

President's message

Wow, I can't believe that my year as president elect has passed and I have been in my new role as president of NENA for two months. Where did that year go? Am I ready?

I guess the best way to start this is to introduce myself and tell you a little bit about myself and what my goal is for these next two years.

I have been in nursing for more than 40 years and recently retired from full-time employment in a tertiary/trauma hospital in Victoria, B.C. For those of you who do not know where this is, I tell everyone it is an island in the Pacific! This always makes my friends in Saskatchewan mad. We get very little snow, but do get a lot of rain and they had to lengthen the time for the "walk" on our street lights due to the age population to which we cater. The city of the newly wed and nearly dead! Now it does not sound so great, does it?

In this emergency department I have held many roles over my 33-plus years (longer than some of my co-workers have been alive): clinical nurse, manager, educator, clinical leader and now back to my favourite role as clinical nurse and forensic nurse examiner.

I have seen many changes to our health care system from hand-writing on the requisitions/charts with their name and data, to computers generating labels and, now, in some hospitals, bar scans. Working alone in the ED on nights, having no triage system to now having CTAS taught across the country. Technology is everywhere and our patients are far more complex and living longer.

Due to this advancement, we, as emergency nurses, have had to keep up with this technology and become even greater critical thinkers. This is what we do best.

I was recently asked to speak at an ENA conference and to bring to the panel the emerging issues here in Canada. So, instead of putting down what I thought was the issue in my hospital, I asked nurses from across Canada (who are working in the trenches) about what they thought were the issues.

Guess what? They are the same across the country! The rural nurses had a slightly different perspective as to flow and wait times, but the larger cities were consistent in listing overcrowding and housing of inpatients in their ED as one of their greatest barriers to giving the care they want to. How many of us now hold ICU patients in our ED, the adolescent with mental health issues, the demented elderly patient who can no longer be cared for at home and whose family are burnt out? This is the same all across the country.

Retention of senior nurses in all EDs, regardless to their size or location, was another issue. How do you keep those senior experienced nurses in the ED who threaten to quit every time a new piece of technology is introduced? In some places these experienced nurses are being replaced by health care aides/LPNs/nursing assistants/paramedics.

NENA's goal is to support our emergency nurses across Canada in collaboration with our health care associates such as: Canadian Association of Emergency Physicians, Society of Rural Physicians, Canadian Nurses' Association, and


Forensic Nurses' Society of Canada, to name a few. These colleagues understand the complexities of our department and together we are developing position papers on such issues as overcrowding, education for nurses, domestic violence, human trafficking, and scope of practice for nursing required for the emergency department.

NENA wants to hear from you and welcomes your input. Together we can make a difference. One of the reasons we chose to be emergency nurses is that we are adrenalin driven, we like that fluctuation from minute to minute at an ever-changing pace.

But aside from what we can do to change the system, to challenge the status quo, to confront the injustices in our work lives, we need to remember why we do this. Virginia Henderson so aptly stated:

"The nurse is the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, the means of locomotion for the infant, knowledge and confidence for the young mother, a mouthpiece for those too weak or withdrawn to speak."

We are the eyes, ears, hands, feet, the backbone and muscle, heart and soul of emergency care.

Thank you for all you do. 



Jan Calnan,
NENA President

NENA has a new mailing address

For remittance of course fees and other fees, not including provincial membership dues, please use the following address:

National Emergency Nurses Affiliation Inc.
PO Box 365
Chilliwack, B.C.
V2P 6J4

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 CJEN. 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, communicationsofficer@nena.ca

Communication Officer's report

My hospital issues me a cell phone because I am frequently on standby. My old phone was acting up and I was eligible for a new one, so our IT department set me up with Blackberry's latest.

As with most technology, there is a bit of a learning curve on these things and the IT person gave me the Coles Notes version of how to operate this new phone at the end of the day and suggested that I play with it until I became proficient. I did play, I didn't become proficient. I spent a portion of the evening ensuring that my contacts list had been moved, setting ringtone volume, trying to learn to navigate from one function to another.

The next morning, as I was entering the hospital with my phone in my left pants pocket, the cell rang. It took me a minute to figure out how to answer it, but after swiping and hitting it several times, I was successful. A voice said crisply, "This is 911. We received a phone call from this number. Are you okay?"

Mortified, I responded, "Yes. I'm sorry. I just got this phone yesterday and must've accidentally dialed." An accidental call to 911! Really? The phone was in my pants and I can hardly believe this.

The Voice asked, "We need to know, are you alright?"

I answered, "Yes. I am fine. I am so sorry."

The Voice asked a third time, "You are okay? You don't need any help?"


After reassuring the Voice, I went to work with renewed resolve to master the blasted phone.

That afternoon my boss asked how I liked my new phone and said he thought he might get one. I said that I was still learning and tried to show him some of the features, but gave up when I couldn't get beyond finding my email. I left for home shortly afterwards and, as I walked through the hospital I spoke to several people, discussing weather, kids, work, weekend plans and anything else that came up. I arrived outside in the hospital parking lot to find my phone beeping. I pulled it out of my pocket and discovered that I had made a video of the inside of my pocket, complete with muffled audio recording of my conversations.

This was a good reminder that it is crucial that we remain open to new things, to advancing technology, to different approaches to old problems. By being open, I don't mean open in a passive way, but in an energetic, embracing way.

The World's knowledge was said to have doubled every century of human history before the 19th century. As technology was

further developed, it got faster. As of today, it is believed that it doubles once every year or so, but there is no real method of accurately measuring this (Retrieved from <http://www.ask.com/question/how-often-does-the-world-s-knowledge-double>). I learned this from the uncertain fount of all accuracy and knowledge, of course, the internet. Whether or not this is correct, we are certainly changing in nursing and in the way we provide emergency care.

The *Canadian Journal of Emergency Nurses* is one vehicle for sharing some of that new knowledge, as is the NENA website. We welcome submissions to the journal and postings to the website. This fall journal has some fresh takes on old topics and we offer them with enthusiasm. I believe you will find in this journal more about the exciting field in which we work and about those nurses who, like you, are engaged in learning, growing, working, and extending the boundaries of care in exciting directions. 



