

President's message

Summer is over and life, as we know it, returns to our emergency departments. July saw the completion of my first year as president, and I cannot believe that my term is now more than half way done.

I think back to the people I have met and the networking that has been done and I am amazed by the work that NENA has accomplished over the last year. We have undergone a name change, a new website, and we changed our by-laws and Board structure in order to meet the requirements of Corporation Canada.

One of the highlights of this year was to meet the nursing leaders at the NENA Pan-America Conference held in Toronto in April, "Connected by Caring Across the Americas." I was privileged to meet several leaders from North, South and Central Americas and many leaders from across Canada.

By the time this journal goes to print, I will have been to Indianapolis where I will represent NENA and Canada on the International Emergency Nurses Council, where representatives from many countries meet to discuss emergency nursing and the similarities and

differences in our practices. I am proud to be able to share the work that NENA has done and celebrate with them Emergency Nurses Day.

Emergency nurses do amazing work and are often taken for granted. On a daily basis we deliver exceptional care and we need to recognize this. NENA members give their time and talents to sit on the Board of Directors, Presidential Council, the National Advisory Council and NCAC. Their contributions to NENA and to emergency nursing are and will always be significant, as our nurses who are members of NENA and their provincial organizations. You are all true leaders.


Leaders have a **vision**. This single quality (vision) I believe, more than anything, separates leaders from followers. I believe that leaders have the ability to stand back and see the big picture. Leaders have developed the ability to fix their eyes on the horizon and see greater possibilities.

The most motivational vision you can have for yourself and others is to "Be the best!" NENA is composed of many emergency nurses who believe this and they do not adhere to the "status quo". This is prehistoric thinking. We are now

in the age of excellence. Our patients have come to expect that they will receive nothing less than excellent quality care.

Another quality I have come to appreciate in the emergency nurses I have met is that they have integrity. This is, perhaps, in my opinion, the single most respected quality of leaders. Integrity means this: When, at the end of the day, you are asked, "Did you do your very best?" you can say, "Yes!" Then, if asked if you could have done it better, you can honestly say, "No, I did everything I possibly could. I did my best".

We ask this of emergency nurses every day. It requires incredible courage to follow through on your vision and on your commitments.

Celebrate yourselves and remember you have the opportunity to change the face of emergency nursing and to be great leaders. 



**Jan Calnan,
NENA President**

Message de la présidente

L'été est derrière nous et la vie, telle que nous la connaissons, nous retrouve dans nos centres d'urgence. Le mois de juillet marque l'achèvement de ma première année en tant que président de NENA (l'Association nationale des infirmières d'urgence). J'ai de la peine à croire que mon mandat ait déjà passé son mi-parcours.

Je pense à tous les gens que j'ai pu rencontrer et le réseautage rendu possible en conséquence. Je suis franchement surprise par le travail accompli par NENA au cours de cette année. Nous avons fait un changement de nom, créé un nouveau site web, changé les règlements, changé la structure du Conseil d'administration afin de satisfaire aux exigences de Corporations Canada.

L'un des temps forts cette année a été la rencontre des nombreux leaders lors de la conférence panaméricaine tenue à Toronto en avril sous le thème « Unies par la compassion partout dans les Amériques ». J'ai eu le privilège de rencontrer plusieurs leaders de l'Amérique du Nord, de l'Amérique du Sud, de l'Amérique centrale, ainsi que de celles de partout au Canada.

Au moment où ce journal va chez l'imprimeur j'aurai été à Indianapolis pour représenter NENA et le Canada sur le Conseil des infirmières d'urgence internationale où des représentants de beaucoup de pays se sont réunis pour discuter des soins infirmiers d'urgence, des similarités et des différences dans nos pratiques. Je suis fière de pouvoir partager le travail accompli par NENA et de célébrer avec elles la Journée des infirmières d'urgence.

Les infirmières d'urgence font un travail extraordinaire, un travail qui est souvent tenu pour acquis. Jour après jour nous délivrons des soins exceptionnels et cela devrait être reconnu. Les membres de la NENA donnent de leur temps et de leurs talents siégeant au Conseil d'administration, au Conseil de la présidence, au Conseil consultatif national et au Comité national pour l'administration des cours. Leurs contributions à NENA et aux soins d'urgence sont, et seront toujours, importantes. En tant qu'infirmières, membres de NENA et des organisations provinciales, vous êtes toutes de vrais leaders.

Les leaders ont une vision. Cette qualité singulière, plus que toute autre chose, démarque les leaders de celles qui suivent. Un leader a la capacité de prendre du recul et de voir globalement la situation.

Il a développé la capacité de fixer les yeux sur l'horizon et de voir de plus grandes possibilités.

La vision motivationnelle le plus importante que vous pouvez avoir pour vous-même et pour les autres c'est de donner de votre mieux ! NENA se compose d'un grand nombre d'infirmières qui croient à cela et qui refusent le « statu quo, » mentalité vieillotte, qui se contraste avec l'ère de l'excellence. Nos patients s'attendent à ne recevoir rien de moins qu'une excellente qualité de soins.

Autre qualité que j'apprécie dans les infirmières d'urgence que j'ai rencontrées c'est l'intégrité. Cette qualité est sans doute la plus respectée de tous chez un leader. Intégrité signifie que lorsque à la fin de la journée si l'on vous demande, « Avez-vous avez fait de votre mieux ? » vous pouvez répondre « Oui ! » Ou, si l'on vous demande si vous auriez pu faire mieux, vous direz honnêtement « non, j'ai fait de mon mieux. »

Voilà donc ce que l'on demande des infirmières d'urgence chaque jour. Et

voilà qui fait appel à un courage incroyable pour assurer l'accomplissement de leur vision et de leurs engagements.

Vous pouvez vous féliciter vous-mêmes, tout en vous rappelant que vous avez toutes la possibilité de changer la face des soins d'urgence et d'être des leaders de qualité. 📧



