

President's report



How quickly a president's term can go by... This will be my last official report for the *Outlook* journal, as I hand over the presidency to Sharron Lyons on July

1 this year. It has been an absolute pleasure representing the emergency nurses of Canada for the past two years and I truly feel that we have made some significant progress in being recognized by various agencies and government. As the specialty group for emergency nursing, we have set the standards for emergency nursing practice.

I am particularly proud of our response to the H1N1 pandemic in being visible and vocal in all levels of government and in reviewing the event once over to make recommendations for policy-makers for any future events that may occur. Your board of directors has also worked very hard in helping us become a truly "national" organization by working with the emergency nurses of Quebec to bring them into NENA as full-fledged members—a process that

is continuing and will be helped along greatly by the proposed bylaw changes at this year's AGM.

We have also been very successful in maintaining our relationship with the Emergency Nurses Association in the United States and continue to explore areas in which we can work together to achieve common goals that are relevant across international boundaries.

Our organization continues to also be heavily involved in the Canadian Triage and Acuity Scale (CTAS) research and revisions. The training program continues to be updated and NENA remains an equal partner with the Canadian Association of Emergency Physicians (CAEP) in the facilitation of CTAS committees to further the development of the scale and consider future uses of it in Canada and the world. I have the fortunate opportunity to represent NENA and the CTAS working group in April in Brazil at the International Conference of Emergency Nursing in Sao Paulo. CTAS has been recognized around the world as one of the premier triage systems and many countries now

use it. It is truly something to be proud of as Canadian emergency nurses.

Looking forward, I continue to encourage each and every one of you to get involved in your profession. We are recognized as a strong organization that sets standards for practice for the emergency nurses of our country. By getting involved you can have a voice in setting and changing those standards. Every province has room at their provincial level and we, at the national level, always have room for interested people who want to work on things that can impact our profession.

Thank you for continuing to support our national organization. Although you may not feel that you see the benefits every day to the work we do, we can assure you that you do feel the impact at the bedside when we use our collective voice to address issues common to emergency nurses across the country. Please also continue to use our standards and position statements to influence your environments at the local and provincial levels. ☐

Landon James, RN, BSN, MA
president@nena.ca

Communication Officer's report



I'm looking forward to the NENA conference in a few short weeks. This year's conference will be terrific! I have never closely observed a national conference committee at work before. I had no idea what

a huge job it is to plan and prepare for a major conference.

The Saskatchewan Emergency Nurses' Group has been preparing for a very long time, and NENA members and guests are in for a treat. The committee has lined up excellent speakers and great entertainment. If you haven't been to Regina before, you may be surprised. Although we grouse about our winters, Saskatchewan is beautiful in the other seasons. Regina, with its parks, is truly lovely.

I have some exciting news to share. For those who haven't noticed, we now have the capability of paying for conference registrations on the NENA website

(<http://events.nena.ca/>) with PayPal. This year's conference committee is very excited about this, as are the other provincial affiliates that will enjoy this capability for future conferences. Thanks to Gary Pronych, our webmaster, who has burned the midnight oil to get us up and running in time for this conference season.


I want to remind each of you that the *Outlook* does not belong to the NENA board. It is **our** publication. I encourage each member to think about contributing.

Do you know how interesting it is to read about how another province is dealing with the very issues my province faces?


Thank you to each contributor for this *Outlook*. We are all so busy that it often requires sacrifice to take time to write an article or report.

I'm looking forward to seeing you in Regina. ☐

Stephanie Carlson,
Communication Officer



outlook
Bouquets



✂ Congratulations to Cathy Carter-Snell on her International Award for Nursing Excellence for Forensic Nursing Research by Sigma Theta Tau International Honor Society for Nursing. Dr. Carter-Snell is Coordinator/Instructor, Forensic Studies Program and Instructor, ACCN Emergency Nursing Program, at Mt. Royal University in Calgary and a contributor to NENA Outlook.

News from the provinces

Alberta: ENIG

This winter finds us in Alberta dealing with the ever-changing weather, from sunny and warm to blizzard and 20 cm of snow all within 24 hours. These weather changes tend to mirror changes within our government, as well, as once again our health care system appears to be undergoing more changes. This ever-changing roller coaster appears to be taking a toll on our nurses, with many looking and moving on to try new challenges in other departments.

In the last six months, Alberta emergency departments have been challenged with the ever-growing issue of overcrowding. This issue has now caught the eye of the media and has made many a newscast. This has brought a hurricane of change to our departments, called “overcapacity protocols.” These protocols are intended to move patients up to inpatient beds and, thereby, clear much needed emergency department space for incoming patients. Our nurses continue to give optimal care during all these changes and challenges.

The ENIG executive continues to support and plan for upcoming educational opportunities for its membership in the coming year. We encourage our membership to send us any ideas they have for educational opportunities. ☐



Dawn Paterson
ENIG President

Newfoundland and Labrador: NLENA

Membership has remained constant over the past few years at 30 members. We have offered incentives for those who join within the first few months. For the past two years NLENA has sponsored one member to attend the national conference each spring. The major source of revenue for NLENA continues to be

from TNCC courses offered throughout the province.