Stephanie Carlson

Treasurer's report


Happy Fall to each of you. I hope you had the opportunity to enjoy some time off during the summer. I am sure you will agree with me in saying that summer volumes continue to challenge our resources—I know my emergency department saw a significant increase in July and August total visits—while at the same time many staff members are away on vacation.

I would also like to take this opportunity to say thank you, as I transition out of my treasurer role on the NENA Board of Directors, and welcome Jane Daigle to the role. We have also engaged the services of Jim Lashkevich to assist us with financial and administration issues. Please watch for address changes for course fee submissions, memberships, etc.

It has been my privilege to work with an amazing group of ED nurses on the board, representing now more than 1,000 members across our country. I am fortunate to be beginning retirement, unsure what, exactly, my future will be, but starting with a journey across Canada.

NENA's financial status continues to be very stable. At each Board of Directors' meeting we review our financial picture, comparing current status to our working budget and adjusting, as necessary. Each meeting re-emphasizes how important our members are and how valuable the courses offered are to our members and other health care team members. Our financial statements are available for your review if requested.

The Board of Directors will meet for our fall meeting in Ottawa in November. A major focus of the work will be dedicated to the upcoming Canada Corporation Act changes.

Please, if you have questions, concerns, suggestions, etc., send them to me and I will take them forward. 



Sherry Uribe

NENA Board of Directors' Meeting, Fall 2013

British Columbia

As always there is lots happening in the western world of emergency nursing. B.C. is sitting with 172 paid members in NENA—exciting stuff, but room for lots more!

An interesting initiative is continuing to map all pediatric emergency care in our province, and determine levels of service and skills required of department staff. This will lead to standardizing pediatric ED care and sharing of resources. A final meeting this month should wrap up all of this hard work. Great work towards consistent pediatric care in B.C.

Overcrowding and lack of resources continues to plague our emergency colleagues and challenges providers to find novel cost-effective solutions. Every site is challenged with how to do more with less, faster and more efficiently.

Sepsis continues to be a focal point in B.C. By the time our journal is out World Sepsis Day 2013 will have passed, but there are lots of valuable resources both on the B.C. Patient Safety & Quality Council website, as well as World Sepsis Day resources online and on Twitter and Facebook.

Our provincial executive is anxiously awaiting the outcome of the fall national meeting, which will determine our structure moving forward. Any B.C. members with questions about this upcoming activity should email me directly for more information and discussion. Our provincial AGM is scheduled for October 9 at 0900 online, and associated with an educational session. Details will be emailed closer to the date.



Sherry Stackhouse
B.C. President

Ontario

The Emergency Nurses Association of Ontario has embarked upon a new initiative that will see ENAO BOD members “travelling” education to members in various parts of Ontario. The provincial membership was polled seeking “ENAO members on the ground” in their areas. Sponsorship has been obtained to

facilitate educational evenings throughout Ontario. The local member will secure a facility, propose a topic pertinent to their current location and challenges, and will advertise the event throughout the EDs in their geographical area. ENAO will arrange for an appropriate speaker to meet the identified learning needs. Sponsors will provide funding for these free evenings, including transportation of at least one ENAO BOD member to attend each event, refreshments, prizes, and ENAO CECH hours will be granted. The goal of these “ed eves” is to promote NENA/ENAO exposure and membership, while continuing to serve Ontario’s emergency nurses.

New regulations came into effect in January 2013 regarding foreign-trained nurses seeking to obtain licensure in Ontario. The Ministry of Health and Long-Term Care, “in keeping with the need to protect the public”, has changed what constitutes an applicant’s “previous nursing experience”. The “safe nursing practice timeframe” now means that a foreign-trained nurse must have practised within the past three years, not five years, as previously required. According to the College of Nurses of Ontario, there are currently 21,000 applicants in the process of seeking to obtain Ontario nursing licensure.

Ontario’s new premier, Kathleen Wynne, was sworn into office in February of 2013. Ontario’s Minister of Health and Long-Term Care, Deb Matthews, remains in this position. ENAO is cautiously waiting and watching to see what Premier Wynne means by her announcement to “chart a new course for Ontario”, and the potential effects on Ontario’s EDs and the countless emergency patients we serve every day.

2013 marks the 10th anniversary of SARS. Many Ontario emergency nurses faced SARS head-on in their EDs, while many more across Ontario remained on high alert for the possibility that this nightmare would also arrive at our triage desks. We will never forget how the second wave surprised everyone, yet again. We respectfully remember two of our Ontario nursing colleagues, Nelia Laroza and Tecla Lin, who lost their lives to

SARS while selflessly caring for their patients. May the lessons learned protect all nurses in the future.

We are looking forward to welcoming emergency nurses from across Canada, the USA, and Central and South America to the NENA 2014 Pan American Conference being held April 27–29, 2014, in Toronto, Ontario. Hope to see you all there!



Respectfully submitted,
Janice L. Spivey,
ENAO President

Newfoundland and Labrador Membership

Fifty-eight and growing, we have seen more awareness and the existing members seem to like the options of the “anniversary date” membership year and the Paypal options. NENA NL is looking to increase membership in October by attending a “non-Nena” conference to promote NENA to a pediatric emergency nursing audience.



Recent events

TNCC and CTAS have been continuing to put off regular provider and trainer courses.

ENPC will launch its first full course this fall.

NENA NL is attending the “Kids Rock” Paediatric Emergency Nurses Conference on October 4-6 in St. John’s, NL.

The next NENA Provincial Conference is tentatively being held in St. John’s, NL, in the spring of 2014.



Publicity and communications

NENA NL nurses have been busy fundraising, so that members can avail of the necessary education and networking with other health care professionals, so they can bring the highest quality of care to those for whom they provide.

Honorary Lifetime Member Ms. Anne Casey received her award in a cake-cutting ceremony covered by the media. She was thoroughly, yet humbly impressed.

Pressing issues and reform

The main areas of concern amongst emergency nurses across the Island seems to be the struggles with overcrowding and prolonged wait times compounded by short staffing. Nurses are feeling the strain of long hours, no breaks or insufficient breaks and the increased demand on the emergency room. This is also causing an increase in nurse abuse, as the demands of patient care have become unmanageable at times.

