

outlook

the official journal of the National Emergency Nurses' Affiliation Inc.



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Editor's message

In the spring issue, I had asked that nurses share their ideas or suggestions that their emergency departments have tried in order to deal with overcrowding and bed blocking. For this issue, I thought that I would share one idea that my hospital had initiated a few months ago. This is "early morning bed rounds". While the original concept is that the nurse managers and physicians meet each morning to review the bed status within the hospital, we took the idea one step further. Our daily bed rounds consist of the Bed Utilization Manager, the Emergency Department Clinical Leader and the charge nurses from the inpatient nursing units, Transitional Care Unit, the CCU/ICU and the Surgical Suite. Our belief is that the charge nurses are responsible for the operations of the unit, therefore it is more appropriate that they attend these meetings. The group meets at 0830 hours each morning to review the admissions and the "overnights" in emergency, the number of day surgeries, the number of available beds, the actual and potential discharges from each of the nursing units, and the number of available CCU/ICU beds and the number of patients who can "come out" of the unit.

Initially, there was some resistance to the idea of the rounds because it would take the charge nurses away from a busy nursing unit. However, the rounds last 20 to 30 minutes max. This time has become invaluable to the charge nurse group as it allows them an opportunity to plan their day as members of a larger group. For those days when beds are at a premium, the group reviews their options and

develops a game plan that will maximize the available beds and staff. When the hospital is full, the Bed Utilization Manager may call another meeting for early afternoon to update all units and to consider the plan for the evening and night.


While we have not been able to quantify these meetings, the group agrees that the communication has significantly improved among the staff, and that everyone receives the same message. It also provides a plan that can be communicated to the physicians. Overall, it has improved patient flow from the emergency department because admitted patients are prioritized for available beds.

Recently, the palliative care nurse and the emergency discharge planning nurse have begun to attend the meetings. The palliative care nurse reviews those patients who are currently in hospital, which patients may be discharged and patients waiting to come into hospital. The discharge planning nurse provides consultation to the charge nurses about difficult to discharge patients or patients waiting in the ED who have multiple care needs.

Both staff provide valuable information and support to the meetings.

As we all know, there is not one solution to the overcrowding issue in the ED. However, this is one idea in which the problem of overcrowding becomes a hospital issue and not just an issue for the emergency department. This idea actively involves hospital staff to

develop and implement a patient flow plan for the day.

What ideas or suggestions has your emergency department implemented to improve patient flow? Please share your comments, ideas and suggestions with other emergency nurses. 

Valerie Eden

Letter to the editor...

" Just saw the spring issue of outlook and I wanted to pass on my compliments... it looks great. The "tidbits and trivia" bad shift checklist is pretty funny. Kudos to you and the editorial board and other executives!

Jody Smith, Membership and Services Co-ordinator, Registered Nurses Association of Ontario

The NENA Research Committee - Database of Nursing Research

The NENA research committee is in the process of starting a database of emergency nursing research across the country. It is our hope that such a tool will serve as a resource for nurses across the country, helping us to share information and learn from each other.

- If you know of some important research that has been done or is going on, drop us a line and let us know!
- If you have read any studies which apply to emergency nursing practice, let us know or write us a summary of the work that we can put in **Outlook** or on the website.
- If you or someone you know is currently engaged in a project, we would love to hear about the work, and would be happy to post an abstract!


Please send information to: Clay Gillrie – Chair, NENA research committee, cgillrie@telus.net or clay_gillrie@bcit.ca, 160 52A St., Tsawwassen, BC V4M-3P6, (604) 948-2981 

New additions to the editorial staff

As editor for **Outlook**, I am pleased to announce that there are two new section editors. They are Carole Rush who has agreed to be the *Trauma Corner* section editor. Carole can be reached at the following e-mail address: Carole.Rush@CalgaryHealthRegion.ca.

The *Trauma Corner* will continue to feature articles on trauma, but will also feature stories on injury prevention.

The second new addition is Judy Skanderup who is section editor for *Ideas@Work: Pediatrics*. Judy is currently a NENA board member representing Alberta. She can be reached at e-mail: sskander@eidnet.org.

Please e-mail any of the section editors or me for ideas, submissions or for help with an idea or article. 



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Outlook is the official publication of the National Emergency Nurses' Affiliation. Articles, news items and illustrations relating to emergency nursing are welcome.

Outlook is published two times per year. Opinions expressed are not necessarily those of NENA, or of the editor. NENA reserves the right to edit information submitted for publication. The use by any means of an article, or part thereof, published in **Outlook**, is an infringement of copyright law. Requests for written consent prior to reprinting of any article, or part thereof, should be addressed to the editor.