**Président de la NENA
Janet Calnan**

Bouquets

- Congratulations to our NENA bursary winners for 2014: Christine Maxwell (Alberta), Debra Pitts (New Brunswick), Patricia Mercer-Deadman (Alberta), and Tanya Penney (Nova Scotia).
- In 2014, NENA awarded two Awards of Recognition **For Promotion of Excellence in Emergency Nurses and Support of NENA** to Glen Perchie, Executive Director, Emergency and EMS, Regina Qu'Appelle Health Region, Regina, Saskatchewan; and Brent Hobbs, Director of Transport Services, Interior Health, Southern British Columbia.
- Congratulations from the NENA Board to the NENA 2014 Conference Committee on a great national conference: Janice Spivey (Chair), Motsi Valentine, Lindsay Mossey, Kim Deline, Sharron Lyons, Angela Arnold, Brian Giles, and Janet Calnan. The tireless work and attention to detail made this a conference to remember. Thank you for all your work.
- Thank you to Sharron Lyons for four years of service to NENA as President-Elect, President, and Past President. On Sharron's watch NENA struggled through the implementation of changes required by Corporations Canada and the inauguration of the new website. Not one to rest on her laurels, Sharron is chairing the 2015 NENA Conference in Edmonton, April 30–May 3, 2015. Thank you, Sharron, for all your work.
- Thank you to Erin Musgrave (NB), April Mills (PEI), and Pat Mercer-Deadman (AB) for representing emergency nurses and your provinces, as provincial presidents. NENA welcomes Debra Pitts, Sharon Hay, and Shelley Pidruchney as new provincial directors.
- Special recognition is due to the following nurses for their trailblazing efforts in teaching the Trauma Nursing Core Course (TNCC) and the Emergency Nursing Pediatric Course (ENPC) in Canada: to Carole Rush, AB, for teaching ENPC for 20 years, and to Glenda Hicks, ON, and Joyce Farrer, ON, for teaching TNCC for 20 years.
- Bouquet to Janice Spivey, ENAO President, who was invited and spoke at three sessions at the Asociación Mexicana de Enfermería en Urgencias (AMEU)/Mexican Association of Emergency Nurses 10th International Congress on October 10–12 in Campeche, Mexico.
- A big thank you to the 2015 conference committee: Sharron Lyons (Chair), Shelly Pidruchney, Navkiran Tiwana, Jane Daigle, Pat Mercer-Deadman, and Margaret Dymond. They have been hard at work for months to give us a great conference next year.
- Three new honorary lifetime memberships were awarded by the NENA Board for service to NENA and to Canadian nurses. Receiving a NENA medallion were: Helen Grimm, Saskatchewan, Pat Walsh, Newfoundland, and Carla Policichio, Alberta. NENA is delighted to recognize your remarkable contributions to emergency nursing in Canada. Congratulations to each of you.
- I would like to thank Pat Mercer-Deadman, Past President for Alberta, in assisting me in my new role at President for NENA-AB. I have appreciated her time and guidance. Thanks, Pat.
— Shelley Pidruchney
- I would like to thank Erin Musgrave for her work and dedication to emergency nursing in New Brunswick. Three years ago Erin assumed the role of NB Director. Since then her scope has broadened to be involved with the CTASNWG as the eastern representative. Her commitment to emergency nursing is evident through her ongoing volunteer work with CTAS. As she hands over the leadership, I wish Erin all the best. I know we will still continue to work together with the common interest of promoting education and, therefore, improving emergency nursing in NB.
— Deb Pitts RNB, ENC(C)
- On behalf of the PEIENA, I would like to take this opportunity to say a special thank you to April Mills, Past President of the PEIENA. She has worked very hard to keep the education level of all the emergency staff of PEI hospitals up to national standard. Keeping our small chapter going has had many challenges and, if not for her dedication, knowledge, pleasant approach and concern for the nursing profession, we would not have representation for our small province. She continues to play an active role in NENA and has been a very supportive mentor to all of us. Thanks, April, from your PEIENA.
— Sharon Hay

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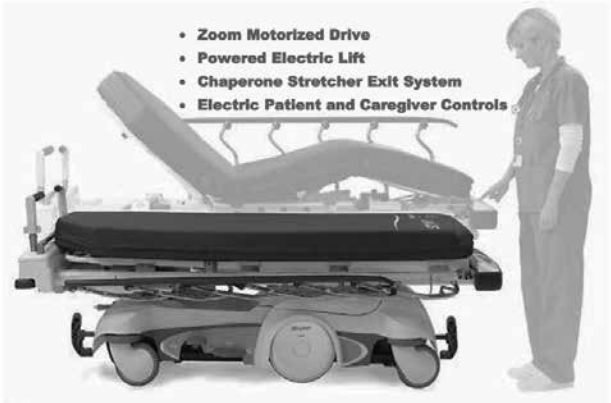
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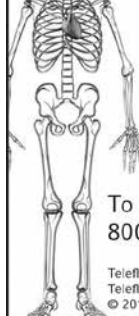


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Contraindications:

- Clinically significant active bleeding, including gastrointestinal bleeding
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- Concomitant **systemic** treatment with strong inhibitors of both CYP 3A4 and P-glycoprotein (P-gp), such as ketoconazole, itraconazole, posaconazole, or ritonavir
- Concomitant treatment with any other anticoagulant, including:
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 - oral anticoagulants, such as warfarin, dabigatran, apixaban, except under circumstances of switching therapy to or from Xarelto[®].
- Hepatic disease (including Child-Pugh Class B and C) associated with coagulopathy, and having clinically relevant bleeding risk
- Pregnancy
- Nursing women
- Hypersensitivity to Xarelto[®] (rivaroxaban) or to any ingredient in the formulation

Most serious warnings and precautions:

Bleeding: Xarelto[®] (rivaroxaban), like other anticoagulants, should be used with caution in patients with an increased bleeding risk. Any unexplained fall in hemoglobin or blood pressure should lead to a search for a bleeding site. Patients at

high risk of bleeding should not be prescribed Xarelto[®]. **Should severe bleeding occur, treatment with Xarelto[®] must be discontinued and the source of bleeding investigated promptly.** See Relevant warnings and precautions for concomitant use of drugs affecting hemostasis.

Peri-operative spinal/epidural anesthesia, lumbar puncture: The risk of developing an epidural or spinal hematoma that may result in long-term neurological injury or permanent paralysis is increased by the use of indwelling epidural catheters or the concomitant use of drugs affecting hemostasis. Accordingly, the use of Xarelto[®], at doses greater than 10 mg, is not recommended in patients undergoing anesthesia with post-operative indwelling epidural catheters. The risk may also be increased by traumatic or repeated epidural or spinal puncture. If traumatic puncture occurs, the administration of Xarelto[®] should be delayed for 24 hours. Patients who have undergone epidural puncture and who are receiving Xarelto[®] should be frequently monitored for signs and symptoms of neurological impairment. The physician should consider the potential benefit versus the risk before neuraxial intervention in patients anticoagulated or to be anticoagulated for thromboprophylaxis and use Xarelto[®] only when the benefits clearly outweigh the possible risks. An epidural catheter should not be withdrawn earlier than 18 hours after the last administration of Xarelto[®]. Xarelto[®] should be administered not earlier than 6 hours after the removal of the catheter.

Renal impairment: Xarelto[®] is not recommended in patients with severe renal impairment. Xarelto[®] should be used with caution in patients with moderate renal impairment (CrCl 30-49 mL/min), especially in those concomitantly receiving other drugs which increase rivaroxaban plasma concentrations. Determine estimated creatinine clearance (eCrCl) in all patients before instituting Xarelto[®].

Monitoring and laboratory tests: Although Xarelto[®] therapy will lead to an elevated INR, depending on the timing of the measurement, the INR is not a valid measure to assess the anticoagulant activity of Xarelto[®]. The INR is only calibrated and validated for vitamin K antagonists (VKA)

and should not be used for any other anticoagulant, including Xarelto[®].