The Department of Health is currently implementing a new system of delivery of care in the emergency department in an attempt to resolve these and other issues.

Goals and objectives

To elect a new executive at an AGM in the Spring of 2014.

Continue marketing NENA Inc. on a provincial level.

Hoping to send a 20-plus delegation to the 2014 NENA Conference in majestic Toronto!



**Thank you,
Todd Warren, RN, NL
Director
Proud to be an ER
Nurse**

Nova Scotia

Warm greetings from Nova Scotia! Congratulations, NENA, on the name change and new look for the official journal of the National Emergency Nurses' Affiliation—from Outlook to the Canadian Journal of Emergency Nursing. The new name and look are outstanding! Speaking of outstanding, hats off to the organizing committee of the national conference, which took place in Vancouver May 29–31. We had several Nova Scotia emergency nurses who attended and all agree it was truly “Wild and Spectacular.” Well done! We are all looking forward to the Pan-American conference in Toronto next spring and are hoping to see many of the great emergency nurses we met in Vancouver there, as well as some new faces.

During the conference in Vancouver, Val Eden was announced as one of the first recipients of the NENA Honorary Lifetime Membership award. Val was recognized as a long-standing Nova Scotia member of NENA who is a past president and NCAC member. She has taught TNCC for many years and has helped other provinces get the program started. I had the honour of presenting Val with the award during the summer months. We are, indeed, fortunate and proud to have a NENA member in Nova Scotia who has made such a significant contribution to the advancement of emergency nursing.

Emergency departments in Nova Scotia are working hard towards complying with the standards developed by the provincial government's Health and Wellness plan for “Better Care Sooner.” The goal for all district health authorities to meet these standards is December 2014, which is fast approaching. Nova Scotia will be the first province to implement Provincial Standards in Emergency Care. The work towards this goal has presented some challenges, but many opportunities, as well.

The Halifax Infirmary Emergency Nursing Education committee is once again holding their annual education day on October 8, 2013, at the Bethune Ballroom, VG Site. This popular education day is always very informative and lots of fun. This year the theme is “Emergency Nursing Throughout the Ages.” A big shout out to the education committee for all the hard work they do to provide this excellent learning opportunity for emergency nurses.




**Michelle Tipert, RN,
ENC(C)
NS Provincial Director**

Saskatchewan

Our membership has remained stable; currently at 76 members. It has been a while since we have had a general meeting or an education day, but we are hoping to organize something this fall.

Like all ER nurses, we struggle with wait times, no beds for admitted patients and staying current in our practice. Saskatchewan also has the added challenge of distance, as so much of our population is rural and far from tertiary care.

CTAS, TNCC and ENPC are offered regularly throughout the province.

Our provincial Health Quality Council has approached SENG for input on two upcoming projects: ED Waits and Acute Stroke Pathway. We are pleased to represent ER nurses on both of these projects. It is gratifying to see government reaching out to those of us on the front lines and realizing that our voice is important. 



**Respectfully
submitted,
Alison Duncan, RN,
ENC(C)**

A nursing student's experience in the emergency room


By Laura Marie Genge, BSc Psychology, BA English, BSN

To say I was nervous for my first shift in the emergency room would be a huge understatement. It was a familiar feeling from the first days of other clinical placements, so I thought I was getting used to it. However, on this morning I was actually sick to the point of vomiting. I remember walking to my shift, my mind racing with questions, "Am I good enough for this?" "What will I see?" "Am I even ready for all that I will see?" "Am I ready for my first code?"

As nursing students, I feel that we hold ER nurses in very high esteem. It is what many nursing students aspire to become. I thought then, and still think now, that it takes a special kind of person to work in the ER. Someone who knows how to handle life's most stressful moments. A person who can hold a huge body of knowledge in their head and come up with a tiny fragment in a heartbeat.

When I arrived for that first shift, my preceptor greeted me with a big smile and welcomed me to the ER. The first day was overwhelming. I thought I would drown in the tidal wave of information. Although I would like to say that I fell in love with the job there and then, it just didn't happen that way. Admittedly, I hated it at first. After my first few shifts I left the ER in tears. I felt incompetent. I was suddenly expected to remember information and execute skills that I had learned two years ago. I had no knowledge of how the unit was supposed to function. And, of course, I was terrible at inserting IVs.

However, as time went on I became more comfortable in my new surroundings. I learned the unit, how it ran, and which skills and information were required (I also quickly became an IV insertion master). It was a slow building love, but it has grown quite deep.

I will always cherish some of my experiences in that emergency room. Administering my first chest compressions was a moment that I will remember until the day I need them myself. These firsts have had a huge impact on me, but it was the ER nurses themselves who have left the most lasting impressions. They were true professionals, keen and kind, who brought a passion for helping others to every shift. What amazes me most is their zest for life outside of the job. They punch long, hard workdays, yet still find time for walks with partners, soccer games with friends, and training for marathons. This placement has reminded me to follow their great example and live life to the fullest, and to one day set such an example myself for a young nursing student taking their first tentative steps into the ER. 

NENA AT WORK

Letter to the membership

Dear NENA,


I am currently finishing my graduate studies in nursing. I am a typical emergency nurse... I like to have a million things going on at once and I like to have knowledge and awareness about as much as I possibly can! When I started this graduate program, I went in with a focus in education because I love teaching and sharing knowledge and experiences with others, growing as a nurse is an amazing experience that takes second place only to saving a life.

Within the first term of school, I quickly realized that I wanted to learn it all and experience as much as I could and, so, I quickly decided that I wanted to take

some extra courses and round out my program with research and leadership... so, that's exactly what I did for the next two years.

I am currently finishing the writing of my thesis. The topic is about understanding the dynamics of interdisciplinary teams in critical care and how team training/education impacts the team and, ultimately, improves patient outcomes and staff satisfaction. We all know that in emergency medicine we always pull together, working as a team to get the job of saving lives done. The reality is that we (nurses, physicians, social workers, respiratory therapists, etc.) train and learn in silos and are just

expected to function with high reliability in highly stressful environments while making decisions that have critical implications.

