

President's message



As we moved into March, most of us saw it come in like a lion, so hopefully it will go out like a lamb.

2007–2009 has been a busy time for NENA and, as I move aside to allow

Landon to take the reins as president for the next two years, I am confident we are moving in the right direction as an organization, as well as a profession.

The strategic direction developed in 2007 encompasses all facets of emergency nursing—the board continues to align decisions with these directions such as the website initiative, recruitment and retention and communication that Landon speaks about in the president-elect's message. Communication is the key and it is exciting to see the present message board being used more frequently. Moving technology along will ensure a professional network that spans our entire country from east to west and north to south.

International liaisons have been a priority over the past two years. There have been

discussions and meetings with the Emergency Nurses Association, particularly around collaboration. I have attended the annual ENA General Meeting for the past two years (Salt Lake City and Minneapolis) where I have had the opportunity to meet with the president, board and office staff. We welcomed the ENA president in Banff and hopefully will in Winnipeg as well. The World Congress of Emergency Nurses in Mexico in November 2008 revealed opportunities to discuss ED overcrowding as an emergency issue worldwide. The Royal College in England, while unfortunately unable to have a representative join us in April, sends its regards and looks forward to collaborating in the future.

I would like to take this opportunity, as my last message, to thank some people who have been instrumental to me. I first need to thank my better half Scot and my boys Zack and Breton who have endured teleconferences (stealing their Xbox 360 head set—which works as a great set for cordless phones!), e-mails, voicemails, and late-night telephone calls, as well as

the times I have been away. The board of directors, who are a great group of people—Jan C. for keeping me on track during meetings, Jerry for his untiring work both fiscally and with CTAS, Jan S. for guidance as past-president, Stephanie for her wonderful work with the web and **Outlook**, Landon for his vision (and computer skills, especially Adobe formatting AFTER the meeting had ended), provincial directors for their work in individual provinces, and NCAC for the endless hours dedicated to CATN, TNCC and ENPC across the country. I want to reiterate that this group of individuals collectively works on behalf of EVERY emergency nurse in this country towards a gold standard of quality care through education, research and innovation.

I am inspired by the direction NENA has been taking and I am very proud to be a part of it. I look forward to my time as past-president and continuing for one more year in this wonderful work. ☺

Take care and hope to see you in Winnipeg!

Tanya Penney, RN, BScN, ENC(C)

From the editor



I wasn't completely naive when I became NENA communication officer. I have done some editing work for organizations before and I have a few years of experience

with life in general. I knew this position would be a big step. I was unprepared, however, for the learning curve that would be required.

The most significant thing I have learned is the power of words. I know that there is truth in the maxim, *the pen is mightier than the sword*, but I had always thought it applied to politicians and dissidents, never considering that it applies in little things and to regular people like me.

I want to make it clear that I do not routinely set out to wield my lingual member or pen for evil. I have learned inadvertently, however, that a careless word or phrase can do great damage to another nurse and to a professional

relationship. This can be a particularly painful lesson when the professional relationship involves a degree of friendship as well, as it did in this case.

I was really fortunate, as the person whom I hurt confronted me with gentleness and respect and gave me an opportunity to explain my words. I won't use the word *apologize* to describe what I needed to do, as it suggests offering an excuse; and I was without excuse. I had to acknowledge my responsibility and say, "I'm sorry." I hate eating my words, but I have a greater loathing for the knowledge that my words had hurt someone.

In the wake of that experience, I have become very sensitive to the ease with which a hurtful comment can escape our lips and how often it happens that nurses speak in a way that is painful to hearers, whether family or patients or other nurses. Thoughtless comments, a sharp tone, a failure to really listen—these are the things

that undermine team spirit on nursing units and diminish us as professionals.

Whether it is a triage nurse chiding a drunk, inattention when others are speaking at a staff meeting, or briskly passing off the geriatric patient to another nurse without a good report, there is always an opportunity to be discourteous. Pressure from overcrowding, short staffing, fatigue, and long-term pessimism has created a culture where our default style is abrupt, harried, and often insensitive.

That is why we need NENA. We have to support each other—not because it's noble, or gracious, or even because it's the right thing to do, although these things are true. We must do it because we, of all people, are best prepared to give encouragement to other nurses. Only emergency nurses understand emergency nursing; and NENA is emergency nursing. ☺

See you in Winnipeg, Steph Carlson, RN

President-elect's message



Happy winter everyone! Hopefully by the time this goes to print, we will all be starting to warm up a bit. Although not as cold as the rest of you, even out here in Vancouver we had our two feet of snow in a 24-hour period, which made us the laughingstock of the national news yet again! The last year as president-elect has been a busy one, as we have embarked on a couple of exciting projects that will carry over into the president position.

Website: The largest project that your board of directors and I have initiated is a large overhaul of the NENA website. We have chosen to change our website software completely and start from the beginning in its redesign. The exciting part is that our project team has been moving fast and furiously with this project and will do an "official" launch of the new site at the National Conference in Winnipeg. The website will gain functionality as time progresses, but we really feel it is

important to get a basic site up and running as quickly as possible.

