## President's message



what's been going on.At the recent spring board meet-

I wanted to spend

some time this

issue telling you

ing, there was a letter drafted to the federal Health

Minister discussing the issues nurses are having in the emergency department specifically, difficulty acquiring time off to spend time on continuing education. NENA recognizes ongoing clinical education as a basis for competent, professional and safe care. As of today, there has been no response to this letter and I have resent it. The letter was written asking for a plan to assuage this issue. November's board meeting has been moved to Ottawa in order to facilitate a meeting with the federal Health Minister. The intent would be to discuss key issues affecting practice in the emergency department.

As you are all aware, the website now accepts PayPal! HOORAY! With any change there are some difficulties, as some of you have experienced—your patience has been appreciated as these bugs get worked out.

Updates to policies and procedures have occurred and will be uploaded on the web as soon as formatting is completed.

CNA has developed an election tool kit and the link can be found on our website.

At present, as president, I am attending the ENA conference in Minneapolis.

Recently, I had an opportunity to speak to the board of directors. I outlined the issues facing Canadian nurses such as overcrowding, safe practice and recruitment/retention issues. The issues in the United States mimic ours and there was a lot of discussion regarding what our organizations can collaborate on to face these issues more globally. These issues from our perspective will also be discussed at the International Congress in Mexico.

If you have any questions, comments, concerns, ideas, suggestions (you get the idea...), PLEASE contact me or any of the executive/board of directors via e-mail: president@nena.ca; executive@nena.ca; or directors@nena.ca.

Yours in Emergency Nursing Tanya Penney, RN, BScN, ENC(C)

## From the editor



I was once returning by car from a forensic nursing conference in the States. I presented my list of acquisitions and my receipts to the Canadian Border Patrol Officer,

assuming it would be given a cursory glance and we'd be welcomed home to Canada.

Ignoring all other purchases, the officer zeroed in on a DVD with the word rape in the title. He regarded me with the contempt usually reserved for blasphemers and Prairie Liberals. His countenance darkened and he asked me to come with him down the hall. He asked no questions and spoke not a word as he led me to a dark, uninviting room and pointed to a cold, hard chair. This was the Darth Vader of border agents. His manner was so abrupt and his expression so grim that I was sure that my days as a free woman were at an end. I sat silently as he slowly inserted the disk into a player, turned on the video, and occasionally eyed me carefully, as if he thought me either a felon or a flight risk, or both. The brief DVD discussed response to victims of sexual violence. He watched the entire DVD, occasionally peering at me as if I were not altogether suitable for entrance into Canada. I was sure I'd never see my family again. My mind played the scenario repeatedly of my husband calling the children and saying, "Sorry kids, but your mother won't be cooking the Thanksgiving turkey this year because she will be sharing accommodations with drug mules and goat thieves," as I recalled with gratitude that Canada does not permit the death penalty.

The video ended. He silently popped the disk out of the player. He turned to face me and asked, "Why do you have this?" By this point I was certain of imminent incarceration. I could barely think, and much less utter intelligible speech. I managed to mumble that I was an emergency nurse and I'd purchased the DVD to help me understand my patients.

He looked me straight in the eye, handed me the disk, and asked in more of a statement than a question, "You're an emergency nurse?" I realized that if he were returning my disk, he was probably going to release me and the questionable booty. I mutely nodded, feeling somewhat like the mouse whose tail had just narrowly missed the snap of the trap. Then he said, "It's a good thing you're doing." I have never forgotten his words.

When the emergency department is busy and the waiting room is filling; when nurses are beginning to get edgy and breaks are missed; when we are making calls again for overtime nurses to cover for sick staff; when we've worked all morning to stabilize a patient and he doesn't make it; and when the entire staff is dead tired and most of us have two remaining shifts this week, I think of those words: "You're an emergency nurse—it's a good thing you're doing."

So, to those of you who are reading this **Outlook**, you're an emergency nurse it's a good thing you're doing!

Stephanie Carlson, RN

Where the commitment to achieve service excellence is relentless.



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At Southlake, we've created something special ... A big city hospital that hasn't lost its community heart. A place where teamwork rules and new leaders are continually discovered. An environment where you can put your skills to work today, while advancing towards your goals for tomorrow. If you are committed to excellence, passionate about making a difference, and looking for a place where your career can flourish, come join us at Southlake.

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Some of the world's greatest people work at Southlake, so we make it our mission to invest in them personally and professionally, intellectually, and emotionally. By offering education incentives and assistance, and countless opportunities for growth and movement within the organization, we truly hope to make Southlake the kind of place where careers flourish.

## Experience the career you've always wanted

With regional programs in Cardiac Care, Cancer Care, Paediatric and Perinatal Care, and Child and Adolescent Mental Health, you will have the opportunity to be involved in complex and acute cases. We are always looking for highly motivated, caring emergency nurses with the following qualifications: completion of patient assessment and coronary care courses; completion of the trauma nursing care course; certification in adult and paediatric advanced cardiac life support. Post-RN emergency nursing certification and emergency nursing experience are preferred.

## Experience it all here

At Southlake, we welcome people who are relentless in their quest to deliver great care, people who push the envelope and embrace new opportunities, people who honour their commitments. Join us and be part of our vision for healthcare. Send your resume to: **Southlake Regional Health Centre, Human Resources Department, 596 Davis Drive, Newmarket, ON L3Y 2P9. Fax: 905-853-2218. E-mail (Word format): careers@southlakeregional.org** 



## President-elect's message



Dear NENA membership:

Thank you for allowing me to introduce myself as the new president-elect for NENA. I look forward to the

next four years and have some great ideas for where I feel the organization can go that I will share in future emails, on the website and through this journal.