There is not a lot of research about this team forming/functioning process in critical care areas. My hope is that my research will prove that functionality of teams in critical care is a key component to providing excellence in care. By acknowledging team functionality, team training with interdisciplinary teams will become not only a recommendation at the frontlines, but possibly even part of health care curriculum. 

Sincerely,
Lori Quinn


NENA 2013 Annual Conference in Vancouver, B.C.

The annual conference of the National Emergency Nurses' Affiliation was held from May 29–31, 2013, in Vancouver, British Columbia. The topics were current and very relevant. It was difficult to choose from among the sessions because they were all interesting.

I have been in the nursing field for 30 years and despite my knowledge as a nurse having worked in emergency and as a CTAS instructor, I learned a lot and the workshops I attended will be very useful in my teaching. It was one of the best conferences I have attended.

Everything was well organized and the information or advertising booths were quite interesting. I enjoyed visiting them and received good information. I had the chance to meet and talk with many nurses from all provinces of Canada and struck up friendships.

I took a few vacation days to take the opportunity to visit the beautiful city of Vancouver. The Sky Train and the SeaBus were great discoveries for me! And as I like to climb mountains, I took the opportunity to climb one of them.

I want to thank the organizers who worked very hard to make this event a success! I hope to have the chance to attend the conference next year, which will be held on April 26–29, 2014, in Toronto, Ontario! 



Joseph Gaétan Arseneau Basque
Manager of the Staff Development Department
Campbellton Regional Hospital, N.B.
Vitalité Health Network


Conférence Annuelle 2013 NENA à Vancouver en C.-B.

La conférence annuelle de l'Association Nationale des infirmiers et Infirmières d'Urgence s'est déroulée du 29 mai au 31 mai 2013 à Vancouver en Colombie-Britannique. Les sujets traités furent actuels et très pertinents. Les choix pour assister aux sessions furent difficiles car tous étaient intéressants.

Je suis dans le domaine infirmier depuis 30 ans et malgré mes connaissances comme infirmier ayant travaillé à l'urgence et aussi comme instructeur de l'échelle de gravité au triage, j'ai appris beaucoup et les ateliers que j'ai assistés vont m'être très utiles dans mes enseignements. Ce fut l'une des meilleures conférences que j'ai assistées.

Tout était bien organisé et les kiosques d'information ou de publicités étaient bien présentés et j'ai reçu de bons renseignements et c'était intéressant de les visiter. J'ai eu la chance de rencontrer et de discuter avec beaucoup d'infirmières de toutes les provinces du Canada et de créer des liens d'amitiés.

J'ai pris quelques jours de vacances afin de prendre l'occasion pour visiter la belle ville de Vancouver. Le « Sky Train » et le « SeaBus » furent de belles découvertes pour moi! Et comme j'aime beaucoup faire de l'escalade de montagne, j'ai profité de l'occasion pour escalader l'une d'elles.

Je veux remercier les organisateurs qui ont travaillé très forts pour que le tout soit une réussite! J'espère avoir la chance de pouvoir assister à la prochaine conférence qui se tiendra l'an prochain les 26 au 29 avril 2014 à Toronto en Ontario! 

Joseph Gaétan Arseneau Basque
Chef du Service du Perfectionnement
Hôpital Régional de Campbellton,
N.-B.
Réseau de santé Vitalité

2014 CNSA National Conference



Canadian Nursing Students' Association/Association des étudiant(e)s infirmier(ère)s du Canada

www.cnsa.ca

The 2014 National Conference of the Canadian Nursing Students' Association will be held in the heart of downtown Vancouver on January 22–25, 2014. More than 600 nursing students and nurses will gather from across Canada to develop nursing knowledge and leadership skills by participating in various educational keynote speaker sessions, as well as networking with peers. Students will be given the opportunity to learn about and explore different educational opportunities and expectations of future health care employers.

Conference president's report

Wild and Spectacular was the theme for the National Conference held in Vancouver, B.C., in May 2013 and it truly was spectacular.

Although the weather was not that great, a little wet as per usual for the west coast, it did not dampen the spirit of the 310 registrants for this conference. These participants came from all across Canada including Nunavut, from as far east as Newfoundland/Labrador and of course from the west, the host province. We had guests from the United States, Scotland and England—that map had a lot of pins on it and was a highlight for many, as we could see where we all came from.

There were speakers on a number of subjects. One of the breakout sessions, clinical skills, was housed in the Medical Mobile Unit that sat outside


the main doors of the Bayshore. This was a hit for the delegates, as well as the staff from the Bayshore. We had many observers when they were driving it onto the lot at the hotel as it literally swallowed up the whole driveway. One hotel worker thought it was supposed to be a small truck—needless to say he was very shocked to see how big it was. CAEP used it after NENA and held their “Olympics” in there.

There were sessions for clinicians, administrators, research and education, with each day starting and ending with an inspirational speaker who made us laugh or made us cry, and we even had a superhero. Most of all, it made us proud of the work we do every day.

Being the Chair of this conference taught me a lot about what issues nurses face from across Canada and the U.S.

I know that I am grateful for the team I worked with and without them we could not have accomplished what we did. Evaluations were positive and we heard over and over again that it was the best conference they have gone to, so our mission was accomplished.

Although we did not make any money on the conference and, in fact, were in a deficit, NENA's mandate was to provide education to nurses and that is what we accomplished. Thank you to all who came and for all the support you gave.

Can't wait for the next one in Toronto, see you all there in 2014. 

Jan Calnan, NENA President



Jerry Bell receives his honorary lifetime membership award



Conference hijinks 2013



Val Eden receiving her honorary lifetime membership award from Michelle Tipert



Fun-loving delegates in Vancouver



The mobile medical unit



Teaching in the mobile medical unit during the 2013 conference



Conference guerillas at work 2013



Conference attendees



Enjoying the conference



CJEN Bouquets

Honorary Lifetime Members

Congratulations to each of those pioneering nurses who received NENA Lifetime Memberships. The committee evaluated the nominees carefully and awarded those nurses whose lives have made a difference to each of us.