Other relevant warnings and precautions:

- Fall in hemoglobin or blood pressure
- Concomitant use of drugs affecting hemostasis such as non-steroidal anti-inflammatory drugs (NSAIDs), acetylsalicylic acid (ASA), and platelet aggregation inhibitors
- Atrial fibrillation and having a condition that warrants single or dual antiplatelet therapy
- Use of antiplatelet agents, prasugrel and ticagrelor
- Use of thrombolytics during acute myocardial infarction (AMI) or acute stroke due to expected increased risk of major bleeding
- Patients with prosthetic heart valves or those with hemodynamically significant rheumatic heart disease, especially mitral stenosis
- Interaction with moderate CYP 3A4 inhibitors
- Interaction with strong CYP 3A4 inducers, such as rifampicin, and the anticonvulsants, phenytoin, carbamazepine, phenobarbital
- Patients with hepatic impairment
- Patients who undergo surgery or invasive procedures including pre-operative phase (associated with risk of bleeding) and peri-operative phase when neuraxial (epidural/spinal) anesthesia or spinal puncture is performed (associated with risk of epidural or spinal hematoma that may result in long-term neurological injury or permanent paralysis) and post-procedural period (to avoid unnecessary increased risk of thrombosis)
- Patients with lactose sensitivity

For more information:

Please consult the Xarelto[®] Product Monograph at <http://www.bayer.ca/files/XARELTO-PM-ENG-28AUG2013-164839.pdf?#> for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece.

The product monograph is also available by calling 1-800-265-7382.

References:

1. Xarelto[®] (rivaroxaban tablet) Product Monograph, August 28, 2013.
2. Data on File, Bayer Inc.

*The EINSTEIN-DVT and EINSTEIN-PE trials were randomized, open label trials evaluating the efficacy and safety profile of oral Xarelto[®] vs. subcutaneous enoxaparin and VKA treatment of VTE and prevention of recurrent DVT and PE. Xarelto[®] regimen: 15 mg twice daily for 3 weeks, followed by 20 mg once daily. Enoxaparin + VKA regimen: enoxaparin 1 mg per kg of body weight for at least 5 days and discontinued when the international normalized ratio was ≥ 2.0 for 2 consecutive days, and VKA started within 48 hours of randomization. Treatment continued for 3, 6, or 12 months as determined by the treating physician. Results of analysis of the intent-to-treat population. The studies were designed as event-driven, noninferiority studies.

†Comparative clinical significance is unknown.

President elect's message

Greetings to my many colleagues in emergency nursing across our country.

My name is Sherry Uribe and I am honoured to have been acclaimed to the position of President-Elect for NENA. My term began on July 1 this year and I serve in this role until the end of June 2015, at which time I will assume the role of president for two years.

My name may be familiar to some of you, as I recently was privileged to serve as NENA Treasurer. Being a nurse, I must say that learning the accounting system for NENA was an interesting challenge.

I have been a nurse for 40 years, graduating from Foothills Hospital in Calgary in 1974. I retired from full-time work last September, but continue on as


casual staff. My husband and I recently relocated from the Okanagan Valley to Sechelt on the Sunshine Coast. We are in the process of having our house built and hope to move in this November.

NENA has gone through significant change in the past year, transitioning to the requirements defined in the new Canada Corporations Act. Your governing Board of Directors, President Janet Calnan, Secretary Dawn Paterson, Treasurer Jane Daigle, Director of Training Margaret Dymond and myself, continue to work to modernize and reorganize our roles in the new structure. Information will be shared with you as we learn and build for NENA.

You, our members, are most important, as we go forward and I want to thank you

for your continued support through your membership and participation.

I look forward to meeting and working with you over these next four years. Please do not hesitate to contact me with any concerns, questions or suggestions. My email is presidentelect@nena.ca

As I close, please make a note in your calendar and plan to attend NENA Conference 2015, **“Prepare for the Unexpected—Working in an Emergency Department”** April 30–May 3, 2015, to be held in Edmonton, Alberta. It will be worth your while, I assure you. 



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

Communication Officer's report

This has been the most challenging of all my terms with NENA. The transition to the new website has been very time-consuming and has required a considerable effort to adapt, particularly in the first few weeks. By the end of July, work on the website had become predictable and most of the board and committee had completed the training to equip them for their routine tasks of posting to the website, sending newsletters to members, checking memberships, and responding to member questions.

A good deal of my time has been spent in providing membership assistance to members. Problems have largely been associated with login and password changes, membership renewals, and the messages that members receive from the old website. When possible, I have responded within the hour to members who are struggling to renew membership.

With respect to those members who are troubled by those pesky membership reminders after making a payment, this link has been provided as an explanation: <http://nena.ca/legacy-membership-redirect/>. The message is included below for those who may not have seen it:

You've reached this page because you've clicked on a legacy link in an email you received that suggested your NENA membership is expiring.

If you have renewed your National Emergency Nurses Association membership on the new website, your payment has been recorded and you are a member in good standing of NENA. You may go to your membership profile and verify your membership status by signing into the website, clicking on MEMBERS in the Navigation menu, and then going to the tab which says, UPDATE MEMBER INFO. This page will show your provincial affiliate, your fees, your last payment day and your next renewal date.


Nurses who had membership in the National Emergency Nurses' Affiliation are receiving reminders from the old National Emergency Nurses' Affiliation website. All efforts by the previous webmaster and the current web administrators have been unable to find the background program that is still generating these erroneous messages. When you pay on the current website, that

transaction is not communicated to this historical program, therefore it is doing its job and reminding you that your membership is expiring.

These annoying messages will occur briefly, but are inherently self-limiting. Thank you for your patience as NENA continues to seek the source of this problem.

Please ignore these messages and accept my apology on behalf of NENA for these inconvenient emails.

We have had a number of requests for position statements on the website. A committee has been developed to rush the final posting of these statements on the website.

A big thank you to those who worked hard to get your articles and reports in early for this fall journal. I appreciate all of the support and help that has been given by many of the thoughtful NENA members. 



Stephanie Carlson

News from the provinces

BC report

Flu has come early to BC and we are actively preparing for increased volumes.

The mandatory flu vaccine program continues and many sites have implemented 'PEER' immunizers within departments. Our pharmacy colleagues have actively stepped up to help with the immunization program.

We are tracking an enterovirus D-68, as it sends children in the U.S. to hospital with more significant symptoms. Many sites within the province have also started to role out education around the Ebola-like virus.

We were happy to collaborate with Washington and Oregon States to offer a 1.5-day education session, "Nursing Without Borders", on September 19-20 in Vancouver, Washington. We had Lori Baker, Jennifer Hunter, Monique McLaughlin and Landon James presenting on behalf of BC Emergency Nurses.

Many emergency departments contributed to the promotion of World Sepsis Day on September 13, with information boards, promotional lanyards and great photo shots of improvements in action. Three hundred individuals sent out 1,100 tweets as part of a sepsis "tweetchat" on the day. More information can be found at: <http://bcpsqc.ca/clinical-improvement/sepsis/bc-sepsis-network-world-sepsis-day/>

TNCC (first ever 7th edition)/ENPC/CAMAN/ACLS/PALs and CTAS (including Instructor Courses) continue full steam in many areas of the province.

We are in early discussions with BCIT faculty to help support an education day for BC emergency nurses just prior to the WEDOC 2015 conference, which will be held in Vancouver on April 16-17. Our Alberta colleagues did such an amazing job we felt compelled to spring into action.