I am a registered nurse who has worked in the emergency department setting for 11 years. I graduated from the University of British Columbia School of Nursing and spent the first few years of my career working in the emergency department and various critical care areas of Vancouver General Hospital. Never one to be sitting for long, I have also worked in multiple other EDs throughout the Vancouver Lower Mainland. For the past six years, I have had varied experiences including teaching for the B.C. Institute of Technology Emergency Nursing Program and have been the Manager of the Lions Gate Hospital Trauma Program and Emergency Department in North Vancouver. Throughout my nursing career, I have also maintained a position with the B.C. Ambulance Service as a Primary Care Paramedic and am currently stationed in the Downtown Eastside of Vancouver, which is the community I also live in. Although a community unlike any other in North America (always on the news for some reason or other), I enjoy living and working in the community.

Recently, my desire for my true passion of bedside nursing has become too strong for me to continue as a manager and in January 2008 I returned to bedside nursing at Vancouver General Hospital in the emergency department where I am now. Perhaps being a manager and trying to do a master's degree full-time at the same time just weren't meant to go together? Oh well, lessons learned, lessons learned...

I also have a long history of volunteering, which started at a young age with the St. John Ambulance Brigade and moving up through the ranks until I retired in 2003 as the Chief Nursing/Operating Officer for B.C. and the Yukon (still a volunteer job if you can believe it). At that time, I became involved in working with NENA on the National Course Administration Committee where I have served until my election to presidentelect this year. I have believed since a young age that volunteering is truly what makes our society a special place and I always encourage people to volunteer whenever and wherever they can. You may only be able to give two hours per

Through a grant from the Hartford Institute for Geriatric Nursing at New York University School of Nursing, the Emergency Nurses Association (ENA) proposes to develop universal recommended guidelines for the safer handoff of older adult patients between emergency departments (ED) and long-term care (LTC) facilities. A number of professional groups have been invited by ENA to participate in this important work. NENA was approached to appoint a representative to serve on the advisory group, which will work from July 1, 2008 to June 30, 2009, to develop the guidelines. Cathy Sendecki, Geriatric Emergency Nurse Clinician (GEN) with Fraser Health Authority in B.C., will represent NENA.

year, but that's two hours that get added into everyone else's two hours and can truly change societies.

Again, I thank you for allowing me to serve you as the president-elect (and next year president) of NENA and I encourage each and every one of you to contact me with any ideas that you may have for the organization. I would also encourage you to get involved in some small way. NENA is our voice for emergency nursing in Canada and we have strong ties with the Emergency Nurses Association (ENA) in the United States. All of us together have the power to influence politicians, practice bodies and workplaces to improve the care we deliver to our patients. Your two hours of getting involved could be the difference we need. \*

Sincerely,

Landon James, RN, BSN, MA, CEN President-Elect, NENA presidentelect@nena.ca

In many cases, the current system of communication between ED and LTC facilities has multiple opportunities for communication breakdowns, putting elderly patients at risk for medical errors.

As a first step in identifying strengths and weaknesses of present systems, the advisory group seeks copies of any forms now used between EDs and LTC facilities, by Oct. 17, 2008. This request has been posted on the NENA website. Further information will be shared as the group progresses.

Cathy Sendecki may be contacted at 11257 64 Ave., Delta, B.C. V4E 1C3, or **Sendecki@dccnet.com**.

## Calling all instructors

If your students have put the 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, Stephanie Carlson, Box 31E-RR1, Station Main, Regina, SK S4P 2Z1, communicationofficer@nena.ca

## Canadian nurse earns international recognition

### Congratulations to distinguished emergency nurse

#### **By Landon James**

Congratulations to Carole Rush, RN, BScN, MEd, from Calgary, Alberta. Carole has been inducted into the Academy of Emergency Nursing by the E m e r g e n c y



Nurses Association in the United States. Below is a description of the Academy from the ENA website (www.ena.org).

The Academy of Emergency Nursing (AEN) was established by the Emergency Nurses Association (ENA) Board of Directors on September 28, 2004. To date, 62 outstanding emergency nurses have been inducted into the Academy of *Emergency Nursing and proudly list FAEN as one of their professional credentials.* 

The Academy of Emergency Nursing is constituted to honor nurses who have made specific, enduring, substantial, and sustained contributions to the field of emergency nursing; who advance the profession of emergency nursing, including the health care system in which emergency nursing is delivered; and who provide visionary leadership to the Emergency Nurses Association (ENA). The body of work left by Academy members goes well beyond being an outstanding nurse and a devoted ENA member.

Carole has been an emergency nurse for many years in Alberta, and is currently working at the Foothills Medical Centre in Calgary, Alberta. Her experiences are vast including nursing in the United States, Scotland, Australia and Canada at various levels of management, educational and clinical practice. An active TNCC, ENPC and CATN instructor, it is Carole's tireless work with the NENA Course Administration Committee that has propagated the CATN course throughout the country to the degree it is today. Those who know Carole will agree that her determination and dedication to the emergency nursing profession has changed clinical practice in many countries around the world.

Many have been taught by Carole and realize this determination when she tells the story of walking up to and knocking on the door of the retired physician in Scotland who created the Glasgow Coma Scale–because she 'had a few questions', and being invited in for tea and an interview (article in past issue of the **Journal** of **Emergency Nursing**).