Lifetime Members

I commend the organizers of the AGM here last spring for recognizing NENA members who have contributed so much over the past many years to promote excellence in emergency nursing. No doubt this will be covered in Outlook, but the act of taking time to share some details of what has been done by nurses such as Jerry Bell, Carole Rush, Anne Cessford and so many others validates what we are all about. Emergency nursing and emergency nurses matter!

—Cathy Sendecki

Bouquets for our Sponsors

While standing at the NENA Conference registration desk I was approached by

two elderly ladies from the U.S. asking what was going on. I explained who NENA was and the purpose of the conference. Both ladies were retired RNs and they stated the displays in the hallway looked very interesting. I invited them to take a walk around the display area to see what was new in 2013.

They were joined by their husbands and we all went to have a look. When we approached the HoverJack® Air Patient Lift equipment they asked how it was used. The HoverJack® representative explained how the slider worked and how the product can be used to safely lift patients from the floor if they have fallen. All four were amazed and the next thing we know one of the ladies has her husband getting down on the floor so they can see the product in action. He was raised to the level of the stretcher and moved onto the stretcher with very little effort. They were truly astonished and the husband said it was very smooth and comfortable. Then, to our surprise, the wife asked for the information to

take back to her home hospital. It turns out her husband had suffered a back injury and required surgery in 2012. It seems he was in excruciating pain and had to be moved from stretcher to x-ray table then on and off the CT Scan and then onto the OR table. For several days after surgery he was subjected to pain every time he needed to be moved.

They may not have been conference delegates, but they have contributed to the NENA goal of “spreading the word” on new promotions and products!

—Sheila Early

Leader in forensic nursing

Congratulations to long-time NENA member, Sheila Early. She was elected president of the International Association of Forensic Nurses. She is the first president from outside the United States. This honour is a testament to her standing as a leader in forensic nursing worldwide. Kudos to you, Sheila.

A review from Edinburgh

By Ray Middlemiss, BSc(Hons) Nursing

I was fortunate enough to attend the NENA Conference in Vancouver this year, and what an absolutely fantastic experience it was! It all began last year with a meeting with my Senior Charge Nurse to discuss my professional development for the coming year and the idea of attending an international conference was born. After a bit of research, thanks to Google, I discovered NENA 2013. After contacting President Sharron Lyons who assisted me greatly to attend the conference and with the support of my own department, I was all set to make the trip. Prior to arriving in Vancouver I also contacted three of the local hospitals to arrange a visit during my trip. I felt that this, combined with the conference, would allow me to make comparisons with my own department, and also potentially generate some new ideas to take home.


The department in which I work has an attendance of 113,000 patients annually (over the age of 13) and covers a population of 800,000. We are also the only adult emergency department within Edinburgh and the surrounding region. We, as with the rest of the U.K., work under the Government's four-hour Emergency Access Standard where no patients have to wait more than four hours from arrival to admission to a bed in the hospital, transfer elsewhere or discharge. Having done a bit of research on Canadian Quality Access Targets/Standards, it was interesting to talk to emergency nurses whilst I was at the conference and compare how these affect us and our patients. Also, by visiting the emergency departments of Vancouver General, St. Paul's and Lionsgate Hospitals I got a real insight into some of the comparisons and differences between us.

I found staffing is better within these departments than what we have within our ED and also other EDs in Scotland, given the comparison of volume of attending patients between departments. Until the start of the year we worked with 13 Registered Nurses on a dayshift and 12 on a nightshift. This has recently been increased to 16 on dayshift and 15 on nightshift (12.5 hour

shift pattern). Lengthy waits for patients to be admitted into the main hospital, both in Vancouver and with ourselves in Edinburgh, is a problem, albeit we have significantly improved under the four-hour Access Standard and lengthy waits are now, thankfully, infrequent—90% + of our patients meet the four-hour standard consistently. Physical space and overcrowding is an issue within our departments on both sides of the Atlantic—where every cubicle, wall and corridor space is utilized for attending to patients. Acuity and volume of patients continues to rise yearly thanks to the ageing population and ease of access to “emergency” care provided by our departments. It was great to visit these departments to realize we face a lot of similar issues and also to see how they work and develop their systems to combat these problems. As a result of my visit to these departments and from information gained from the conference, I have taken their lead and am currently developing a Rapid Assessment Zone within my ED. Due to the ever-increasing demand on our resources, lack of physical space and in order to provide a high level of patient care, we are continually looking at how we improve patient flow through the department, resulting in us becoming more streamlined and efficient.

The conference itself was phenomenal. The quality of speakers over the days was fantastic—some truly inspirational—and such a variety of subjects covered. I would have liked to attend all the talks. I tried to pick topics that had relevance to U.K. practice and systems. I attended talks that discussed things like nursing teams—how to recognize the strengths that each team member brings in order to develop high functioning teams, a must within the ED setting throughout the world; cognitive bias and its impact on quality in health care—focusing on human error in patient care, currently a major topic within the U.K.; caring for the elderly in the ED—again another major focus currently throughout the U.K. National Health Service with government targets being set

(as a result of these my department has successfully implemented Care Rounding into the department this year with great success); patients on the move—all about streaming patients in order to make departments more streamlined and improve patient flows, a familiar theme to any ED; and leadership and team building—all about change management. I also attended a practical session on cardiac arrest—it was interesting to see how the U.K. and Canada compare on their development and research of cardiac arrest care, as my department undertakes a lot of research on cardiac arrest patients. The final session of the conference was a very poignant presentation from an ED consultant entitled, “Why I Love Emergency Nurses”, sharing a few experiences and stories that he had with ED nurses over the years. But the purpose of his talk was to thank us all for being who we are and the difficult job we do each day—something that, no matter where we are in the world, we can all relate to. I know I do this job because I love it.

My whole trip to Vancouver was fantastic, meeting so many people from a variety of ED settings and being able to share and learn from each of them. I would like to thank everyone I met for being so welcoming. 