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President's message


Historically, the national conference has been held every two years. This was due in part to the fact that the national association was young and there were fewer members. Not all of the provincial associations believed that they could mount such an endeavour. However, over the years there has been a steady growth in membership such that even provincial regional conferences are attracting emergency nurses from across the country. It has become evident that there is a strong interest by the membership for a national conference.

With that in mind, the provincial directors and the executive of NENA have determined that the yearly conference will be a national conference which emergency nurses can attend to network, learn and share experiences. This is yet another step that shows

emergency nursing is evolving and growing stronger with each passing year.

This was confirmed by the positive response that PEIENA had to their regional conference – there were more than 150 registered participants. There was nursing representation from across Canada. The conference theme was the “nuts and bolts of emergency nursing”. Topics addressed such diverse concerns as SARS, infection control and drug awareness. Nursing roles such as forensic nursing and psychiatric assessment nurse were also discussed. During breaks, groups of nurses could be seen talking and discovering that their issues were not so different no matter where they worked. The hospitality displayed by the host committee was outstanding. All conference participants enjoyed their stay on the “Island”.



Next spring, the national conference will be in Kelowna, BC on May 14 and 15, 2005. On behalf of the host committee, NENA board of directors and executive, I want to take the opportunity to extend an invitation to you to join us for the conference next year. 

Carla Policchio

Meet the president-elect

Looking back on my 31-year nursing career, I have done so very much: I was a medicine, respiratory, cardiac step-down and CC nurse while I was but a baby nurse. I went on to work as a lab nurse, doing venipuncture and ECGs. I have been an office nurse for two family physicians, as well as a camp nurse for the Easter Seal Society. I have done home nursing for the VON and have taught coronary care nursing for a community college. I have been fortunate to have an incredibly broad base in my nursing skills, knowledge and practice. However, all of these were small stepping stones to what became my true professional love. I am an emergency nurse, and I am very proud of that. I have been a practising nurse for 31 years and 23 of those years have been as a full-time emergency nurse. I am an


emergency staff nurse by choice because I love it and I am good at it!

I have been married to Robert for nearly 32 years. We have two grown children, Steven (28) and Amber (20) and we have two grandchildren Dylan (5) and Kathleen (13 months).

Emergency nursing is not only my profession, but also my passion. I have been an ENAO and NENA member for many years. I have served the Emergency Nurses of Ontario (ENAO) for several years as District Coordinator for District C and, for the last three years, I have been president of ENAO.

My vision for Ontario has been “Recruitment through Retention”. I believe every emergency nurse is an ambassador for both their national and provincial professional organizations and

thus, every emergency nurse is responsible for retention and recruitment of members to their professional organizations.

I am honoured to have been acclaimed to the position of NENA president-elect. I thank you for your trust and support. I look forward to my continuing years of dedication and service to and for Canada's emergency nurses. 

Jan Spivey



**Help to celebrate Emergency Nurses Week,
October 10-16, 2004. This year's theme is
*Emergency Nurses a tradition of excellence.***

Memories from PEI - The Nuts and Bolts of Emergency Nursing



Some memories from the recent NENA conference in Charlottetown, clockwise from top right: Conference chair Celie Walsh-Gallison; Carla Policicchio makes her opening remarks; Clifford Lee, mayor of Charlottetown welcomes delegates; CNA president Rob Calnan presents the plenary speech; Debbie Cotton, Carla Policicchio and Celie Walsh-Gallison enjoy a traditional PEI lobster dinner; a typical scene in PEI; the War Memorial and Province House, the birthplace of confederation; Irene Osinchuk and Lisa Powell in front of the Confederation Bridge linking PEI and New Brunswick; the official opening of the conference.



Bursaries and awards

At the spring AGM, seven educational bursaries were awarded to the following emergency nurses. Congratulations!

Manitoba: Irene Osinchuk, Winnipeg;
Ontario: Angela MacDonald, Kingston, Edward Sellars, Oshawa, Yvonne Baur, Windsor; **Saskatchewan:** Mari Elena Guerrero-O'Neill, Regina;
NFLD and Labrador: Margaret Colbourne, Corner Brooke; **BOD bursary:** Anne Cessford, BC.

This year, only one **Award of Excellence for Nursing Practice** was granted. The recipient of this award is Pauline Sampson from Nova Scotia. Congratulations Pauline!