Carole Rush is the first Fellow of the Academy of Emergency Nursing to be practising outside the United States. Congratulations, Carole, on being inducted into the emergency nursing "Hall of Fame" and for being the first international nurse to achieve this most distinguished honour. You are a nurse who is a mentor to us all and a valued member of the community across many countries.



Outlook 7

## outlook

## **NENA** at work

## NENA 2008 Conference: "No Mountain Too High," May 4-10, 2008

### By Carole Rush, 2008 Conference Chairperson

More than 300 emergency nurses and exhibitors converged at the cozy Banff Park Lodge for the 2008 Conference and Annual Meeting of NENA. The busy week started off with meetings of the NENA board of directors and the National Course Administration Committee.

Pre-conference sessions were popular. The first Geriatric Emergency Nursing Initiative (GENI) course outside of British Columbia attracted 70 nurses. Thank you to Marcia Carr (founder and champion of the GENI course), Kim McFarlane and Cathy Sendecki who travelled from B.C. to lead the excellent course. The course faculty was completed with multidisciplinary geriatric health professionals from The Calgary Health Region. Thank you to Laura Wilding, Rona Moghabghab and Doris Flynn, three advanced practice geriatric nurses from Ontario, who shared their experiences throughout the course.

A combined Adult-Pediatric CTAS course was another pre-conference session. Thank you to NENA members Margaret Dymond and Geri St. Jean who travelled from Edmonton to facilitate this education for 65 nurses.

Participants had the opportunity to learn more about simulation in learning through a conference pre-session, "High-Tech Learning" and a concurrent session offered by Traci Robinson and Connie Abrey of the Alberta Children's Hospital.

Three days of plenary and concurrent conference sessions kicked off on May 8, commencing with NENA former President Anne Cessford's insightful and thoughtful presentation, "The Pinnacle of Partnerships". Current NENA President, Tanya Penney, conducted the 2008 NENA Annual General Meeting with the assistance of the NENA Board of Directors and NCAC Chairperson







Outlook 8

Karen Latoszek. The day concluded with former Olympic downhill skier Dave Irwin, who shared his amazing story of ongoing recovery from brain injury. The welcome reception was a good opportunity to 'meet and greet' the NENA BOD, members of NCAC and our special guest, Denise King, the 2008 President of the Emergency Nurses Association.

Both plenary and concurrent speakers from across Canada and the U.S. stepped up to the plate to share current information and innovative strategies to the challenges we all face in delivering excellent emergency care. Laura Criddle's "Emergency, Emergency!"game show and "Death by Poison" presentations were both entertaining and education-



al-thank you to Laura for travelling from Oregon to be with us. Landon James shared his master's thesis findings related to care of patients in our ED waiting rooms. Lynne Grief, originally from Edmonton, returned to Alberta to present her experiences, challenges, and creative solutions as a hospital administrator of a Florida facility. Emergency department overcrowding and long stays are not unique to Canada. The controversial topic of taser use and implications for emergency care was covered by Staff Sergeant Chris Butler of the Calgary Police Service. Fitting with the theme of "No Mountain Too High", the closing plenary was a personal and professional life journey of family physician Dr. William Hanlon, who recently climbed Mount Everest. Thank you to all the speakers.

A conference in Alberta would not be complete without some western-we enjoyed the food, music and entertainment at Brewster Barbeque!

Thank you to the hard-working conference planning committee: ENIG members Rosemarie Enokson, Cathy Buick, Dawn Paterson, Erin LaPlace, Jennifer Curran, Donna McKown, Ray Aceron and Leslie Olson. We appreciate all the time and efforts of Marilyn Drader from the University of Alberta Hospital ED for coordinating the huge job of registration. We were fortunate to have the technical and creative talents of Landon James and David Thanh from Vancouver, who created the conference brochure, website, and the amazing opening and closing videos.

We are looking forward to NENA 2009 in Winnipeg!



## The Margaret Smith Bursary

#### By Bonnie Briere, RN

The Margaret Smith Bursary for Pediatric Nursing was established by the NENA board of directors in 2003, following Margaret's death. "Marg" was a 1969 Halifax (NS) Children's Hospital graduate. She worked as an emergency nurse in Ontario, Saskatchewan and Alberta, and she exhibited a zeal for emergency nursing throughout her nursing career. She had a special enthusiasm for caring for children. Marg was instrumental in spearheading the first Teddy Bear Clinic in Regina in an effort to make children more comfortable with medical treatment. She encouraged and promoted continuing education. For example, she had a significant hand in introducing TNCC to Saskatchewan. She was one of the first Canadian nurses to write the Emergency Nursing Certification exam.

Margaret was on the NENA board as president of SENG for a term. She was

very proud to be a nurse and was an excellent example of nursing in the finest.

This bursary is presented by NENA each spring to a nurse whose life demonstrates a passion for pediatric emergency nursing and whose career advances the specialty.

Bonnie Briere is a long-time supporter of emergency nursing, a SENG member, and has served on the NENA board as Saskatchewan director. She works at the Pasqua Hospital in Regina, Saskatchewan.

## outlook **NENA** at work

## Annual general meeting

The membership of NENA held its national annual general meeting on May 8 during the national conference held in Banff. The following is a brief summary of the meeting.

#### Quorum: 86

It was reported to the chair that there were: Members at Large: 75

Board of Directors/Executive: 11 Total Number of Voting Members: 86 Non-Voting Delegates: 10

There were two positions up for election:

- · Communications Officer
- President-Elect

Landon James was elected as president-elect.



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. \*

Stephanie Carlson was elected as communications officer.

Their installation will occur at the November board of directors' meeting.