About the author



Ray Middlemiss, BSc(Hons)
Nursing, Deputy Charge
Nurse, Emergency
Department, Edinburgh
Royal Infirmary, Edinburgh,
Scotland, qualified in 2001

and commenced her career in Respiratory Medicine at Edinburgh Royal Infirmary. She travelled the world for two years with a year working within New Zealand in Rotorua Public Hospital in their General Medical Unit then worked in the Emergency Department of Auckland City Hospital. She returned to the U.K. in 2005 where she began working in the Emergency Department of Edinburgh Royal Infirmary where she remains today, being promoted to Deputy Charge Nurse in 2010.

10 reasons why you should attend a nursing conference

By Navkiran Tiwana, RN, BScN

I attended seven professional conferences during nursing school, three of which were at the national level. When I entered into the nursing profession, I didn't see anything outside the clinical or hospital aspect. Wait, there's more to this nursing thing? While working in the emergency department, I came upon the opportunity to attend the National Emergency Nurses' Affiliation conference in Vancouver in May. After spending the weekend in Vancouver with incredibly passionate registered nurses from all over Canada, I can say that I truly love the area of nursing that I have chosen. Emergency nurses are the most passionate, caring, and best multi-taskers I know.

I often get asked by family and friends, why do you go to conferences? Here's why...

1. Travel

Need I say more? Make a vacation out of your conference trip. Not only will you learn, you have the opportunity to explore (or re-explore) the beautiful city in which the conference is located.

2. Break free of routine

Not everyone who attends a conference has to be there. Yes, you have the option! You also have options of which presentations you attend. You can make your own schedule based on what piques your interest. There is always something for everyone. Plus, you don't have to answer call bells!

3. Education

We are dedicated to lifelong learning. There are and will continually be changes and advances in health care in terms of technology, medications, treatments, etc.

4. Exposure to new ideas

Sometimes, when you work in the same area in the same hospital for years and years, you begin to have closed-door thinking. You can break away from this by interacting with nurses from different provinces all over the country. Share your experiences with one another. Discuss common problems and know that you are not alone with your thoughts and opinions.

5. Network

Probably one of the best reasons to attend conference is a chance to meet people in your field of interest. Establish professional relationships and friendships with individuals who you meet.

6. Job opportunities

There are always opportunities for professional development or new jobs at conferences.

7. New perspective

Be in the know and learn more about emergency nursing. Learn about key issues and what you can do. Learn the new trends, ideas, concepts and ways of practising. Refresh on information that you previously learned.


8. Get inspired

Perhaps you're caught in a bit of a slump? There's a reason you picked emergency nursing as your field of practice. Conferences are a great way for you to reignite your passion for nursing and gain a fresh outlook on your career.

9. Leadership

Share the information you gain from conferences with your colleagues at work. There is also the opportunity to advance your nursing career by becoming part of nursing organizations at the local, national or international levels.

10. Licence renewal

You are doing yourself a huge favour when you attend a professional conference. What is your learning goal this year, or next? Can you apply what you gained and learned at a conference to it? The answer is probably yes! 

About the author



Navkiran Tiwana is a registered nurse practising in the emergency department at the Grey Nuns Hospital in Edmonton, Alberta.

She received her BSN degree from the University of Alberta in June 2012. Before pursuing her passion in emergency nursing, she worked in the cardiac operating room. When she's not working, she enjoys cooking, volunteering, and travelling.

The value of a bursary


I would like to begin by saying thank you to the NENA board for awarding me a bursary at the AGM in Vancouver in May 2013.

I have been a registered nurse for 39 years, involved in emergency nursing for almost 30 years. During that time I have been a front-line nurse, an ED manager and a director for acute services, which includes the emergency department. I have also had the privilege to be a member of the NENA Board of Directors, both as provincial director and currently as NENA treasurer.

I have worked in a number of different emergency departments, in Canada and the U.S., and one observation for me was how similar we are—regardless of location, size of ED—rather than how different we might think we are. Geography is obviously different, but patients, processes, and equipment are often the same.

Thinking that we are so similar, I used the bursary to assist me in attending the 2012 ENA General Assembly as an International Delegate, followed by the National Conference in San Diego, California. More than 3000 nurses

attended the conference from many countries around the world—an almost endless opportunity for networking and learning. In addition, I am a member of the 2013 Vancouver Wild and Spectacular conference planning committee, so used the opportunity to ask many questions and observe conference planning processes.

I hope those of you who attended the Vancouver conference agree that it was, indeed, a success. 

Thank you,
Sherry Uribe, MBA, RN, ENC(C)

Honorary Lifetime Member

Purpose

- To recognize those individuals who have given extraordinary contributions to emergency nursing and NENA Inc. by providing a vehicle for public acknowledgment of their expertise, clinical practice, and service
- To promote a sense of history and continuity within NENA Inc.'s membership.

Goals

- To publicly honour extraordinary service to NENA Inc. and Emergency Nurses across Canada
- To increase member awareness of NENA Inc.'s history
- To engage members in recognizing pioneers in Canadian Emergency Nursing.

Honorary Lifetime Membership shall be bestowed upon any individual who has displayed a unique interest in emergency nursing and who has demonstrated an outstanding contribution to the National Emergency Nurses' Affiliation or to the advancement of emergency nursing as a specialty.

Honorary Lifetime Membership shall confer:

- Free membership to NENA Inc. for the life of the recipient or until withdrawal or resignation is requested by the recipient, provincial membership fees may still be required
- A medallion bearing the NENA Inc. logo and citing their status as an Honorary Lifetime Member
- Special recognition in NENA Inc.'s national publication following the announcement of their honorary status
- Recognition on the NENA Inc. website.

Selection

- Any NENA Inc. member may nominate a candidate for Honorary Lifetime Membership by submitting a letter of recommendation to NENA Inc.'s Honorary Membership Committee
- Recipients must meet the criteria set by the Honorary Membership Committee and be approved by majority decision of voting NENA Inc. Board of Directors' members
- Recipients will be notified of their selection by mail or electronic means prior to public announcement
- The Chairperson of the Honorary Membership Committee shall forward names and addresses of recipients to the president for a congratulatory letter
- Recipients will be announced at the Annual General Meeting (AGM) each year and, where possible, the medallion will be presented in person
- When presentation at AGM is not possible, the provincial director in the province in which the recipient resides shall attempt to present the award in person.