The Marg Smith Bursary for Pediatric Nursing Education

For the first time this year, the Marg Smith bursary award for pediatric nursing was awarded to Kathy



Woloshyn, Manitoba. This bursary was named for Marg Smith, a former board member. At the AGM, we were blessed to have Marg's husband Bob, photo below left, present for this presentation. Bob told the audience that Marg valued learning and that she held a special place for children throughout her career.



Kathy Woloshyn, left, has been nursing since 1982. The majority of her career has been spent in pediatric emergency nursing. She has been a staff


nurse, a nurse manager and an educator. Since 2002, Kathy has been an instructor in the Specialty Programs at Health Sciences Centre in Winnipeg. As an instructor, Kathy has participated in the development and implementation of course curriculum with a focus on pediatric emergency. She is an instructor for a web-based advanced pediatric/neonatal assessment course and she is also responsible for orientation and the ongoing development of emergency nurses. Kathy has also served on various hospital, provincial and national committees.

Congratulations Kathy for being the first recipient of this bursary! 

NENA 2003-2004 financial report

INCOME	Actual	Budget	Variance
Fundraising	\$11,244.20	\$4,000.00	\$7,244.20
Grants	\$0.00	\$0.00	\$0.00
Indirect Fees: ENPC	\$17,890.00	\$21,300.00	(\$3,410.00)
Indirect Fees: TNCC	\$47,950.00	\$50,700.00	(\$2,750.00)
Indirect Fees: CATN	\$600.00	\$1,200.00	(\$600.00)
Interest Income	\$306.78	\$300.00	\$6.78
Member Fees	\$28,100.00	\$30,140.00	(\$2,040.00)
Advertising	\$2,840.00	\$3,000.00	(\$160.00)
Misc. Income	\$4,105.30	\$5,500.00	(\$1,394.70)
TOTAL INCOME :	\$113,036.28	\$116,140.00	(\$3,103.72)
EXPENSES:	Actual	Budget	Variance
Awards	\$0.00	\$0.00	\$0.00
Advertising	\$0.00	\$500.00	\$500.00
Bank Charges	\$358.66	\$200.00	(\$158.66)
Board Meetings	\$11,447.47	\$22,000.00	\$10,552.53
Bursaries	\$0.00	\$5,250.00	\$5,250.00
CNA Fees	\$0.00	\$240.00	\$240.00
Committee Meetings	\$31,989.20	\$24,500.00	(\$7,489.20)
Gifts	\$100.00	\$200.00	\$100.00
Interest Paid	\$0.00	\$0.00	\$0.00
Legal	\$30.00	\$150.00	\$120.00
Office Expense	\$9,337.97	\$12,050.00	\$2,712.03
Programs	\$75.00	\$7,000.00	\$6,925.00
Promotions	\$0.00	\$1,080.00	\$1,080.00
Public Relations	\$16,637.10	\$13,000.00	(\$3,637.10)
Reimbursements: ENPC	\$5,000.00	\$6,900.00	\$1,900.00
Reimbursements: TNCC	\$14,500.00	\$16,700.00	\$2,200.00
Reimbursements: CATN	\$200.00	\$400.00	\$200.00
Misc	\$750.00	\$0.00	(\$750.00)
TOTAL EXPENSES:	\$90,425.40	\$110,170.00	\$19,744.60
INCOME/LOSS POSITION:		\$22,610.88	

Website news

The new website went officially "online" July 1, 2004. To access the entire site, you must be a NENA member, which means you must be a member of your provincial emergency nursing association. All you have to do is go to the site and follow the links to the registration page. An e-mail will be sent to you acknowledging that you have registered for membership and that you must pay your membership fee. An e-mail will also be sent to your provincial association membership person. Once the membership person has received your membership fee, you will receive a second e-mail that will provide you with a password. That's all it takes! 

Partnerships, National NENA Conference

May 13-15, 2005, Kelowna, BC. For further information, contact Clay Gillrie: clay_gillrie@bcit.ca

CALL FOR ABSTRACTS

NENA National Conference – May 13-15, 2005

Kelowna, British Columbia

Partnerships

Emergency Nurses Working Hand in Hand with CARE (Clinical, Administration, Research, and Education)

The National Emergency Nurses' Affiliation, Inc. (NENA) is proud to announce a Call for Abstracts for our National Conference in May, 2005. The NENA National Conference will be held in Kelowna, British Columbia, at the Coast Capri Hotel. The theme of the conference is **Partnerships**, with a focus on clinical practice, administration, education and research. The goal is for clinicians to share important insights, or "pearls" that derive directly from their practice or research.