Lisa Usher from CNA brought greetings from the Canadian Nurses Association and gave a short presentation about certification.

#### **Recipients of the NENA bursaries:**

- · Judy Bala, British Columbia
- MariElena Guerrero-O'Neil, Saskatchewan
- Lori Ulrich, Manitoba
- · Roberta Gates-Thompson, Nova Scotia

#### Award of Excellence recipients:

- Nursing Practice: Suzanne Stringer, Saskatchewan
- Nursing Education: MariElena Guerrero-O'Neil, Saskatchewan

The 2008-2009 proposed budget was presented and there was a projected balance of \$4,110.00.

### NCAC highlights:

- · Committed French translation of ENPC and TNCC has increased the instructor base and students taught in Quebec. With proposed web development and course application it is proactive to have a rep at the NCAC committee level.
- Representation is required for Nunavut, Northwest Territories and Yukon to promote course dissemination and recognition at the national level.
- Need to re-establish instructor base of • all courses in PEI.

#### TNCC:

- Rollout across the country is ongoing with 80% of TNCC instructors completed. Update being hosted at NENA conference to assist with those who had difficulty attending a local update.
- October 1, 2008, all instructors must be validated. April 1, 2008, only 6th edition course available.

- Issues with the number of students failing current exam is very high. Concerns and exam questions have been forwarded to Course Ops at ENA.
- Few courses taught to date, but overall comments are favourable.

#### **ENPC:**

- Recertification course is available. Plan to run two courses to evaluate the content and practicality of running these. Calgary and Vancouver to be asked to do this.
- Continue to look at opportunities for courses in NL, NB and PEI.
- French translation of exam completed and slides will be complete in the fall with translation currently occurring on the manual.

#### CATN II:

- AB, B.C. plan to run minimum of two courses per year.
- MB will complete process for one course director by May 2009.
- Continue to try to increase interest in the east.

K. Latoszek presented the NCAC committee effective July 1, 2008:

**Chair:** Carole Rush (new incoming) **West:** Colleen Brayman and Margaret Dymond

**Central:** Kathy Woloshyn, Debra Bastone

East: Pat Walsh, Ann Hogan

Sheila Early from the Forensic Nurses Society of Canada asked that NENA be committed to work with this newly developed interest group in doing a Position Statement on:

- 1. Mandatory reporting of gunshot wounds
- 2. Interpersonal/domestic violence
- 3. Human trafficking.

The NENA membership congratulated Carole Rush (chair of conference 2008) on being recently inducted as **Fellow of the Academy of Emergency Nursing** (FAEN). She received this award during the 2008 ENA Annual Conference in Minneapolis, Minnesota, September 24–27, 2008.

Next Annual General Meeting of NENA Inc. will be held in Winnipeg, Manitoba, in April 2009.





Tanya Penney President



Landon James President-elect



Jan Spivey Past President and Ontario Director



Jerry Bell Treasurer



Sharron Lyons British Columbia Director



Haidee Goldie New Brunswick Director



Jan Calnan Secretary



Leslie Olson Alberta Director



Catherine McCormick Nova Scotia Director PEI Director



Stephanie Carlson Saskatchewan Director and Communication Officer



Irene Osinchuk Manitoba Director



Cathy Fewer Newfoundland and Labrador Director

Outlook 11

## outlook NENA at work

## National Emergency Nurses' Affiliation Inc. Board of Directors' Meeting, May 5–7, 2008

The NENA board of directors met in Banff, Alberta, May 5–7 just prior to the national conference. These three days were very busy for the board. The following is a brief summary of some of the work done in those three days.

Membership at this time is 914.

British Columbia	215
Alberta	184
Saskatchewan	64
Manitoba	55
Ontario	213
Nova Scotia	46
New Brunswick	64
Newfoundland/Labrador	45
Prince Edward Island	2
Independent	25
International	1

In order to help increase the number of articles and interest in publishing in our journal, the Communication Officer will send out information about NENA and how to submit to all educational institutions in Canada that teach emergency nursing.

Each board of directors' member spoke about the concerns/issues in their perspective provinces. There were many areas that overlapped and were shared by all the provinces. These issues / concerns were:

- Wait times
- Ambulance waits to be back on the street
  - Hired EMT/medics to download crews to free the unit back to the street
- Patient ownership/transfer/responsibility is being considered by the EMS system
- Retention/recruitment
- Health regions—downsizing in a number of provinces
- CTAS is still trying to roll out over the province, but it is slower than we thought would happen

- TNCC: updating who our instructors are
- Overcrowding/bed shortage
- Medics augmenting as we can not get ED RNs
- Loss of the expert nurses and hiring novice nurses
- Internationally educated nurses being hired into the ED without adequate emergency training