Recruiting and retention: There is strength in numbers! On the tails of our website launch, we will be focusing on recruiting new members into the organization and providing expanded services through the website for those of you who are already members. Stay tuned to the website to see what our plan is going to be moving forward.

The wheel: I figure that those cavemen who invented the wheel did a pretty good job. In fact, such a good job that we haven't seen the need to re-invent it! Why is it that in health care, we all try to re-invent the wheel so often? I have worked at multiple facilities all trying to develop a protocol for something that somebody else has already done. One of the great things about our new website will be the ability for members to collaborate and share resources, which should make all of our jobs easier and provide a more consistent level of service for our patients. Web collaboration and social networking is the future of the internet

and our new website platform will be based around this concept. Even those of you scared of the internet will be excited about the new possibilities that NENA will be bringing forward.

Keeping in touch: Going forward, my plan is to maintain regular contact with the membership through the website and via e-mail. I also encourage you to keep in touch with NENA. We want to hear about your issues and what NENA can do for you and your emergency nursing professions. I encourage you to become active both nationally and within your province. Even so much as contributing an article to this journal contributes to your profession and adds to the nursing body of knowledge.

I can be reached at presidentelect@nena.ca and I encourage you to contact your provincial director as well at the addresses provided in this **Outlook Journal**. Remember, everyone's two hours of volunteer service add up over time!

Landon James, RN, BSN, MA, CEN

You live for the next challenge. **We** prove ourselves every day. **Together,** we create great workplaces.

Fraser Health, located in Metro Vancouver and the Fraser Valley area of British Columbia, is a network of 12 hospitals, a tertiary teaching centre and extensive community-based residential, home health, mental health, and public health services...all integrated into a seamless continuum of care in both urban and rural settings. Our geographic location is one of the most desirable places to live in the world, with diverse recreational opportunities and a broad range of housing options where you can work close to home. In a survey of new hires, 95% of respondents would recommend **Fraser Health** to friends and family as a great place to work. We invite you to consider opportunities with us:

**REGISTERED NURSES
CLINICAL NURSE SPECIALISTS
LEADERSHIP/MANAGEMENT**

New Nursing Graduates: Please apply to our **Practice Start Program**, where you will receive support and mentorship as you begin the transition to become expert, competent Registered Nurses and Registered Psychiatric Nurses. Also ask us about our Specialty Education programs.

Relocation assistance may be available.

Fraser Health will be at the NENA Conference; we look forward to seeing you there!

Apply online at: www.fraserhealth.ca
Email: recruitment@fraserhealth.ca
Toll-Free: **1.866.837.7099**

See us
at
NENA!



imagine
THE POSSIBILITIES!

fraserhealth
Better health. Best in health care.

National Emergency Nurses' Affiliation Inc. board of directors' meeting highlights

The National Emergency Nurses' Affiliation board of directors met in Ottawa, Ontario, November 7–9, 2008.

Highlights from this meeting:

- T. Penney was contacted by Royal College of Nurses from England and they will be co-authoring a paper on the "Differences in ED nurses from Canada and England".
- Advertising rates for the OUTLOOK were accepted.
- There was discussion on how NENA can make the annual general meeting more interactive and have involvement from the membership. It was moved and approved by the board that the annual general meeting in spring of 2009 would have a café-type forum and that the questions for discussion will be issues raised from each of the provinces.
- Final profit from conference 2008 was \$27,510.36. NENA received 50% + \$2,000.00 seed money return for a total of \$14,752.18 and ENIG received 50% for a total of \$12,752.18.
- Conference 2009 will be in Winnipeg. The date for the AGM will be April 24, 2009, 12:30 p.m. to 2:30 p.m. and it will be a luncheon.

Website

The NENA Web Master joined the board meeting via a Web cast. During the Web cast, the board walked through the following processes:

Renewal process

- Payment by cheque
- Payment by PayPal

Membership management

- Set member applying
- Transaction receipts on member demographics (PayPal and cheque)

PayPal

- Overview of PayPal account
- Changing password and profile settings
- Payment reporting

Upcoming projects

- NCAC course applications
- NENA/NCAC website

Website will soon have a new look. A website development committee was developed with membership from the BOD and NCAC.

NCAC report

A joint meeting of NCAC and NENA happened on the third day and several processes were streamlined for the dissemination of NENA courses.

A PowerPoint presentation will be developed about the benefits of NENA mem-

Board meeting observer policy

NENA
Policies & Procedures
5 . 6 . 0

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:
 - Observers, prior to the start of the meeting, must agree to confidentiality of matters discussed.
 - Observers will not be allowed to attend in-camera sessions.
 - All observers will have non-voting status.
 - Observers may not enter into the discussion of the business of the board.
 - The observer may comment in writing to their official representative while the meeting is in progress.
 - Observers cannot be elected to chair a standing committee.
 - Observers will be placed in a row behind the table where the meeting is held, depending on the number of observers present.
 - 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.).
 - If any observer becomes disruptive, they will leave the BOD meeting immediately at the request of the president.

bership and this presentation will be done at the beginning of all NENA-endorsed courses.