My term as provincial director for NLENA will be done June 30, 2011. Calls for nominations for the provincial director, and secretary /treasurer have gone out. This is a great opportunity for anyone who is up to the challenge. I have gained a wealth of knowledge from being in this position. NLENA offers you an

opportunity to voice your concerns/provincial input to the national voice. You can help change the future for emergency nurses! ☐



Cathy Fewer
NLENA President

Nova Scotia: NSENA

These past few months have been very busy ones here in Nova Scotia. In October 2010, Dr. John Ross, an Emergency Physician, released his report on emergency care in Nova Scotia. Over a period of a year he visited every emergency department in the province. He met with nurses, physicians, paramedics,

patients and the community. His questions were in relation to emergency care and what works and what doesn't. Out of these visits he made 26 recommendations to improve the care received in emergency departments. The Minister of Health has accepted these recommendations and plans to implement them. Some of the recommendations are as follows: expanding the training of paramedics to

give lyrics in the field, improved communication with patients while they wait in the overcrowded emergency department, better treatment of mentally ill and seniors in emergency departments. The implementation of this report should help to improve access to physicians and nurses, make emergency care patient-centred and provide better care for all.

Of course, with this comes change and this is causing some angst among the ED nurses. Some centres will have hours reduced to only days, some resources will be shifted from one facility to another. There are a lot of unknowns, which causes stress. Hopefully the changes that are implemented will better the care that is provided for our patients. ☐



Cate McCormick
NENA Secretary

Canadian Injury Prevention and Safety Promotion Conference


Be Visible: The Canadian Injury Prevention and Safety Promotion Conference will be held in Vancouver November 16–18, 2011. Hosted by the Canadian Red Cross, Safe Communities Canada, Safe Kids Canada, SMARTRISK and ThinkFirst Canada, this conference is designed to be of interest to all who play a role in the injury prevention field. It will address injuries across the unintentional and intentional spectrums, including traffic, drowning, falls, fire, violence, and suicide. For more information, visit: www.injurypreventionconference.ca

National Course Administration Committee report

The National Course Administration Committee (NCAC) would like to send reminders out to TNCC/ENPC instructors:

- ENA fees have increased for ENPC/TNCC effective March 1, 2011. Please contact the NCAC chair at chairncac@nena.ca for more information
- All course directors are reminded to send in course paperwork and fees within 30 days of the course to ENA and NENA

- TNCC/ENPC instructor networking breakfast session at the NENA conference, Regina, SK, Saturday, April 30, 2011. See conference brochure for details
- All TNCC/ENPC course directors and instructors must be current NENA members. Courses cannot be approved unless all instructors are current in their NENA status
- Watch future *Outlook* publications for information regarding rolling out of ENPC 4th Edition course across Canada

- Do you have an interesting trauma case? The Trauma editor of *Outlook* is currently accepting articles for review and publication. Please send your paper to chairncac@nena.ca 



Margaret Dymond
National Course
Administration Chair

What I learned from the 2010 Winter Olympic Games

I was very fortunate to be a nursing supervisor at the 2010 Winter Olympic/Paralympic games. For three months I was stationed at the Vancouver Village Polyclinic, only going home for a few days every now and then.

Over the last year, I have been asked what I learned or what did I take away from the Olympic experience. "I Believe" was the theme song of the 2010 Winter Olympics sung by Nikki Yanofsky, and I truly learned to believe.

I believe a small group of medical people can handle a large number of medical problems efficiently and effectively.

The services in the Vancouver Village varied from first aid treatment for scrapes, bruises and blisters to major illness and trauma. Twenty-four-hour staffing of the Polyclinic consisted of three to four nurses per shift (12-hour shifts), one public health nurse daily, emergency MD, two clerks and 24-hour ambulance coverage. Also available from 07:00 to 23:00 were

sports medicine MD, dentists, optometrists, pharmacist, physiotherapy, massage therapy, chiropractic, acupuncture, rehabilitation and recovery centre, and a full medical imaging department. We treated anyone living or working inside the Vancouver Olympic Village and saw approximately 200 patients per day, and we had fun doing it.


I believe we can do our job with a smile and deliver excellent customer service.

The overall mission was to touch the soul of the nation and inspire the world by creating and delivering an extraordinary Olympic and Paralympic experience with lasting legacies. Within the Polyclinic we asked our volunteer staff to be warm, welcoming and friendly, to provide excellent customer service and, if you were unable to answer a question, then find someone who could. This doesn't sound much like the usual busy emergency department and it did raise some eyebrows, as new staff joined us each day. However, it did

not take long for the new volunteers to embrace this way of working and everyone from clerks to surgeons walked around with smiles on their faces and everyone pitched in to help wherever needed, regardless of education, position or title.

I believe in the power of you and me.

Nowadays, emergency departments are the doorway to the health care system and how we see and treat patients is a reflection of the entire system.