#### Audited financial statement Income Actual Budget Variance \$19,165.92 Fundraising \$27,175.92 \$8,010.00 Grants \$1.100.00 -\$1.100.00CTAS Indirect Fees \$3,000.00 -\$3,000.00 Board Mtg Recoup \$2,262.46 \$3,000.00 -\$737.54 Indirect Fees: ENPC \$17,160.00 \$28,200.00 -\$11,040.00 \$52,503.60 -\$9,896.40 Indirect Fees: TNCC \$62,400.00 Indirect Fees: CATN \$0.00 \$0.00 \$0.00 Interest Income \$768.87 \$100.00 \$668.87 Member Fees \$22,995.75 \$25,600.00 -\$2,604.25 Advertising \$4,964.21 \$6,000.00 -\$1,035.79 Misc. Income \$183.27 \$183.27 **TOTAL INCOME :** \$128,014.08 \$137,410.00 -\$9,395.92 **EXPENSES** \$120.00 -\$120.00 Awards Bank Charges \$99.23 \$300.77 \$400.00 Board Meetings \$35,935.74 \$29,000.00 -\$6,935.74 \$2,300.00 Bursaries \$1,900.00 \$4,200.00 CNA Fees \$212.00 \$300.00 \$88.00 Committee Mtgs: \$44,495.64 \$26,000.00 -\$18,495.64 Gifts \$100.00 \$100.00 Grants-Research \$1,000.00 \$1,000.00 \$0.00 Marg Smith Award \$300.00 \$300.00 Interest Paid \$0.00 \$0.00 Legal \$60.00 \$500.00 \$440.00 -\$3,174.64 Liason Meetings \$4,674.64 \$1,500.00 Office Expense \$1,528.66 \$4,900.00 \$3,371.34 Programs \$1,620.06 \$4,000.00 \$2,379.94 Promotions \$4,090.00 \$4,010.00 \$80.00 Public Relations \$9,122.06 \$27,000.00 \$17,877.94 Reimbursements: ENPC \$7,770.00 \$9,400.00 \$1,630.00

\$16,770.00

\$125,589.57

\$0.00

\$20,800.00

\$133,490.00

\$2,424.51

\$0.00

NENA, Inc. 2006-2007 year-end report

Reimbursements: TNCC

Reimbursements: CATN

TOTAL EXPENSES:

Misc

\$4,030.00

\$7,900.43

\$0.00

\$0.00

- LPN full scope of practice is being implemented in the ED
- RN availability for keeping rural sites open
- Nowhere to send sick patients from rural to tertiary sites, so dealing with sicker people in rural areas
- B.C. is concerned about the impact of the Olympics on the ability to deliver health/emergency care due to the large area the games are covering and no one seems to be in charge of the medical component
- Professional Practice Group Status changed in B.C. and maybe in other provinces

- An increase in acuity in the EDlonger stays make emergency more like an ICU department—thus having to train the ED nurse to become an ICU specialist
- Getting courses such as CTAS, ENPC, TNCC and CATN to areas such as Nunavut, Northwest Territories, Yukon, and Quebec
- All BOD members are to come to the fall board meeting with incentives that are used in their provinces in regards to workload measurement/tools in order that a position statement or working document can be made

## NENA, Inc., 2007–2008 Year-to-date budget report as of May 2008

Income	Actual	Budget	Variance
Fundraising	\$21,386.83	\$10,000.00	\$11,386.83
Grants	\$16,660.54	\$1,800.00	\$14,860.54
CTAS Indirect Fees	\$0.00	\$8,000.00	-\$8,000.00
Board Mtg Recoup	\$7,570.46	\$8,453.95	-\$883.49
Indirect Fees: ENPC	\$19,330.00	\$15,300.00	\$4,030.00
Indirect Fees: TNCC	\$48,350.00	\$40,800.00	\$7,550.00
Indirect Fees: CATN	\$2,610.00	\$7,020.00	-\$4,410.00
Interest Income	\$0.00	\$600.00	-\$600.00
Member Fees	\$16,780.95	\$17,040.00	-\$259.05
Advertising	\$10,373.19	\$10,000.00	\$373.19
Misc. Income	\$4,416.01		\$4,416.01
TOTAL INCOME :	\$147,477.98	\$119,013.95	\$28,464.03
EXPENSES			
Awards	\$0.00	\$0.00	\$0.00
Bank Charges	\$662.39	\$300.00	-\$362.39
Board Meetings	\$22,824.81	\$26,000.00	\$3,175.19
Bursaries	\$0.00	\$2,000.00	\$2,000.00
CNA Fees	\$212.00	\$212.00	\$0.00
Committee Mtgs:	\$11,617.57	\$26,000.00	\$14,382.43
Gifts	\$0.00	\$100.00	\$100.00
Grants-Research	\$0.00	\$1,000.00	\$1,000.00
Marg Smith Award	\$0.00	\$300.00	\$300.00
Interest Paid	\$0.00	\$0.00	\$0.00
Legal	\$0.00	\$200.00	\$200.00
Liason Meetings	\$1,717.84	\$5,086.00	\$3,368.16
Office Expense	\$689.16	\$2,100.00	\$1,410.84
Programs	\$963.02	\$14,200.00	\$13,236.98
Promotions	\$1,088.70	\$5,080.00	\$3,991.30
Public Relations	\$16,558.75	\$19,000.00	\$2,441.25
Reimbursements: ENPC	\$5,670.00	\$5,100.00	-\$570.00
Reimbursements: TNCC	\$14,760.00	\$13,600.00	-\$1,160.00
Reimbursements: CATN	\$870.00	\$2,340.00	\$1,470.00
Misc	\$6,510.00	\$0.00	-\$6,510.00
TOTAL EXPENSES:	\$84,144.24	\$122,618.00	\$38,473.76
INCOME/LOSS POSITION:		\$63,333.74	

• Review the role of non-nursing staff in the ED and develop a position statement for discussion in the fall.

There was lengthy discussion on all of these topics and the action from this discussion is to develop Position Statements and Standards, which hopefully will be ready in the fall.

The NENA Strategic Plan will also try to address these issues nationally.

### **Conference 2009**

Dates for the conference will be April 23–25, 2009.

### Theme: Global Changes... Emerging Times.

### Website

Gary Pronych, our Webmaster, spent an entire day with the board and NCAC in order to straighten out some of the concerns raised about the website and also getting PayPal on board.

