Emergency Nurses Congress in Seville, Spain.
- Having met with Canada's federal Health Minister a year ago, the NENA BOD is committed to inviting him to meet annually with NENA, so that, together we may address the issues and concerns of Canada's emergency nurses.

Board meeting observer policy

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.
- Number 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 whether 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 is 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. 

NENA
Policies & Procedures
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- NENA is continuing to actively support Canada's rural and remote nurses as they struggle with many issues and challenges surrounding the potential delay or deferral of CTAS level 5 patients away from the EDs.
- NENA has sent a letter of support to Saskatchewan's Justice Minister and Attorney General for their province's recent enactment of the Bill regarding mandatory reporting to police of GSW and stab wound victims in the EDs.
- NENA is proud to have been one of the five groups making up the CTAS National Working Group on the long-awaited rollout of the combined adult and pediatric CTAS program across Canada.
- At the meetings, the board awarded Dale Roberts, NENA Industry Rep, a plaque of appreciation as he completed his term of service to NENA in this valuable role. The board has welcomed Debbie Seminovich of Edmonton to the two-year term as NENA Industry Representative. D. Seminovich was introduced.

NCAC

- K. Latoszek was appointed to chair of NCAC for another term.

TNCC

- TNCC is entering the first step of a two-step rollout process.
- First step – roll out the new course to the U.S. instructors in three update sessions from May through June.

- Second step – to update all international instructors. This process will be starting in October 2007, and we have until October 2008 to complete this process across the country.
- NCAC will be provided with seven copies of the DVD and other related materials. ENA has asked that the chair of NCAC review the DVD and materials first, then relay any questions either with a conference call or communicate via e-mail to clear them up. Once done, chair will be able to update the six committee members with their information. This would qualify them to update the balance of instructors in their areas. This will still ensure consistency across the updates.
- The current course can be taught until April 1, 2008. All TNCC course directors are encouraged to use up all current 5th edition TNCC provider manuals and order only as needed for any upcoming courses. *Please note*

that only the revised course materials will be available from ENA after April 30, 2008.

- Chair compiled NCAC feedback on all chapters and sent back to ENA, who were to send feedback to the TNCC Revision Workgroup for consideration.
- NCAC did revise the Canadian content of the Biomechanics/Mechanism of Injury chapter, but has not seen the final draft before it went to print.
- TNCC number of students from April 1, 2006, to March 31, 2007, is 1,097.
- TNCC number of instructors from April 1, 2006, to March 31, 2007, is 231.

ENPC

- ENA sent an e-mail on February 22, 2007, that the PALS renewal process is no longer an option with ENPC.
- ENPC courses in Nunavut have been facilitated by the team of instructors from Manitoba.

- French translation of exam is complete and NENA and ENA have documents.
- Working with McGill School of Translation to do slides, which are in the process of completion.
- 2007 current ENPC instructors are 116.
- ENPC number of students from April 1, 2006, to March 31, 2007, is 429.

CATN II

- Course directors now in British Columbia, Alberta and Ontario.
- Indirect fee for NENA back into effect July 2007.
- Canada has conducted more CATN courses this year than U.S. *219 students were taught.
- Working to take CATN into Montreal with Ontario instructors and Alberta.
- Have now done three national conferences.

Bursary and Awards of Excellence

Bursaries:

Manitoba – Jan Kozubal

Newfoundland & Labrador –

Joanne Collins

Board of Directors – Bonnie Briere

Award of Excellence:

Award of Excellence recipient for Excellence in Nursing Practice for 2006 was awarded to Edwina Campbell of Prince Edward Island.


Award of Excellence recipient for Excellence in Nursing Administration 2006 was awarded to Helen Grimm from Saskatchewan.

Elections:

Janet Calnan: Secretary

Jerry Bell: Treasurer

Tanya Penney: Incoming president was installed.

Next Annual General Meeting of NENA Inc. will be held in Banff, Alberta, May 8, 2008. 



The NENA Board of Directors develops its new strategic plan at the Spring 2007 meeting in St. John's, Newfoundland.

Calling all instructors

If your students have put their work into a presentation, a case study, a disease process, research, etc., encourage them to write it up into a brief article to be published in Outlook. Our section editors will work closely with them to help in the process, and they can see their hard work in print, help to educate emergency nurses across the country and add a publication to their resume – a win/win situation!

Articles can be submitted to the Communication Officer, Colleen Brayman, 337 Providence Avenue, Kelowna, BC V1W 5A5
e-mail: communicationofficer@nena.ca

Canadian Association of Emergency Physicians and National Emergency Nurses' Affiliation commend report recognizing emergency department overcrowding as significant problem in Canada

The Canadian Association of Emergency Physicians (CAEP) and the National Emergency Nurses' Affiliation (NENA) welcome new research on emergency department overcrowding released by the Canadian Agency for Drugs and Technologies in Health (CADTH), an independent, not-for-profit organization that provides evidence-based information about health technologies. CAEP and NENA commend the report for recognizing that emergency department overcrowding continues to be a frequent and significant problem across Canada.

According to a survey of emergency department directors across the country, 85% state that a lack of beds was a major or serious cause of overcrowding and more than half say that it increases the risk of poor patient outcomes.

CAEP and NENA concur with the report's finding that emergency department (ED) overcrowding is a "system-wide problem with multiple causes". They go on to emphasize that the principal cause of overcrowding and wait times in emergency departments is the lack of beds on hospital wards and in intensive care units.