French translation (TNCC) has now been completed.

TNCC

- 2008/2009 contract with ENA has been signed.
- NENA received \$1,771.00 grant monies from ENA for course taught.
- A Canadian Course Administration Manual will be developed and will include CATN.
- 6th Edition of TNCC has been rolled out and NENA/NCAC must have all instructors updated.

ENPC

- ENPC will be undergoing revisions.
- NCAC appointed a Canadian representative for the revisions. The revisions are anticipated to take three years.

CATN

- There are currently eight CATN course directors.

NENA board was given a copy of a recent report entitled: "Boarding of admitted patients in the emergency department. The incidence and impact of this practice—Final report". This research project represents a beginning attempt to examine the incidence and impact of holding or boarding admitted patients in the ED. The impact of this practice was examined in terms of outcomes for patients who are admitted to hospital, as well as those who are treated and then released from the ED. The data were collected between September 2005 and August 2006.

It is hoped that a synopsis of this report will be in a future edition of **OUTLOOK**.



NCAC at work



The NENA board of directors

International ER Congress 2008

The president of NENA, T. Penney, spoke at the 5th World Congress World Federation of Critical Care Nurses in Mexico City, November 12–14. J. Spivey, Director from Ontario, spoke as well, as an invited guest.

Workload measurement tools

It was recommended that the research committee conduct a survey of our membership via the web and see if there is any measurement tool being used in emergency departments across Canada.

Quebec/Prince Edward Island/Yukon/Northwest Territories

NENA members from Prince Edward Island will be represented by Nova Scotia.

There was a teleconference in December with representatives from Quebec on developing an interest group in that province. Results will be discussed at the spring board meeting.

New position statements

New position statements were assigned to BOD members:

- New Grad in the ED
- Non-nursing staff in the ED
- Role of the NP in the ED
- Deferral of CTAS Level 5
- Internationally Educated Nurses

It is hoped that these position statements will be ready for approval at the spring 2009 meeting.

The following new position statements were added to the website:

- Family Violence
- Family/Primary Social Unit Presence during Resuscitation and Invasive Procedures
- Violence in the Emergency Department
- Nurse-Patient Ratios in the Emergency Department



Submitted by
Jan Calnan



New Brunswick

“Riding the Wave of Change”

Plan now to attend the 2010 NENA Conference in St. John, NB. The conference will be held May 6–8, 2010, at the Hilton Hotel and Trade and Convention Centre. The call for abstracts will go out this spring. Contact Hiadee Goldie at golhi@reg2.health.nb.ca

Hiadee Goldie

Manitoba

Rural Solutions

In rural centres, emergency departments are being closed due to lack of physician and nursing coverage. Rural patients continue to seek care at the local facilities even when the ED is closed. Some regions have implemented policies and protocols that allow nurses to work to their full scope. The nurses are covered to triage, assess, treat and discharge CTAS level 4 and 5 patients. This has been somewhat controversial in rural Canada, but many rural nurses believe they have the skills, experience and knowledge to care for these patients safely.


Irene Osinchuk

Saskatchewan

Saskatchewan Emergency Nursing Group Meets with SaskHealth

NENA representatives met with a representative of the Minister of Health, nursing practice advisors from the SRNA, and Saskatchewan’s Chief Nursing Officer in January to discuss issues of concern: limited resources in rural areas, bed shortages in inpatient units, admitted patients lounging in emergency departments and the shortcomings of overcapacity protocols, and non-nursing personnel filling in for registered nurses.

SUN/SaskHealth Partnership

Saskatchewan Union of Nurses and Saskatchewan Health have signed a partnership that describes a framework including dedicated funding to hire 800 registered nurses over the next four years. The agreement includes specific hiring targets and funding, which will provide motivation for health regions to meet the targets. This comprehensive plan includes means of retaining experienced nurses, improving nurse/patient ratios, increasing the use of nurse practitioners, a bridging program for LPN to RN, increased nursing school seats, and increased opportunities for full-time employment of new graduates. Hopefully some of these measures will address SENG’s concerns for emergency care. Signed, Pollyanna 

Stephanie Carlson

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

outlook Conference watch

World Association for Disaster and Emergency Medicine

World Conference on Disaster and Emergency Medicine will hold its biennial conference Victoria, British Columbia, May 12–15, 2009.

This conference will host between 600 and 1,000 delegates from around the world, involving experts in public health, government, industry, military and civilian organizations. For further information and registration forms, brochure, submission of articles, etc., e-mail: info@wcdem2009.org

NENA Conference 2009

Dates for the conference will be April 23–25, 2009, in Winnipeg, Manitoba.
Theme: Global Changes...Emerging Times