- PayPal to be available for the new membership year July 1, 2008.
- Online NCAC courses to be on the web by September 1.

There will be an increase in the membership fee to NENA from \$20.00 to \$25.00 effective July 1, 2008.

Michelle Taggart is a graduate student from the School of Nursing at the University of Victoria. As part of her master's thesis, she is conducting a study entitled: "The Attitudes and Activities of Registered Nurses toward Health Promotion and Patient Education in the Emergency Department." She is requesting to email (or have the president send out the email on her behalf) and have the membership log onto the link to participate. Ms. Taggart has agreed that in exchange for the avenue to put out her survey, she will place an article and the results of the survey and research in Outlook.

The next board of directors' meeting will be held in Ottawa, Ontario, where it is hoped to meet with the federal Minister of Health and discuss some of the issues that were presented to the board during this meeting. Dates will be November 7-10, 2008.

## outlook NENA at work

## National Course Administration Committee (NCAC) Report 2007–2008

By Karen Latoszek, Outgoing Chair of NCAC

### Message from the chair

I would like to take this opportunity to express my sincere thanks and appreciation to all of the dedicated TNCC/ENPC/CATN instructors across Canada. For the past 10 years I have had the great pleasure to be part of a very energetic and hard-working committee that has transitioned from the National Trauma Committee (NTC) to the current National Course Administration Committee (NCAC). We have seen the growth of CATN II across the country, the addition and update of ENPC and, most recently, the 6th edition of TNCC, which has just been rolled out across the country. For 2007, more than 1,831 students were successful in TNCC and close to 1,000 students participated in ENPC. CATN II had its highest year for attendance at 186 students across the country.

The number of instructors continues to grow in all three of these courses, and the number of students participating continues to expand with demand outweighing the ability to deliver at present. The challenge ahead for NCAC is to deliver these courses across the country so that every nurse wishing to obtain this valuable knowledge can easily get access to a course within their region. One of the main goals that NCAC will be working on for the 2008–2009 term will be the offering of a home page within the www.nena.ca site. This home page will house a listing of courses being offered in Canada, as well as the ability to register a course and a chat corner for instructors. I am certain the upcoming team will take on this challenge with their usual dedication, hard work and never-ending enthusiasm!

## NCAC members coming and going

Welcome to the **new chair** of NCAC, Carole Rush. Carole is moving from her role as Western Provincial representative to chair. Also, a big thank you to NCAC committee members who have completed terms, Louise LeBlanc (Central) and Debbie Cotton (East). Deb and Louise are leaving the committee after years of dedicated hard work and hours of personal time spent in teaching, travelling and attending meetings. We shall miss their input and presence.

Welcome to the new NCAC committee members:

Western: Colleen Brayman, British Columbia, Margaret Dymond, Alberta Central: Debra Bastone, Ontario Eastern: Ann Hogan, New Brunswick Current NCAC representatives: East (Newfoundland/Labrador/ PEI): Pat Walsh

**Central** (Manitoba/Saskatchewan): Kathy Woloshyn

• Landon James will assist the committee over the next year with the new web home page. Congratulations to Landon on his successful nomination as NENA's President-Elect!

### TNCC 6th edition

TNCC updates have taken place in all provinces and 80% of TNCC instructors have been updated. Remember you will NOT be able to teach TNCC if you have not had an update by October 1, 2008. Beyond this date, there will no longer be delivery of the old course.

Sixth edition TNCC courses have begun to be delivered in several provinces. Contact your NCAC representative for ideas on course schedules and organization. All instructors should start to receive their new cards in the month of July.

Concerns/issues have been shared with ENA in regards to the increased failure rate with the new exam for the 6th edition course. ENA is currently reviewing these concerns and will be providing information over the next few months. If you have concerns please speak to your provincial representative.

### **ENPC** reverification course

An ENPC reverification course has been developed by ENA. Course pilots are being arranged in a couple of provinces for further assessment. All providers doing the reverification course MUST still be active ENPC providers.

## TNCC/ENPC/CATNII course administration guidelines

New course administration guidelines were revised in November 2007. Please access **www.ena.org** to view/download this document.

## Update on French translation of courses

A big thank you goes out to the hard work of Claire Thibault and her group who have been working diligently to have ENPC translated to French. Currently, the exam is completed and available to any course director across Canada who requires it. When ordering your course material you must let ENA know you require the French Canadian exam. They are also close to completing that translation of the slides, followed by the textbook. Once the 6th edition TNCC has been up and running for one year, they will look at translating first the exam followed by the slides and manual. This project is supported by NENA and grant dollars have been made available to help offset some of the costs.

### NENA recruitment and information PowerPoint presentation for course directors

In order to communicate to all our students attending the NENA-sponsored courses, the board has asked that each course director speak to this short informative presentation, which has been developed to show at the start of all courses. The PowerPoint presentation will be available on the **www.nena.ca** website for you to download.



outlook Canadian Perspectives

### **British Columbia**

British Columbia is facing nursing challenges in many of our hospitals, with rural hospitals experiencing significant challenge in filling vacant lines. In my current position as director for Princeton/Keremeos, I have four vacant RN lines at Princeton General Hospital. Lines have been vacant since the spring and only recently have I had any success in potentially filling one to two lines. Urban hospitals are seeing wait times increasing, ER beds occupied by inpatients waiting for floor beds to be available, and nursing vacancies, as well as other health-related professions.