Bouquets of flowers to our ED nurses who continue to provide excellent care in challenging times.



Sherry Stackhouse
ENABC President

Alberta report

Hi. As of July 1, 2014, I have the position as the new Alberta president for NENA-AB. I work at the Royal Alexandra Hospital in emergency in Edmonton. I have been known to be called the conference queen, as I have attended many conferences over North America including Hawaii and, this fall, I can add international, as I am going to Ireland to the first International Emergency Nursing Trauma Conference in Dublin. Learning is something that I have a passion for, to keep myself educated and updated about new practices. I have been nursing for 16 years, and have been a part of NENA for more than 10 years. I want to thank Pat Mercer-Deadman for her guidance in this new role.

We have changed our name from ENIG to NENA-AB. We feel this will partner our relationship with our national organization, NENA, better.

Our membership continues to grow every month. As of September 2014, we are proud to say we have 289 members. To help increase our membership, we are putting the word out about our group by an email newsletter to our members and by sending a hard copy of this newsletter to every emergency department and health care centre in Alberta. Since the launch of the new NENA website this past spring, it is even easier to join and renew membership.

We are busy planning a fall education day in Red Deer along with our AGM in October. We have been updating our bylaws to be voted on at the AGM. An example of one of these changes is an increased amount we will be able to offer members for bursaries. We have also added incentives for our membership to become members of the executive of NENA-AB.

This spring, the NENA Conference will be held in Edmonton from April 30-May 3, 2015, at the Hilton Doubletree Hotel. We are in full swing making plans for this conference. I encourage you to submit an abstract or a poster

presentation for this conference. This is an excellent opportunity to share your knowledge at a national level.

We are advocates for our patients, their family members and for ourselves. Emergency continues to be a place of growth and challenges each day, every shift.

I look forward to working with our national BOD and with my provincial executive over the next two years.



Shelley Pidruchney
NENA-AB President

Manitoba report

As the leaves are beginning to change in our province, emergency nurses in Manitoba begin to shift into fall, carrying on their dedicated work caring for patients across the province.

Winnipeg was honoured to host the Canadian Nurses Association Biennial Conference this past June, with many of the greatest nursing minds in attendance from across Canada. Keynote speakers included Gina Browne, Dr. David Butler-Jones, comedian Rick Mercer and journalist Evan Solomon. 'Unleash the power of registered nurses' was part of the new President Karima Velji's message.

Within the Winnipeg Regional Health Authority, there are ongoing efforts to improve emergency department flow. System targets published by the WRHA for 2015 goals for patients to receive the right care, in the right place, at the right time established by the Board of Directors has been a driving force for the ongoing work to improve patient flow. We are challenged to meet the goals set by the WRHA:

- Treat and discharge 90 per cent of non-admitted emergency room patients within four hours
- Find a bed for 90 per cent of the emergency room patients who have been admitted to hospital within eight hours
- No patient, admitted to hospital or not, is to sit in an emergency department longer than 24 hours

- All ambulances are able to unload patients at hospitals within 60 minutes
- Ensure the number of non-emergency patients attending hospital emergency rooms does not exceed 20 per cent.

Many Winnipeg emergency departments have new initiatives in place in an attempt to meet these goals including the creation of a Rapid Assessment Zone, the integration of a Flow Nurse, and Minor Treatment Areas staffed by Nurse Practitioners to name a few. Nurse Practitioners in emergency departments across Manitoba continue to be a growing and integral part of improving patient flow in urban and rural EDs.

The Sinclair Inquest has now wrapped up and Manitoba emergency nurses wait for the recommendations that will surely impact emergency nursing care, not only in the Winnipeg Regional Health Authority (WRHA), but also throughout the province. These recommendations will likely bring significant changes and, of course, much media coverage once again.

Rural Manitoba EDs often face a variety of challenges not unlike all of the provinces across Canada—lack of physician and nursing coverage forcing sporadic closure of EDs, overcrowding, lack of resources, lack of access to education and, in more remote areas, timely access to care.

The impact of amalgamating regional health authorities (RHA) from 11 down to five more than 18 months ago is still being felt across the province. Changes in directors, managers and staff from one RHA to another have necessitated adjustment for all. There have been changes in many policies including those surrounding education. What was previously mandatory or funded is no longer, based on amalgamated rules.

TNCC 7th Edition is now being taught in many areas of the province, with the majority of the previous TNCC instructors having successfully completed the 7th Edition update. Congratulations to all who updated and thank you for all your hard work and dedication in ensuring TNCC is disseminated across Manitoba. You are champions of emergency nursing!

Despite a small number of ENPC instructors, four courses were run across the province last year. CTAS is ongoing in all areas of Manitoba. The Advanced Emergency Nursing Course continues to be offered once a year to all ER nurses in the province at a Triage level of experience. The WRHA Regional Emergency Program emergency orientation is also accessible to all provincial RHAs to educate new staff.

Happy Emergency Nurses Week to all Manitoba Emergency Nurses October 7 to 11!



Respectfully submitted,
Marie Grandmont,
RN, BN, ENC(C)
MB Provincial Director

Ontario report

On behalf of the Emergency Nurses Association of Ontario (ENAO), it was an honour for our association to host NENA Inc., and Canada's emergency nurses at the NENA 2014 Pan American Conference in Toronto, Ontario, this past spring. I am proud to announce that a significant profit was realized.

Most of the ENAO BOD members were also members of the NENA conference committee. Thus, the largest portion of ENAO's time, work and energy was directed towards the conference over the past four years.

TNCC and ENPC courses continue to be offered throughout Ontario regularly. Frequently, ENAO receives calls from members who are seeking to take an instructor course. We are always happy to facilitate this process, as it allows for more convenient educational opportunities in every corner of our province, thus better meeting the needs of our members.

As with the rest of this world, many ENAO members are also "on the move". Some are transferring to other specialties or types of nursing, while others are moving to other geographic locations across Canada and around the world. As a result, many Ontario hospitals are finding themselves in the position of losing experienced triage nurses and CTAS Instructors.

The Ontario Hospital Association (OHA) frequently offers training courses for CTAS Instructors. This facilitates the training of new triage nurses in under-served provincial areas.

While ENAO endorses and supports these valuable courses for every Ontario emergency nurse, we are aware of the costs of ongoing professional education. Today's reality is that most of our hospitals have little or no funds to support their nurses' educational needs, and most applications for funding assistance receive replies of denial. However, there are funding dollars available from various sources, and the ENAO BOD constantly encourages our provincial ED nurses to put pen to paper and apply.

ENAO continues our long-standing practice of offering complimentary advertising on our website (www.enaome.com) for educational opportunities for emergency nurses. Our talented webmaster creates direct links for conference/event registrations and various health care surveys for participation. We are proud to serve as a resource where our members can go to meet their learning needs.

Continuing Education Contact Hours (CECH) may be granted by ENAO to organizations whose application and event meets ENAO's strict criteria. In 2014, ENAO has awarded CECH hours to the following educational events:

- NENA Conference 2014 "CONNECTED BY CARING ACROSS THE AMERICAS", Toronto—20.7 hours
- 2014 Annual Eastern Ontario Regional Trauma Conference, Ottawa—6.5 hours
- Queen's University School of Nursing 2014 Conference "Code of Survival, ER Nursing"—7.5 hours.