- When personal contact is impractical, the provincial director shall mail the award to the recipient in a timely manner following the announcement
- For those recipients who are not members of NENA Inc., the NENA Inc.'s Honorary Membership Committee shall mail the medallion and a copy of the national publication in which their award is mentioned.

Terms of reference

- NENA Inc. shall bear no financial responsibility for the recipient's accommodations or travel expenses to attend the conference or Annual General Meeting at which they will receive their medallion
- Honorary Lifetime Membership does not provide membership in any provincial affiliate organization
- Honorary Lifetime Members shall be registered on the website under "Honorary Lifetime Member" and will be responsible to ensure that contact information on the website is maintained for purposes of email contact.

Guidelines for eligibility criteria

The nominee:

- Served as a member in good standing on either the NENA Inc. Board of Directors, one or more of its subcommittees (e.g. National Course Administration Committee, Canadian Triage and Acuity Score National Working Group) or a provincial group for more than one term
- May have served in more than one capacity and the terms may not have been consecutive
- Made a significant contribution to, or on the behalf of, NENA Inc.—e.g., significant role in the roll out of NENA-endorsed courses or active promotion of NENA Inc. 

November 2012 (revised April 2013)

Thank you

On behalf of the National Emergency Nurses' Affiliation and the Vancouver 2013 Conference Committee, I would like to thank all the sponsors for their generous support of emergency nursing across Canada. Without your generosity, the 2013 conference would not have been the Wild and Spectacular event that it was. Feedback from participants was positive and as some said, "lit the spark once again" for them to deliver the best care for our patients.

Your dedication to emergency care has not gone unnoticed and we thank you.

Janet Calnan
President NENA

National Course Administration Committee (NCAC) TNCC/ENPC/CATN/CTAS Updates Fall 2013

By Margaret Dymond, NCAC Chair

Instructor recognition program

NCAC will be acknowledging instructors who have shown dedication, commitment, and outstanding achievements through the NCAC–NENA instructor recognition program. These instructors will be acknowledged during the NENA AGM each year.

2013 TNCC and ENPC instructors hit 20+ years teaching!

Congratulations to the following TNCC/ENPC instructors who have been teaching for more than 20 years.

TNCC

Carole Rush (AB)
Brenda Wiggins (AB)
Darlene Kidd (Ont)
Tannia Agnot Johnston (MB)

ENPC

Sherry Uribe (BC)

TNCC 7th Edition course roll-out in Canada

ENA has published timelines regarding the revision of TNCC (7th edition). Canadian TNCC instructors can expect to update their instructor status starting February, 2014. Updated instructors can teach 7th edition courses in February 2014.

Information is posted on the ENA website at ena.org. Instructors will be receiving more information in the months to come.

ENPC 4th Edition update

The ENPC 4th edition exam is currently under review due to feedback ENA has received from instructors and course participants.

CATN revision update

The Course for Advanced Trauma Nursing (CATN) revisions for the 3rd edition course are almost completed. ENA expects to launch the 3rd edition

course in 2014. The course format will involve online modules and classroom face-to-face discussions. Information will be communicated to current instructors later in the year or early 2014.

NCAC communication to Canadian instructors

NCAC publishes a newsletter twice a year. NCAC reps distribute the newsletter to instructors across Canada. The newsletter and course administrative manual is also located on the NENA website under the NCAC tab on the front web page.

ENA publishes a newsletter called *Course bytes*. If you would like an automatic email, send your request to CourseBytes@ena.org.

Course Directors TNCC/ENPC Course paperwork

- Please follow the posted course checklist for required paperwork to be sent to ENA. The final course roster needs to reflect the order the instructors are listed on the course evaluations to correctly identify the instructor evaluations.
- The exam scantron forms were updated two years ago. ENA has requested that only the up-to-date forms are used. The form number should be 103516-11. Please discard older versions of the scantrons.
- The only form sent to the NENA treasurer is Form C and NENA fees. Do not send any other paperwork to NENA.
- NCAC encourages course directors to keep a copy of all course documentation.

Course applications and approvals

- Once course applications are received, ENA approves the course by checking that the course director and instructors have met the requirements for teaching.

This means the instructors must teach once every 18 months and have satisfactory instructor evaluations.

- NCAC reps receive a list of approved courses in Canada on a weekly basis. NCAC reps will check that all course directors are NENA members. NCAC reps do not receive a list of instructors listed by the course directors in the ENA course application. Course directors must ensure their instructors are NENA members.

TNCC revisions 7th Edition planning

- Please review your current inventory of TNCC 6th edition manuals and courses. Updated instructors can be teaching in the 7th edition spring 2014 and materials for these courses will be available February 2014.

Resources for directors—PowerPoint Presentation

- A PowerPoint presentation has been created to highlight the course application, approval process for courses, and course processes. Many changes have occurred over the years. This presentation will highlight quick pointers for course directors.

Course fees: ENA fees and NENA Fees

- Please refer to the NCAC administrative manual for the required forms and course fees. Courses fees cannot be posted online. Each course director can request a copy of course fees and manual costs through their NCAC rep. The last update was November 2012.
- Course fees are required to be received within 30 days of the course.

NENA membership required for all TNCC/ENPC/CTAS instructors

All instructors must have current NENA membership in order to teach courses. Instructors can go to the NENA website

to renew. If your NENA membership has lapsed, instructors cannot teach courses until their membership is renewed. If course directors are unsure if their instructors are current members, they can contact their NCAC rep for their province to check this information.

CTAS


CPAS, the acuity scale based on CTAS, currently in use in the pre-hospital environment has been renamed "Pre-Hospital CTAS". Pre-Hospital CTAS does not replace CTAS currently in use for ED triage; rather its use in the pre-hospital environment furthers communications between pre-hospital professionals and the receiving ED as we both speak a common language when communicating about a patient's acuity.

CTAS instructor renewals are now past due (due July 1 each year). If you have

not yet renewed your instructor status please do so using the CAEP.ca website or by completing the renewal form and emailing to admin@caep.ca or faxing to 613-523-0190. If further information is needed about the renewal process, please contact admin@caep.ca.

Very shortly, the security on the CTAS teaching materials will be updated. Following the update, those who have not renewed their instructor status will no longer have access.