We invite the submission of abstracts for poster presentations, individual podium presentations, workshops, and symposia. All submissions will undergo peer review as a part of the abstract selection process. The **deadline for submission is November 15, 2004**. Presenters will be notified by January 1, 2005.

If an abstract is selected for presentation at the conference, the presenter will be required to submit his or her slides in advance for the conference syllabus. Any commercial sponsorship must be disclosed, in writing, upon submission of the abstract.

Abstract instructions

1. Please submit the abstract in English.
2. The abstract should be typed.
3. There is a 500-word maximum.
4. The abstract should include: title; purpose; summary of the content; implications for practice; and main focus (i.e., education, clinical practice, research, and/or administration). *This information will be used in the conference brochure to describe your paper/poster presentation, workshop, or symposia.*
5. The abstract should include a cover page which identifies: the title of the abstract, the author's name(s), credentials, present position, address for correspondence, e-mail address, and home/work phone numbers.
6. Electronic submission is required.

We hope NENA members, as well as other interested parties, will utilize this forum to present their important clinical insights and in doing so, help advance the care of patients. Our intent is to encourage all interested NENA members to participate in the sharing of information and the scientific and clinical discourse that is so vital to any specialty practice group.

Please submit your 500-word abstract, by November 1, 2004, to the abstract review committee:

Clay Gillrie
Conference Chair
ENGBC President
Telephone: 604-948-2981 (home) or 604-451-7078 (work)
cgillrie@bcit.ca or cgillrie@telus.net

✧ The executive and board of NENA thank departing board members Anne Cessford (past-president), Troy Sebastian (Alberta), Celie Walsh- Gallison (PEI) and Debbie Cotton (Nova Scotia) for their contribution to the continuing growth and development of emergency nursing in Canada.

✧ The executive and board of NENA welcome new members Judy Skanderup (AB), Cynthia Bryantor (PEI) and Linda Jackson (Nova Scotia).


✧ To the conference planning group of PEIENA for a job well done! The conference was excellent and the hospitality was wonderful.

*"Bouquets" is dedicated to celebrating the achievements of NENA members. If you would like to send a bouquet to a NENA member, contact the communication officer, Valerie Eden, 34 Bow Street, Dartmouth, NS, B2Y 4P6
(H) 902 461-1897; (W) 902 465-8340; fax: 902 465-8435; e-mail: valeden@hfx.eastlink.ca.*

NTC name change

During the May 2004 board of directors meeting, the NTC committee recommended that its name be changed to National Course Administration Committee (NCAC) to reflect more accurately the mandate of the committee, which is to administer, deliver and evaluate TNCC, ENPC and CATN and all NENA sponsored courses such as Peds CTAS and adult CTAS.

NCAC needs new members

If you would like to become a member of this committee, you must be a NENA member, an Instructor Trainer in either ENPC/TNCC or a course director in CATN II and have current emergency nursing experience in either practice, education, administration or research. If you meet these criteria, please e-mail Karen Latoszek: Klatosze@cha.ab.ca 

NENA's "Win a trip to the national conference" contest rules

NENA Inc. will biannually sponsor a NENA member's attendance at the national conference/AGM, for an article published in **Outlook**. The winner will be chosen by lottery.

1. The contest will be advertised in **Outlook**.
2. Provincial representatives are encouraged to promote the contest among their membership.
3. Articles must be submitted directly from the author. Provincial newsletters forwarded to the communication officer for selection of items to include in **Outlook** will not be considered in the lottery. Please refer to the submission guidelines included with this issue.
4. Primary author's name will be entered into the draw (in the event of multiple authors).
5. Names will be entered into the draw beginning with the winter 2003 edition of **Outlook** and ending with the winter edition of 2005.
6. The communication officer will maintain a record of names entered into the lottery.
7. The NENA president will randomly draw the name of the winner.
8. The NENA president (or delegate) will notify the winner and will communicate with the winner to ensure conference registration, hotel booking at the convention rate, and travel arrangements are made at the most economical rate to the maximum value of \$2,000.00.
9. The draw will occur in January prior to the national NENA conference to allow the winner to arrange his or her time off to attend. In addition, this allows time to obtain the best fares and booking of a hotel room at conference rates.
10. The winner of the lottery will have three weeks in which to accept his or her prize. In the event the winner is unable to claim his or her prize, a second name will be drawn. The prize is non-transferable.
11. The winner will make his or her own travel arrangements.
12. The winner's name will be published in **Outlook**.
13. The winner must be a NENA member at the time of submission.
14. NENA board of directors and **Outlook** section editors are exempt.
15. Articles are published at the discretion of the communication officer.
16. NENA board of directors has approved the contest rules.