Ontario's provincial premier has been re-elected, this time with a majority government. ENAO is cautiously waiting to hear about any health care plans that will have a potential impact on emergency nurses and the countless emergency patients for whom we care.



Respectfully submitted,
Janice L. Spivey, RN,
ENC(C), CEN
ENAO President

Prince Edward Island

A friendly hello to fellow nurses across Canada. It has been a beautiful fall, but it is quickly turning chilly here on the East coast.

We have been working hard to increase membership for PEIENA. At the spring board meetings our membership was only eight solid members but, since then, has increased to 20. We will continue to promote and offer incentives to join this very important group. The biggest challenge for us has been to educate the staff on what NENA actually is and why it is important. Some of the ways we have promoted PEIENA are to offer free seats to NENA members for the provincial workshops. We also give our NENA members priority seating at all workshops and to TNCC and CTAS.

PEIENA sponsored a forensic workshop in September 2014. We paid for the venue and the breaks. We were pleased to promote our group to more than 60 participants. TNCC was also offered in September. The course was full and another is planned for the spring. CTAS continues to be taught monthly with additional courses planned depending on the need. Our group has been trying to bring ENPC to PEI. We have the funding but are seeking appropriate candidates and teaching at present.

In July we had a fundraiser to help with the costs of education. Although it was not a huge financial success, we feel it was successful in spreading information about PEIENA. There are some plans to have another type of fundraiser in the near future.

Education is something we continue to support. We encourage all nurses to attain their nurse certification and continue to promote and develop the role of the emergency nurse in PEI.

Overcrowding, an increase in mentally ill and addiction patients, staffing, long wait times, and time off for education seem to be some of the major issues in our province and across Canada. Ongoing collaboration with Health PEI, Department Managers, Prince Edward Island Nurses Union (PEINU), Prince Edward Island Nurses Association (PEINA), staff nurses and physicians continue to offer short- and long-term strategies to help improve these issues. As we roll out model of care in the emergency department 2014–2015,

we will depend on this collaboration to make it as successful as possible.

Special thanks to the organization committee of Ontario for hosting the fantastic Pan American Conference in April. It was very well attended and enjoyed.

PEINA wishes everyone a terrific fall and winter. We look forward to the many challenges and education opportunities coming in the New Year.



Respectfully submitted,
Sharon Hay, RN, BN, ENC(C)
PEINA Provincial Director

New Brunswick report

Implementation of Tele-stroke Program

Emergency departments across the province have been working collaboratively with the Heart and Stroke Foundation, Ambulance New Brunswick, emergency physicians and nurses, neurological clinical nurse specialists, neurologists, and radiologists to implement a program that will ensure every person in NB, with the aid of technology, will have access to the best possible stroke care. Advanced technology will be used to provide rapid assessment and subsequent treatment, if warranted, to stroke patients in New Brunswick. Rapid access to a neurologist is key to reducing the effects of a stroke.

Provincially in French and English, a patient who is assessed by EMS with stroke-like symptoms within the critical timeframe will be transferred to a hospital with CT technology, bypassing other facilities. A neurologist will be consulted and with the aid of tele-communication technology they will be able to visually assess the patient and view the CT results. This will enable rapid administration of a thrombolytic, if indicated.

This program will save lives and reduce disability associated with stroke. Emergency nurses across New Brunswick are proud to be vital partners in this collaborative project. This will be the first program of its kind in Atlantic Canada.



Submitted by
Debbie Pitts

Sexual Assault Nurse Examiner Program (SANE)

This program provides 24/7 specialized care for both female and male patients who have been sexually assaulted in New Brunswick. A specially trained emergency nurse may provide a medical and/or a forensic examination with the patient's consent. Currently there are programs in Saint John, Moncton, and a revitalized program in the Fredericton/Oromocto area. A coordinator is responsible for patient follow-up, scheduling, equipment, and education for staff. Presentations and education are provided to the community to ensure that everyone is aware of the program and what is available to patients.

Congratulations to Fredericton/Oromocto emergency nurses! Thank you to all emergency nurses in New Brunswick for providing this specialized service to our communities.



Submitted by
Hiadee Goldie

Trauma update

The mandate of the NB Trauma Program is to provide excellence in trauma care, injury prevention, education and research. NB Trauma works very closely with physicians and nurses in the emergency departments across NB. There are trauma nurses in all the regional hospitals in the province as well as a trauma coordinator in Saint John and Moncton. Some initiatives that assist emergency nurses in the care of the trauma patient include:

- Provincial coordination of TNCC, which led to more courses across NB. This improved access and decreased the cost of attending a course
- Implementation and distribution of trauma nursing notes to all emergency departments. These comprehensive notes based on pre-hospital care, primary and secondary assessment are designed for use when caring for multiple injured trauma patients.
- Monthly multidisciplinary trauma education rounds offered and available to all by Webex/teleconference. These sessions are taped and made available on DVD

- Development and assistance with the roll-out of a provincial massive transfusion policy (MTP) for trauma patients, including the development of a MTP checklist for use during activation
- Launch of a new NB Trauma Registry that is used by trauma nurses after reviewing patient records to enter data on injured patients who are seen in the ED. The registry provides a wealth of information about demographics, mechanism of injury, pre-hospital care, injuries sustained, treatment/interventions required. Included in the registry is a section to track quality assurance. This information can be used to determine the need for trauma education, policy development, injury prevention initiatives, and research.

NB Trauma encourages emergency nurses to be involved in injury prevention. Information sheets are provided on a variety of injury prevention topics for all ages including concussion management. We encourage ED nurses to become a volunteer facilitator with P.A.R.T.Y. program offered by NB Trauma in area high schools to help reduce injuries to youth. Check out the P.A.R.T.Y. website at www.partynb.com

Local trauma nurses are available to discuss ways they can support them in caring for trauma patients. For more information, check out the NB Trauma website at www.nbtrauma.ca



**Submitted by
Ann Hogan**

Nova Scotia report

Warm greetings from Nova Scotia. Congratulations to NENA on the launch of its fantastic new website. If you haven't had the opportunity to check it out yet, please do!

Emergency departments in Nova Scotia are busy, as they prepare for the December 2014 deadline to meet the Emergency Department Standards developed by the Provincial Health and Wellness Department, as part of its "Better Care Sooner" initiative. Nova Scotia will be the first province to implement Emergency Department Standards in Canada. This

initiative has provided some challenges and some great collaboration between emergency departments in the province.

The QE11 Emergency Nurses Education Committee is once again holding its annual education day on October 10 at the Royal Bank Theatre, Halifax Infirmary Site. This year the theme is "Expanding Our Horizons; Looking Beyond the Obvious". This education day is always fun and informative!

It is with great sadness that we learned of the death of Debbie Cotton in August. She was an Instructor for the GASHA Health District in Nova Scotia for many years, as well as one of the province's core instructors for ENPC, TNCC, PALS, ACLS, and was one of the five nurses who developed the CAMAN course. She also served for several years on the board of NENA. Debbie was loved by all who had the good fortune to know her and will be greatly missed.