"Adding bed capacity is the key to addressing overcrowding and wait times in emergency departments," says Alan Drummond, emergency physician and spokesperson for CAEP. "14 million Canadians visit emergency departments every year and timely access to medical care is of great concern to our patients. Overcrowding can be solved, but it requires looking beyond the emergency department to a system-wide solution and to increasing acute care hospital beds and adopting appropriate bed utilization strategies."

Drummond explains that Canada has seen a 40% decrease in overall hospital bed capacity due to government funding cuts over the last 10 years. Furthermore, it is estimated that of the remaining hospital beds, 10% are occupied by patients who would be better served in nursing homes, convalescent care or at home with appropriate community supports. Hospital and bed closures, coupled with an aging and increasingly complex patient population have created an overcrowding crisis in emergency departments across the country. International studies show that emergency department overcrowding rarely occurs when bed occupancy rates approach 85%, but consistently occurs when occupancy is greater than 90%. Most hospitals in Canada currently operate on 95% bed occupancy rates.

"All Canadians are entitled to a high standard of emergency health care and it is imperative that this issue become an immediate priority for our federal government," says Janice Spivey, President, National Emergency Nurses' Affiliation. "The Canadian health care system cannot continue in its present overcrowded state and system-wide interventions are needed now."

Spivey adds that bed capacity throughout the system must be increased to assist with the emergency department backlogs. Coverage by support services must also be expanded in order to facilitate acceptable patient flow through the health care system and attention must be directed towards the achievement of safe staffing levels across Canada.


As a first step to addressing the overcrowding issue in emergency departments, CAEP and NENA are calling for governments and health care providers to work together to establish a

framework of definitions, standards and measurable indicators that will be critical to implementing an overcrowding reduction strategy. It is also critical that ED overcrowding be integrated into provincial and federal wait time reduction strategies being addressed through the 10-year accord on health care in order to restore patients' confidence in Canada's health care system.

About CAEP

The Canadian Association of Emergency Physicians (CAEP) is a national advocacy and professional development organization representing 1,750 of Canada's emergency physicians. CAEP's mission is to provide leadership in emergency health care with a goal to enhance the health and safety of all Canadians.

About NENA

The National Emergency Nurses' Affiliation represents 912 members across Canada and believes that all individuals have the right to quality health care. Its mission is to represent the emergency nursing specialty in Canada and to enhance wellness, health promotion and injury prevention. 

For more information, please contact:

Dr. Alan Drummond, MD
Chair, Public Affairs Committee, CAEP
Pager: 613-267-9360
Office: 613-267-1593
e-mail: drummond@perth.igs.net
CAEP Head Office: 613-323-3315

Janice L. Spivey, RN, ENC(C), CEN
NENA Past-President
e-mail: pastpresident@nena.ca

CEEP Report



Report to: Board of Directors – NENA
Date: November 9, 2006
From: Sharron Lyons – Emergency Nurses’ Group of British Columbia

Centre for Excellence in Emergency Preparedness – Pediatric Disaster Working Group

In the spring of 2006, Janice Spivey asked me to sit on the Pediatric Disaster Working Group on behalf of NENA. In July 2006, a telephone conference call was held and work began on a tool designed with pediatrics in mind. Following is a brief report. For more information on CEEP, go to www.ceep.ca.

Committee members: A. Karwowska, H. Sandvik, S. Lyons, M. Salvadori, D. Kollek, D. Hutton, J. Marrone, G. Neto


Overview: The Centre for Excellence in Emergency Preparedness (CEEP) is a non-profit organization whose main goal is to facilitate and maintain optimal Canadian health emergency preparedness by providing expert consensus based on evidence and best practice. This includes development of a series of tools for responders at all levels to help prepare them for a disaster situation. Throughout recent conferences and in speaking with colleagues, CEEP realized that the pediatric population was an “orphan group” in disaster planning, as well as one of the harder groups to adapt tools for because of such specific needs. In realizing this, Dr. Kollek sought out professional help from those participating in the working group to come together and look at how we can define a tool or syllabus for health care facilities that will be specific to pediatric disaster planning.

Format and content of tool:

- Tool will need to be used at various levels of health care.

- It will need to be easy to understand, comprehensive and detailed.
- Should be in checklist format.
- Pediatrics will need to be defined by age (Dr. Kollek suggested 16 years as cut-off).
- Protocols for pediatric disaster treatment areas, design on space set-up and how to secure and temperature-control this space.
- Guidelines for who would supervise these treatment areas.
- Bare-bone needs for pediatrics patients’ care: basic pediatric assessment skills (suggested all emergency departments have ENPC), IV skills, psychosocial support, APLS course.
- A list or network of specialists from across Canada will be required, i.e. pediatric ID, nephrologist, cardiac, etc.

Closing remarks

- This project may incur costs and the committee will seek means to cover the funding needed to achieve our goals.
- Other expertise will be approached to join the group, i.e.: pediatric triage, public health, EMS, psychology.
- The next meeting will take place in the fall and, hopefully, a face-to-face meeting in 2007. 

Bursaries and Award of Excellence

Bursaries

Manitoba — Jan Kozubal
 Newfoundland/Labrador — Joanne Collins
 Board of Directors — Bonnie Briere

A special congratulations to



Award of Excellence for Excellence in Nursing Practice for 2006 was awarded to Edwina Campbell of Prince Edward Island.



Award of Excellence for Excellence in Nursing Administration for 2006 was awarded to Helen Grimm from Saskatchewan.

the Award of Excellence winners