In many cases, emergency staff are overworked, stressed and worn out. Believe you can make a difference—start your next shift with a smile and believe you can make a difference. 



Sharron Lyons
NENA President

Forensic Nurses' Society of Canada update

By Cathy Carter-Snell

The Forensic Nurses' Society of Canada (FNSC) is moving to yet another milestone in April 2011. We will be welcoming our first elected president—Janet Calnan—who will replace current

President Cathy Carter-Snell who has been in place since founding FNSC with Sheila Macdonald and Sheila Early in 2006. Janet has served a year as president-elect and as many of you know, is extremely well regarded and capable to move the FNSC forward.

In the past year, we have had a number of successes, as an organization and among our members. We are pleased to have had a key role in supporting legislation to allow non-physicians (i.e., nurses) to act as death investigators, have consulted on a number of initiatives related to elder abuse and the development of systems to support special interest groups, and have contributed interviews for an article on human trafficking in *Canadian Nurse*.

Our first official newsletter was published in October 2010 (thanks to Linda Reimer) and will be produced approximately twice a year. We started the first of a series of free webinars for members in fall 2010 with one on the BALD STEP mnemonic described in this issue. The next webinar will be held this spring by a Calgary crown prosecutor for nurses who may have to give witness testimony.

Some of our members received international recognition from the International Association of Forensic Nurses (IAFN): Sheila Early received an achievement award, Janet Calnan of Victoria and Delcia Brideau of Moncton were among the 100 nurses recognized as having made a difference to forensic nursing.

We are working with the IAFN to help promote Canadian nurses when IAFN comes to Montreal for its scientific assembly in October this year.

Our main priority this year was to develop a five-year plan of activities to support members and conduct a survey of members to prioritize key activities. The first key activity in the 2011–2012 year is to expand our communications. Activities in progress for the new membership year include updating the website for ease of member access, encouraging members to

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:
 - 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 at the request of the president.

submit articles or news events for inclusion on the site, and implementing a secure communications site for members to share documents or discuss issues.

We will also be forming a subcommittee to work on setting standards of practice for Canadian forensic nurses and continue to liaise with organizations such as NENA on position statements and issues related to prevention of violence or its consequences, including issues of abuse, assault and trauma.

The FNSC is accepting nominations in February and early March for board members, including a president-elect, a communications/education coordinator, a membership coordinator and a secretary. These are two-year positions (three-year for president-elect). Position information is on our website along with nomination forms and membership information (www.forensicnurse.ca) under the link for “Membership and Discussion”.

All emergency nurses are welcome to join. Thanks to our current board members for all their contributions. Feel free to contact any of our current board members for further information or to submit information for the website or newsletter: Cathy Carter-Snell, President; Janet Calnan, President-elect; Joanne Maclaren, Communications-education; Nancy Horan, Membership; Shana Jacobs, Treasurer; and Susan Wilson, Secretary. 

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NEA at work

Canadian Blood Services consults experts, stakeholder groups and public to improve organ and tissue donation and transplantation rates

By The Organ and Tissues Team, Canadian Blood Services

In April 2008, recognizing that Canada’s performance was not where it should be, the federal, provincial and territorial governments asked Canadian Blood Services to lead the design of a new system to improve organ and tissue donation and transplantation (OTDT) in Canada.

From the outset, the organization knew it could not, and should not go about this work alone. Collaboration and contributions from the diverse stakeholder communities would play a critical role. Three committees—a steering committee made up of prominent experts in health care policy, an expert organ committee and an expert tissue committee—were launched. The committees assessed the current state of OTDT in Canada, identified areas of focus, established a strategic direction, and began to develop proposed solutions for the new system in collaboration with the community.

The organ expert committee recognized that to earn the trust of the public, a system must give patients the best opportunity to get a transplant that saves or improves their lives and it must ensure fair access for all patients with end-stage organ failure. Those priorities guided the committee’s work.

The tissue expert committee’s work was guided by an emphasis on ensuring a safe supply of quality tissues that is accessible in a timely, equitable manner, as part of a system that is an efficient part of the health care system.

Along with the committees, thousands of health professionals, health system leaders, stakeholder groups and the public have offered their input for an integrated OTDT system. Over the last several months, more than 1,000 health experts were invited to multidisciplinary events held in 10 centres across the country, and there have been another 50 one-on-one or small group meetings. In addition, nine public dialogue

sessions were held across Canada, with more than 300 participants representing a cross-section of concerned citizens, community leaders, health professionals, donors, recipients, family members and those who simply wanted to make a difference.

As the need for donors increases, nurses play a vital role in helping improve OTDT performance by educating the community, identifying donors and offering clinical expertise. As a key part of the transplant team, their role is critical in the counselling of potential organ donors and their families.

Canadian Blood Services will continue to consult with stakeholders including the National Emergency Nurses Affiliation for the design of an improved OTDT system in Canada. Preliminary recommendations were presented to the Deputy Ministers of Health in December, and we are now working hard to refine our proposals with the goal of presenting a final set of recommendations in spring 2011. 