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

Newfoundland and Labrador report

It is with much reservation that I inform the members of NENA Canada that the Province of NL is currently in need of a new director. As the director for the past 2.5 years, I will be resigning from my post. I do this due to the fact that I will not be actively working in NL. I have enjoyed and will always be a NENA member, and hope to have involvement in some other capacity in the future. I have been actively seeking another candidate to take on this position and encourage anyone who receives the *CJEN* with interest to contact me for discussion on this great opportunity to expand on your emergency involvement nationally.

In speaking to my colleagues in NL, there seem to be no big managerial changes that have improved the implementation of the emergency discipline with regards to its delivery, but small attempts have seen slight improvement at times. The issues seem to remain universal in NL, as with the remainder of the country. Overcrowding has not seen any


big improvements, and wait times and patient hostility towards staff continue, as management struggles to find solutions to these national phenomena. Staff reports shortages in relief, and mandatory work of staff has been expected.

Emergency room nurses are very strong in their passion for their chosen discipline. They take great pride in delivering the best possible care they can and seem to rally amongst themselves to keep their individual emergency departments united, as they depend on each other for support to keep going. This is why NENA has been such a great avenue for the growth of the emergency nurse.

NL nurses, in general, under the Clarity Project initiated by the Newfoundland and Labrador Nurses' Union, have attempted to bring more identity to the role of the RN and decided to voluntarily implement a uniform of white top and black bottom that has met with great support. Reports show approximately 40-plus percent and growing have embraced this and the union hopes it will be 100% by year's end.

The Team Broken Earth relief project to Haiti continues to be a great success and held a pediatric conference as its primary fundraiser on October 3-5, 2014, in St. John's, NL, that was reported to be very successful.

TNCC and ENPC courses continue to be instructed twice yearly and remain the benchmark along with PALS and ACLS when delivering best practice emergency nursing. Our membership has remained constant and I hope that with new insight and energy the numbers will continue to climb.

On a personal note, I would like to thank the members of NENA NL and the executive of NENA Canada for their unwavering support and guidance over the past 2.5 years in my position as NL Director. I look forward to serving the national body again at some point. 



**Thank you,
Todd Warren, RN**

National Course Administration Committee (NCAC) TNCC/ENPC/CATN/CTAS Updates: September 2014

By Margaret Dymond

Reminder: NCAC email courses@nena.ca

Director of Training, NENA BOD

This is a new position on the NENA Board of Directors. The role description includes:

- Executing training programs within corporate strategic goals
- Monitoring courses including tracking information, costs, effectiveness, and feedback
- Analyzing and evaluating courses for strengths and areas of improvement to promote delivery of courses
- Providing reports on courses to the NENA BOD
- Participating in contract negotiations with external partners
- Assisting with the reconciliation of course funds
- Providing coaching and leadership for the National Course Administration Committee (NCAC)
- Acting as a liaison for NCAC to the NENA BOD

Current activities in this role include supporting the rollout of the seventh edition TNCC across Canada. Negotiations with ENA are ongoing including updating the TNCC/ENPC contract and French translation of course materials.

Chair NCAC – Ann Hogan

NCAC Eastern Representative needed

A vacancy exists on NCAC for an eastern rep. NCAC is actively recruiting. The deadline for submission of applications is December 15, 2014. The announcement of the successful candidate will be in the winter 2015. Positions are three-year terms with a possibility of one renewal term.

The criteria and process for applying are in the NCAC manual. A copy can be sent to you by emailing courses@nena.ca or on the NENA website.

Criteria highlights:

- Must be a current Instructor Trainer in TNCC or ENPC
- Must be from Eastern Canada (PE, NB, NS, or NL)
- Must be a NENA member

- Must be available to attend in-person meetings at minimum once per year
- Must be committed to course dissemination
- A commitment of one to two hours per week to work on committee work

Qualified and interested individuals are to send the following documents to the NCAC chair Ann Hogan via email (ann.hogan@horizonnb.ca):

- Evidence of instructor trainer status in TNCC or ENPC
- Letter of support or endorsement from your provincial emergency nursing body
- Cover letter indicating your interest and rationale becoming an NCAC member
- Your current CV

NENA website

Course directors can search “NCAC” and locate the current edition of the TNCC/ENPC course manual and newsletter. CTAS information is located on the CAEP website under the “Resources” tab.

CTAS

Current CTAS instructors receive a username and password to access course teaching materials which are located on the CAEP website. Please be certain that you are always using the most current version of CTAS course forms by downloading them from the website prior to each course.

The next CTAS revision is scheduled to be released in early 2016. Your feedback, suggestions for revisions or contributions of case studies are welcomed at ctas@nena.ca

TNCC 7th Edition

With the addition of online learning modules for TNCC it is strongly suggested that the students receive their manual and instructors at least four weeks prior to the courses. This will allow time for completion of the pre-course material.

Instructor update news

The deadline has been extended to December 31, 2014, for TNCC instructors to complete the 7th edition update.

TNCC update reminders for those still needing to update:

- Canadian instructors should approach their respective employers for funding

the 7th edition provider manuals and instructor supplements

- If you are a current 4th edition ENPC instructor, this TNCC instructor update process is similar to the 4th edition ENPC rollout in 2012
- Instructors should spend time reading the TNCC 7th edition manual before going online to do the modules and exam. The online modules will highlight the changes to the course. You are required to complete all online modules
- The exam is timed: you will have 75 minutes to complete the exam. You will receive immediate feedback on any questions answered incorrectly. Pass mark is 80%. If you do not achieve the 80% pass mark on the first attempt, you will have one more opportunity

Information for course directors:

- Once TNCC course directors are updated, they will get access to the course forms, slides, and exams online on the ENA website
- Course directors should check the ENA.org website for recent updates to the 7th edition TNCC exam
- ENA does not permit the posting of the TNCC 7th edition pre-course exam online. An option would be to send a paper copy with the manual and pre-course letter
- All TNCC courses are now to be offered in the 7th edition format

Course directors for ENPC/TNCC

- A current form used for submitting fees to NENA is available by emailing a request to courses@nena.ca This information cannot be published on the NENA website due to contract obligations to ENA
- New course directors: A course director mentoring form is available with the course forms on the ENA website under the course director only portion of the site. It is to be completed and sent to ENA when current course directors mentor new course directors

Course paperwork:

- Please follow the **post-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 properly reflect the instructor evaluations

- The **exam scantron** forms were updated two years ago. Only forms numbered 103516-11 should be used. All previous versions of the scantrons should be discarded
- **NENA Fees:**
 - Only send Form C and NENA fees (cheque/money order). NO other paperwork should be sent to NENA.
 - NCAC encourages course directors to keep a copy of all course documentation in case documents get lost in the mail.
 - NENA has a new treasurer. All NENA fees are to be sent to:

NENA Treasurer

**National Emergency Nurses Association
P.O. Box 365
Chilliwack, BC V2P 6J4**

- Course fees are expected to be paid within 30 days of the course. Course directors will be receiving email notification for fees outstanding

Course fees to NENA via PayPal is currently under review

NENA is currently looking at the feasibility of paying NENA fees for courses through PayPal. Notification will be sent to course directors once this form of electronic payment is live on the website.