As always, your suggestions, questions and comments about CTAS are welcomed. Please send inquiries to ctas@nena.ca.

NCAC would like to thank all instructors, course directors, and instructor trainers for your hard work and commitment organizing and teaching courses. NCAC is your resource. Please feel free to contact us at the email addresses below. 

NCAC Contact Information

Generic email for NCAC: ncac@nena.ca

Margaret Dymond, Chair: margaret.dymond@albertahealthservices.ca or chairncac@nena.ca

Ann Hogan, Eastern Canada (NB, NS, PEI, NL) Rep: Ann.Hogan@horizonnb.ca

Brenda Lambert, Central Canada (ON) Rep: Lambertbrenda17@gmail.com

Monique Mclaughlin (BC, AB, SK, MB, YK, NT, NUN) Western Rep: monique.mclaughlin@vch.ca

Denis Bouchard, Quebec Rep: bouchardsante@gmail.com

Erin Musgrave, CTAS rep: Erin.Musgrave@horizonnb.ca or ctas@nena.ca

NENA 2014 Pan-American Conference

In response to several requests from various countries for NENA to host an international emergency nursing conference in Canada, NENA is proud to invite emergency nurses and other allied health care providers to attend the NENA 2014 Pan American Conference "CONNECTED BY CARING ACROSS THE AMERICAS".

The presentation topics have been selected to cover the broad scope of emergency nursing. Speakers have been confirmed from across Canada, as well as the U.S., Mexico, Peru, Brazil, Chile and Spain. Emergency Nurses are expected to attend from North, Central and South America.

The Sheraton Centre Toronto Hotel is the chosen conference venue, in an ideal downtown location, close to endless shopping and countless tourist attractions, as well as easily accessible by train, subway, bus, car or airport shuttle.

Plan to attend this unique NENA educational event with your friends and colleagues.

Janice Spivey

NENA Conference 2014 Chair, janicespivey@live.ca



Canada Corporations Act and NENA Inc.

The new Canada Corporations Act has been implemented. As a result, all not-for-profit organizations in Canada must ensure their bylaws and structure meet the requirements of the new Act. Any changes to present bylaws and governance will need to be voted on by the entire NENA membership and then be filed with Corporations Canada before October 17, 2014.

NENA Inc. must make some changes to its bylaws with one of the most important being the structure of the Board of Directors and how directors are voted in.

Although I have referred to this change in several memos over the last 12 months, the Board of Directors had not had a chance to really discuss the issues until the May 2013 meetings. At that time the directors were presented with three suggested options and it became apparent these options could not be discussed adequately in the time allotted. Therefore, a one-day session has been added to our November meeting and an expert in the field of governance and professional association management will assist the board with finding a solution. He will also facilitate the discussion and input from board members towards an agreement.

The board will focus on emergency nursing, their needs and expectations, and ensuring a sustainable future for NENA Inc. while complying with the new Act.

If you would like more information about the rules under the Canada Not-for-profit Corporations Act go to their website at: www.corporationscanada.gc.ca or contact President@nena.ca or Pastpresident@nena.ca



**Sharron Lyons, NENA
Past President**

CJEN editorial policy

NENA's Canadian Journal of Emergency Nursing welcomes the submission of clinical and research articles relating to the field of emergency nursing care and articles of human interest related to emergency nursing and emergency nurses. Statements or opinions expressed in the articles and communications are those of the author(s) and not necessarily those of the editor, publisher and/or NENA. The foregoing disclaim any responsibility or liability for such material and do not guarantee, warrant or endorse a product or service advertised in this publication; neither do they guarantee any claim made by the manufacturer of such product or service. Authors are encouraged to have their articles read by others for style and content prior to submission.

PREPARATION OF MANUSCRIPTS

1. The original copy of manuscripts and supporting material should be submitted to the NENA CJEN editor. The author should retain one complete copy.

2. Manuscripts must be typed, double-spaced (including references), layout on 8 1/2" x 11" paper with standard margins. Manuscripts must be submitted in Word or Word Perfect and sent electronically to the communications officer at communicationsofficer@nena.ca.

3. Author's name, credentials, a brief biography, and province of origin must be included. A high-resolution digital image is desirable.

4. Clinical articles should be limited to six typed pages.

5. Direct quotations, tables and illustrations that have appeared in copyrighted material must be accompanied by written permission for their use from the copyright owner and original author and complete source information cited.

6. Photographs of identifiable persons, whether patients or staff, must be accompanied by signed releases, such as the following: "I hereby give (author's name) permission to use the photograph of (subject's name) in the NENA CJEN".

LETTERS TO THE EDITOR

Letters raising a point of current interest or commenting on an article should be no longer than one typewritten page. The editor reserves the right to accept, reject, or excerpt letters without changing the views of the writer. The author of an article will have an opportunity to respond to unfavourable comments.

BOARD MEETING HIGHLIGHTS

Highlights of NENA Board of Directors meetings will be submitted by the NENA Secretary to keep the membership informed. President's report will be submitted annually.

RESEARCH STUDIES/ABSTRACTS

Readers are encouraged to submit abstracts of research studies that would be of interest to emergency nurses. A research abstract is a brief description of the problem, the

design and method, and the important findings of a study. If taken from the research literature, the abstract must include the title, author(s), publication, volume, page numbers, and year of publication. Abstracts must be submitted on computer disc, and/or in an electronic format, on Word Perfect or Word, IBM compatible.

CASE STUDY/CLINICAL ARTICLES

Readers are encouraged to submit actual emergency situations with valuable educational potential, descriptions of procedures in emergency care, samples of patient care guidelines, and/or triage decisions.

FUTURE EVENTS

Information regarding meetings of interest to emergency nurses may be submitted. NENA sponsored events will be identified.

BOOK REVIEWS

Emergency Nursing books, specifically books on the CNA's bibliography for certification, will be reviewed. Solicitation from book publishers or donated books for review will be accepted.

NENA CJEN SUBMISSIONS

Submission dates for article publication in the NENA CJEN are to be set by the Communications Officer and dictated to publishing deadlines.

Please note: Nursing special interest groups may advertise upcoming conferences and seminars free of charge.