#### Sherry Uribe, ENGBC President

### Ontario

In order to address the ongoing problem of ambulance offload delays in Ontario's emergency departments, the Ontario government has designated money for the role of "offload nurses." The plan is that when no stretcher is empty in the ED and no ED nurse is immediately available to take report and assume responsibility of a patient arriving by ambulance, the "offload nurse" would facilitate the patient moving to a stretcher, and he/she would accept the report and responsibility for that patient until an actual stretcher and nurse within the ED can accept them. The goal is to get ambulances and paramedics back on the road and out into the communities sooner. ENAO has several concerns and questions regarding this plan.

Since many Ontario EDs are already short-staffed for nurses on almost every shift, where does the government intend to find the nurses to fill the new "offload nurse" role?

When the ED is full, with many patients lined up on stretchers in the hall, where will these extra "offload" stretchers come from? Where will they be stored and ready for use?

In today's overcrowded EDs, what physical space is available to be used for this purpose? Where might the required "offload" space be in relation to the rest of the emergency department? What supplies and equipment would need to be made easily accessible to the "offload" nurse? What backup and support services would the "offload nurse" have readily available? What would be the expectations regarding "offload nurse" documentation? Would the hospitals be required to create policies to cover this situation? What physician would be responsible for the "offload patients"? How do hospital risk management officers feel about this plan? What are the liability issues surrounding this latest plan? Is this plan reasonable or workable?

ENAO has many questions and concerns on behalf of Ontario's emergency nurses. ENAO is anxious to discuss all of these with Ontario's recently appointed provincial Minister of Health, the Honourable David Caplan.

#### Jan Spivey, ENAO President

### Saskatchewan

SENG has requested a meeting with Hon. Don McMorris, the Saskatchewan Minister of Health, to discuss three key issues of concern: failure to develop and implement **realistic** strategies to attract and retain nurses; existing priorities that contribute to overcrowding and impede transfer of admitted patients in emergency departments to appropriate inpatient units; and undervaluing the role of registered nurses, evidenced by using paramedics to patch holes in nursing rosters. SENG has made four requests since the new party formed a government last November. Despite a cordial letter from the Minister in December 2007 suggesting a desire to dialogue, SENG has not been invited to meet with him.

#### Stephanie Carlson, SENG President

The following media advisory was sent today (September 15) from the SUN office:

Today, the Saskatchewan Union of Nurses (SUN) has filed a Statement of Claim in the Queen's Bench Judicial Centre of Regina, alleging The Public Service Essential Services Act is unconstitutional, in violation of the Canadian Charter of Rights and Freedoms, and cannot be justified. SUN is requesting the Court of Queen's Bench declare the impugned portions of the Act violate SUN members' Freedom of Association, as guaranteed pursuant to s. 2(d) of the Charter and are, therefore, of no force and effect.

SUN President Rosalee Longmoore states: "SUN members have always developed extensive and detailed emergency services plans, without being compelled by law to do so."

The claim states there has not been true consultation with stakeholders. If there had been, the Defendant (Government of Saskatchewan) would realize that such broad legislative changes are unnecessary. The legislation effectively removes the right of SUN members to bargain freely and, if need be, withdraw their services to support collective bargaining.

### Nova Scotia

The Lunenburg (South Shore District) Hospital has more than 30 nursing vacancies, which has forced one of the EDs to close for the night shifts due to nursing staff shortage—NOT because of need for doctors.

The Nova Scotia fall conference is scheduled for October 2 in Truro, which will go hand-in-hand with the CATN course October 3–4. We very rarely have the opportunity to take these courses locally.

Cate McCormick, NSENA President

### **New Brunswick**

New Brunswick is hosting the 2010 NENA conference in Saint John at the Hilton. The conference committee is already hard at work to ensure this will be a terrific conference.

## outlook Bouquets

Farewell to **Karen Latoszek**, who has served on the National Course Administration Committee for many years, recently as the NCAC Chairperson. Those who have had the honour and privilege of working with this phenomenal emergency nurse leader will know what a loss this has been to the committee. Karen has put in countless volunteer hours assisting in the coordination of the TNCC, ENPC and CATN courses nationally. She has led us all through the ENPC update and the recent TNCC update with a drive that has kept NCAC members and course providers moving. Her guidance and tireless attention to detail while serving on NCAC have benefited emergency nurses across Canada. Thank you, Karen, for your years of service. Karen is the manager of the emergency department at the University of Alberta, Edmonton, and Stollery Children's Hospital Emergency Department.



Farewell. It is with pleasure that we acknowledge **Carla Policcichio** for her dedication and forward vision in her work on the establishment of the National Working Group–CTAS. Carla was instrumental in coordinating the inaugural meeting between CAEP, NENA, CPS, CSRP and AMUQ to bring together key stakeholders for the development of a national educational program for the training of emergency nurses across Canada in the National Canadian Triage Acuity Scale (CTAS).

Carla was one of four originating members and served on this committee from inception until May 2008. During this time, Carla was a leader for NENA, becoming the first co-chair of the NWG, sharing this role with Dr. Michael Murray on behalf of CAEP. She saw the development of the initial adult triage training program, as well as the initial pediatric triage training program. As the work of this committee grew, she was instrumental in moving the program forward to a combined triage training program. During much of this time, Carla also served as the NENA president. NENA is very fortunate to have individuals such as Carla committing their off-work hours to development of programming such as CTAS to better the work environment for emergency nurses across Canada. Carla is the manager of the North East Health Centre in Edmonton—one of the very first ever stand-alone emergency departments in Canada.