Course applications and approvals

- Once a course is applied for with ENA, ENA checks that the course director and instructors meet the requirements for teaching. Instructors must teach once every 18 months and have

satisfactory instructor evaluations to be eligible to teach

- NCAC reps receive a list of approved courses in Canada on a weekly basis. NCAC will check to ensure that the course director is a NENA member. **Course directors are responsible to ensure their instructors are NENA members**
- Re-verification courses for ENPC 4th edition and TNCC 7th edition no longer exist. Course participants may challenge the course, but this is at the discretion of the course director

ENA 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.

ENPC 4th edition news

All current ENPC instructors should have received a revised provider manual by mail from ENA. Please contact ENA if you have not received your manual.

It is very important that course directors go to the course director only section of the ENA website to review the revised material that was posted in July 2014. The ENPC 4th edition exams and some of the slides have been revised. The clinical intervention stations have now been incorporated into some of the lectures. Course directors can find the revised slides and exams on the ENA website.

French translation progress: ENPC 4th edition/TNCC 7th edition

Translation of both courses is still being considered by ENA. ENA has formed an International Advisory Committee. The NENA president, Jan Calnan, is the Canadian representative on the newly formed committee. Until the translated materials are available, TNCC and ENPC instructors who teach the programs in French may use the existing translated materials for 3rd edition ENPC and 6th edition TNCC until December 31, 2014.

Course for Advanced Trauma Nursing (CATN)

The revision process continues. ENA will announce the launch date when the revision process is completed.

Join us on Twitter @NCAC3 

NCAC Contact Information

Ann Hogan, Chair:

Ann.Hogan@horizonnb.ca

Eastern Rep: *Vacant*

Erin Musgrave, CTAS Rep: ctas@nena.ca

Brenda Lambert, Central Rep:

Lambertbrenda17@gmail.com

Denis Bouchard, Quebec Rep:

bouchardsante@gmail.com

Monique Mclaughlin, Western Rep:

monique.mclaughlin@vch.ca

NCAC generic email: courses@nena.ca


CTAS generic email: ctas@nena.ca

NENA AT WORK

NENA Bursary recipients: The value of a bursary

Certification in emergency nursing is very important to me and an issue that I am passionate about. I feel that specialty certification is a way to promote the specialized knowledge in emergency nursing. Nursing is in a continual state of change with improvements in the way we give care to our patients. It is imperative that we give our patients the benefit of our knowledge and keep current with the latest knowledge and best practice. One of the ways of doing this is through certification.

One of the ways to re-certify my Emergency Nursing Certificate (Canada) with the CNA was through continuing education. I have attended many courses and seminars throughout my career to maintain and augment my knowledge base, not only to keep me current, but as a life-long learner. I feel this is a way to become a specialist in emergency nursing, a way to mentor new nurses into our specialty and to lead by example amongst the staff I work with daily.

Specialty certification tells me that I have the knowledge to continue working in the emergency department, and keeping this certification current means that I have to keep my eyes and ears open to the opportunities that abound for ways to improve not only my knowledge, but also the care that I provide to my patients and their families. I care enough to give my very best and certification is one of the ways that I feel I can do this. 

**Pat Mercer-Deadman, RN, ENC(C)
March 13, 2014**

Knowledge translation: Passing it on to ER nurses and the consumer “patient satisfaction”

As a staff educator in the emergency department it is my responsibility to stay current with the constantly changing aspects of emergency nursing. It is important to make continuing education a priority for myself, so I can better inform both my colleagues and the patients who access health care in our emergency room.

In the past I have attended NENA conferences and I share the information with staff nurses when I am teaching/facilitating ACLS, CTAS, TNCC and ENPC. Outlined below are two instances that demonstrate how easily knowledge gained at a conference can be disseminated and implemented clinically.

Patients as Consumers was a key note address presented at NENA 2013. It

reflected that patients should be treated as consumers, and made to feel welcome! People remember how you make them feel... so, when I am orientating staff I share this story in hopes that it will challenge them to think about the care they provide, as well as their manner of delivery.

I attended a presentation in 2012 at NENA where I heard about a program that was initiated in British Columbia to teach parents about infants' crying patterns and how it was normal for babies to cry. Some babies were called high criers and this was normal for them. Providing this education to new parents helped them cope and better understand their child was not sick. I have shared this with some of my novice nurses and also have shared it with some new parents who present to triage with a child who is a “high crier”.

There is value in networking and meeting other ER nurses, learning how other

emergency departments operate and provide care. Discussing challenges and solutions experienced by other emergency departments prompts me to ask myself, is there something we could do different or better? Our mandate, as ER nurses, is to care, reassure, and educate patients and families during their times of crisis. This can be best accomplished by staying current in our practice.

Knowledge translation is an important part of my job, as staff educator. The 2014 NENA conference has many topics relevant to my professional practice, such as “Challenges with Orientation”, “Pediatric Mental Health” and “Legal & Ethical Issues”.

Respectfully
Debra Pitts RBNB, ENC(C)
Staff Educator
Emergency Program
Horizon Health Network
Saint John, NB

Looking for a new challenge and educational opportunity, I applied and was a successful applicant in the STARS Critical Care Academe. I graduated this past December and am grateful for the experience.

It has changed how I look at my job, how I care for my patients, given me a new skill set and, most importantly, increased my passion for emergency/critical care nursing. It was refreshing to be surrounded

by colleagues from both the nursing (ICU and ER) and pre-hospital setting (paramedics) from across Alberta, Saskatchewan, and Manitoba who are passionate about their careers and were there for a common goal: to learn more.

This program has instilled confidence into me. It has cemented the knowledge I already had going into the program, as well as exposing me to new ideas, care frames and advanced knowledge. It has

and will continue to change how I look after the critically ill emergency patients by increasing my critical thinking and knowledge base. I feel my patients' outcomes will improve, as I am now more prepared as to what to expect. It is also my hope that I will be able to share and teach my colleagues this newly acquired knowledge, as the opportunities arise.

Christine Maxwell, RN, BN, ENC(C)

Improving outcomes in emergency care

The Master of Public Administration Program assists with policy development, strategic direction, operation and financial management (www.dal.ca/masterofpublicadministration). As a frontline emergency nurse, I equated improving outcomes with individual patient results using evidence-based practice, “tried and true” methods, education and skill. My management career has allowed me to see health care from a different perspective, one where policies are born, strategic directions are developed and operational decisions made—each of these looking to improve outcomes.

Improving outcomes within emergency care is most often identified within the department/unit by morbidity/mortality, as well as data that can be mined from EDIS systems. However, outcomes need to be measured using a variety of tools that reflect strategic direction, operation requirements, and cost, as well as the above criteria. For example, exploring patient satisfaction with both strategic and operational requirements, specifically, rates for LWBS. These numbers need to be looked from a variety of perspectives—other patients in the area, staff and physician requirements, acuity levels and patient expectation—increased expectations require a different

approach that targets public policy and education, for example.

It is my professional goal to develop the skills and knowledge offered by this program to improve patient outcomes in the emergency care setting by using public policy, strategic direction, management skills, as well as my years as a frontline care provider. In these times of fiscal restraint and declining nursing numbers, there is an increased requirement to use a variety of methods to improve outcomes.

Thank you in advance for your consideration,

Tanya Penney, RN, BScN, ENC(C)
Tanya.penney@cdha.nshealth.ca

NENA 2014 Pan-American Conference

April 27–29, 2014 • Toronto, Ontario, Canada



NENA AT WORK

NENA Awards/Bursaries/Lifetime Recipients

YEAR 2014

Awards and Bursaries:

Christine Maxwell, Alberta
Debra Pitts, New Brunswick
Pat Mercer-Deadman, Alberta
Tanya Penney, Nova Scotia

Awards of Recognition

Glenn Perchie, Saskatchewan,
Executive Director
Emergency and EMS, Regina
Qu'Appelle Health Region,
Regina SK
Brent Hobbs, Director of
Transport Services, Interior
Health, Southern BC

NENA Honourary Lifetime Membership Awards

Pat Walsh, Retired,
Newfoundland
Carla Policichio, Retired,
Alberta
Helen Grimm, Saskatchewan

YEAR 2013

Awards and Bursaries

Lori Quinn, British Columbia
Andree Lineker, British
Columbia
NENA Newfoundland
Sherry Uribe, British Columbia

NENA Honourary Lifetime Membership Awards

Tania Agnot Johnston,
Manitoba
Jerry Bell, Saskatchewan
Ann Casey, Newfoundland
Anne Cessford, British
Columbia
Val Eden, Nova Scotia
Karen Johnson, Ontario
Karen Latosek, Alberta
Linda McCracken Alberta
Carole Rush, Alberta

YEAR 2012

Awards and Bursaries

Kathleen Murray, British
Columbia
Dawn Paterson, Alberta
Carole Rush, Alberta
Sherry Stackhouse, British
Columbia
Jack Benes, Ontario
Janice Spivey, Ontario

NENA Honourary Lifetime Membership Awards

Louise LeBlanc, Ontario
Gina Dingwall, British
Columbia
Betty-Lou Kindlemann, Alberta
Lorraine Wuori, British
Columbia
Donna Rae, Saskatchewan
Sandra Easton, Ontario
Bonita Bates, Ontario
Patricia Kaspro, Ontario

YEAR 2011

Awards and Bursaries

David Conroy, British
Columbia
Heidi Krahn, Alberta
Colleen Brayman, British
Columbia; Award of
Excellence in Emergency
Nursing-Education
Paula Mayer, Saskatchewan;
Award of Excellence
in Emergency
Nursing—Administration
Claire Thibault, Quebec;
Award for Commitment to
Excellence in Emergency
Nursing
Denise Kudirka, Quebec;
Award for Commitment to
Excellence in Emergency
Nursing
Gary Pronych, Saskatchewan;
Award for Service to NENA
and to Emergency Nursing
Lori Ann Lonergan, British
Columbia; Marg Smith
Award for Pediatric Nursing
Education

Tribute to Debbie Cotton

On August 5, 2014, the Nova Scotia nursing community lost a valued colleague and friend. Debbie Cotton was a huge influence in emergency nursing not only within the province, but also across Canada. From her early days as a staff nurse in Strait Richmond Emergency Department until her retirement in 2012, as Education Coordinator in DHA 7 (GASHA), Debbie worked tirelessly to deliver continuing professional development for emergency nurses. Debbie was a long-time member of NSENA and NENA, sitting on provincial and national committees and boards. Debbie was always in front of the line ensuring that Canadian Emergency Nurses had the opportunity to develop their knowledge and skills. She was a member of the original group of emergency nurses who were responsible for introducing TNCC and ENPC into Canada. In fact, through her persistence and collaborative nature, Debbie was instrumental in introducing TNCC into Quebec (Montreal 2001) and ENPC in 2013. Debbie also coordinated the first ENPC course in NFLD in 2013, as well. Debbie was a co-developer of the CAMAN AIME for Nurses Program in 2005 and was one of two main instructors since its development. As a member of the CTAS Education subcommittee, she worked many hours to help develop and deliver CTAS courses across Canada.

In addition to being a member of the CTAS Education subcommittee, Debbie was a long-time member of the national NCAC committee. Within the province, Debbie sat on a number of provincial committees and, as a member, she brought to the table her strong commitment to emergency nursing and continuing education.

Debbie, over the years, taught hundreds if not thousands of emergency nurses across Canada. Her contributions to emergency nursing are invaluable. While her focus was on emergency nursing, Debbie had a firm belief that all members of the ED team

were important to positive patient outcomes. She believed in collaborative and interprofessional practice.

As the Education Coordinator in GASHA, Debbie was known for her passion and dedication to providing education to nursing staff. She has been described by one colleague as demonstrating an exceptional ability to present and explain complex situations and procedures due, in part, to her considerable knowledge of the subject area. Another colleague remarks that she cared deeply for the frontline nurses and she wanted them to understand as much about emergency nursing as they could. She would spend extra time with anyone who was struggling in a course to make sure they were comfortable and successful. She was a role model to all nurses to continue to pursue their journey of lifelong learning. She was a role model, a preceptor and a mentor to many frontline nurses and educators.

Debbie was the recipient of several awards that acknowledged her commitment and passion to nursing education, as well as her passion for teaching and mentoring other educators. For example, Debbie was awarded the Excellence in Nursing Practice Award from the College of Registered Nurses of Nova Scotia in 2009 that recognized her contribution to the profession, her dedication and commitment as an educator. As a Clinical Educator, Debbie was a role model for other educators around the province. She inspired many to pursue a career in emergency education.

On the personal side, all of us who spent time teaching with Debbie remarked about her amazing and unique organizational abilities, her joy in teaching, and her generosity in mentoring other educators to be the best educators they can be. She had a style of teaching and wealth of knowledge that made you want to teach like her.

While Debbie believed in providing the best education possible, she instilled the importance of having fun both during a course and afterwards.



Debbie loved sharing a good meal with extra desserts, especially specialty coffees. Stories have been shared about the adventures of teaching courses throughout the Maritimes... the road trips, snow storms, debriefings and sharing common lessons during and after a course, lying on beds with laptops at the ready. Those trips have led to lasting friendships among her cadre of nurse educators.

If you shared a room with Debbie, you learned that she was an early riser (0500 hours) and often she would go for an early morning stroll in whatever city she happened to be in. She would return to tell about the local coffee shops or a particular restaurant that she wanted to try out. She is remembered for her beautiful smile, her kind heart, her sense of humour, the big bold earrings, her bright lipstick, sweater and socks and the ever-present fanny pack. She loved her family, running, which she began later in life, travelling to far places, archeology, history and Elvis Presley Gospel music.

As the fall line-up of emergency courses began, one of Debbie's teaching colleagues remarked that teaching this fall will not be the same without Debbie here to support us all. Another colleague stated we have the memories she helped to create and the skills that she helped us develop. That is her legacy. 