**Carole Rush** of Calgary, AB, will take on the responsibility as new NCAC Chair. Carole is an injury prevention specialist for child and adolescent health at Calgary Regional Health Authority. Congratulations to Carole for recognition by the ENA for her significant contribution to emergency nursing by induction to the Fellowship Academy of Emergency Nursing. She is the first international nurse to be so honoured. (See article on page 7.)

Congratulations to **Sheila Early** of Surrey, B.C., for recognition as one of B.C.'s 150 Outstanding Nurses by the B.C. Ministry of Health in conjunction with National Nursing Week in May 2008. Sheila has been recognized for her outstanding career of 30 years of service as an emergency nurse, an educator, and as a pioneer in forensic nursing. Sheila Early is currently Coordinator/Instructor at British Columbia Institute of Technology Centre for Forensic Security and Technology Studies. She coordinates the Advanced Specialty Certificate in Forensic Health Sciences and teaches several of the courses within the ASC.



She previously was the coordinator and co-developer of the first Sexual Assault Nurse Examiner Program in B.C. at Surrey Memorial Hospital in 1993. This program was the second SANE program developed in

Canada. She has been a Sexual Assault Nurse Examiner for 15 years. She has been teaching sexual assault nurse examiner courses in B.C. and Canada since 1996 and has taught Sexual Assault Nurse Examiner courses in five Canadian provinces in the last six years. She has developed the first Advanced Specialty Certificate in Forensic Health Care at British Columbia Institute of Technology, Burnaby, B.C., as the first classroom-delivered certificate in Canada in 2004. She has lectured in Canada and internationally on forensic nursing, legal issues in nursing and sexual assault-related topics for the past 12 years.

She is a member at large for the International Association of Forensic Nurses (January 2006 to December 2009), and a board member of the Forensic Nursing Certification Board of the International Association of Forensic Nurses. She is one of four founding members of the Forensic Nurses Society of Canada, which achieved emerging Specialty status from the Canadian Nurses Association in July 2007. She is currently a member of the working committee for Certified Practices for the College of Registered Nurses of B.C.

She is a contributing writer in the section, "Global Perspectives on Forensic Nursing" in **Forensic Nursing** by Virginia A. Lynch, published by Elsevier/Mosby, July 2005.

She is Section Editor for the column "4N6RN" in the official journal, **Outlook**, for the National Emergency Nurses' Affiliation of Canada.

Fall 2008

Congratulations to Cathy Carter-Snell of Calgary, AB, for recognition as one of CNA's "100 in 100" nurses. Cathy is instructor and curriculum coordinator for the Forensic Studies and the Advanced Studies in Critical Care Nursing Programs at Mount Royal College in Calgary. She has contributed to the growth of nursing knowledge and evidence-based practice and has worked tirelessly to advance forensic nursing as a discipline in Canada. She recently completed her PhD in nursing. Cathy's photo appeared in the June 2008 issue of The Canadian Nurse.

Congratulations to Jerry Bell of Regina, SK, for being selected for recognition as one of CNA's "100 in 100" nurses in 2008. Jerry is a hands-on Program Development Educator at Regina's Pasqua Hospital Emergency with experience in clinical practice, education, and administration. Jerry is NENA Treasurer, on the SENG executive, a member of the CTAS Working Group, and a member of the National Emergency Nurses Standards Committee. Jerry's national and international activities on behalf of emergency nursing over his career are astounding. Jerry's photo appeared in the June 2008 issue of The Canadian Nurse.

Thank you to Debbie Cotton of Nova Scotia and Louise LeBlanc of Ontario for your faithful second terms of service to emergency nursing on the National Course Administration Committee. NCAC is the little-seen group of dedicated nurses who ensure that the emergency courses are well taught and up to date. These ladies have spent many years disseminating TNCC and ENPC and assisting with instructor updates for these courses. Louise LeBlanc also served as chairperson of the National Trauma Committee (now called NCAC) in its early years.

Thank you to NENA outgoing Past-president **Jan Spivey** of Ontario for her work of guiding and supporting the work of NENA nationally and representing NENA internationally. Jan continues to serve as Ontario director.

K Thank you to outgoing NENA Communications Officer Colleen Brayman of B.C. Colleen's high energy and extensive emergency background ensured that the **Outlook** was well done and on time. Thank you, Colleen. Colleen is moving on to join the CTAS National Working Group along with Margaret Dymond.

Thank you to outgoing B.C. Director Sharron Lyons whose attention to detail and expertise in pediatric care have been a wonderful contribution to the NENA board. Welcome to Sherry Uribe who is the new B.C. director. Sherry Uribe also joins the CEDIS NWG.

Congratulations to Lori Ulrich of Winnipeg, MB, Judy Bala of Prince George, B.C., Roberta Gates-Thompson of Dartmouth, N.S., and MariElena Guerrero-O'Neil of Regina, SK. These nurses were awarded NENA bursaries to advance their professional education.





Judy Bala



Roberta **Gates-Thompson** 



MariElena **Guerrero-O'Neil** 



Suzanne Stringer

Congratulations to Suzanne Stringer, recipient of the NENA Award of Excellence in Emergency Nursing Practice at the NENA conference in Banff. Suzanne has 20 years' experience working as an emergency nurse and she is presently employed as the Unit Coordinator at the Regina (Saskatchewan) General Hospital Emergency Department.

Congratulations to MariElena Guerrero-O'Neil, who received the NENA Award of Excellence in Emergency Nursing Education. MariElena is an emergency nurse and Program Development Educator at Regina General Hospital. In addition to teaching on the job and teaching emergency courses, she began a Nursing Journal Club to provide additional learning opportunities for Regina emergency nurses.