The next National Emergency Nurses Conference is in British Columbia in 2005. 

The NENA Bursary

NENA recognizes the need to promote excellence in emergency care, and, to this end, to provide financial aid to its members. NENA will set aside a predetermined amount of monies annually with the mandate of providing a high standard of emergency care throughout Canada. All sections of the emergency nursing team are eligible for consideration including staff nurses, managers and educators.

Applications must be submitted prior to the spring board of directors meeting of NENA for review by the standing committee for bursary disbursements. On April 1 of each year the number of bursaries awarded will be determined by the number of registered members per province for that NENA fiscal year i.e.:

- 1-99 members - 1 bursary
- 100-199 members - 2 bursaries
- 200-299 members - 3 bursaries
- 300-399 members - 4 bursaries
- 400-499 members - 5 bursaries
- 500-599 members - 6 bursaries
- 600 + members - 7 bursaries

One bursary is to be available to NENA board of directors members and one bursary per year will be available to an independent member.

Successful candidates can only receive a bursary once every three years.

NENA Bursary application process

Each candidate will be reviewed on an individual basis and awarded a number of points as set out below:

1. Number of years as a NENA member in good standing
 - 2 years1 point
 - 3-5 years2 points
 - 6-9 years3 points
 - 10 + years5 points

2. Involvement in emergency nursing associations/groups/committees:

- Provincial member1 point
- Provincial chairperson2 points
- Special projects/committee
 - provincial executive3 points
- National executive/ chairperson5 points

3. Candidates with certification in emergency nursing and/or involved in nursing research will receive an additional five points.

If two candidates receive an equal number of points, the committee will choose the successful candidate. All decisions of the bursary committee are final.

Each application will be reviewed once per spring board meeting.

Preference will be given to actively involved members of NENA and those actively pursuing a career in emergency nursing. Those members requesting assistance for emergency nursing certification, TNCC, ENPC, CATN, as well as undergraduate or post-graduate studies that would enhance emergency care will also receive preference.

Candidates must have completed Forms A, B and C (included with this issue of **Outlook**). The provincial director may forward applications at the spring board meetings.

Any incomplete forms will be returned to the provincial director for correction if possible.

Eligibility

- Current RN status in respective province or territory. (Proof of registration required.)
- Active member in NENA Inc. for at least **two** consecutive years. (Proof of membership required.)

- Working at present in an emergency setting which may include:
 - Emergency department
 - Nursing station
 - Pre-hospital
 - Outpost nursing
 - Flight nursing

Application process

Candidates must complete and submit the following:


- a. NENA Bursary application form "A"
- b. Bursary reference form "B"
- c. 200-word essay
- d. Photocopies of provincial registered nurse status and NENA registration

Provincial representative responsibilities:

- a. Completes bursary candidate's recommendation form "C"
- b. Ensures application forms are complete before submission
- c. Brings to board of directors meeting all completed applications

Selection process

The standing committee for bursary disbursements will:

1. Review all applications submitted by provincial representatives and award bursaries based on selection criteria.
2. Forward names of successful candidates to the board of directors for presentation. 

outlook

The NENA bursary



The NENA Awards of Excellence

Annual awards of excellence in: emergency nursing practice, emergency nursing research, emergency nursing administration, and emergency nursing education

Excellence in nursing and health care deserves recognition. By celebrating nurses' achievements in the four domains of practice, the understanding of nursing is expanded and a positive image is reinforced. The NENA Awards of Excellence program enables nurses to honour colleagues for their outstanding contributions and for demonstrating excellence in relation to the standards of nursing practice.

Following is the criteria and nomination process for NENA Awards of Excellence.

Selection process

An awards committee of NENA is appointed by the board and reviews all the nominations to determine that the criteria for each award have been met. Based on this review, the committee makes recommendations to the NENA board of directors. Awards are given to successful candidates in each category at the NENA annual general meeting.

The NENA awards committee bases its review of nominations for awards solely on the documentation submitted for each candidate. Candidates stand the best possible chance of recommendation to the board of directors for an award if the supporting materials clearly show outstanding contributions as specified.

All nominations must be submitted to a provincial representative on the NENA board of directors by January 31 in the year of the annual general meeting. The representative will

forward this information to the awards committee chairperson.

Preparing a nomination package

1. Review a copy of the candidate's résumé or curriculum vitae (CV). Use it as a guide in putting together the nomination. A current copy of the résumé or CV should be included as part of the submission. Information on the résumé should include, but not be limited to: professional association involvement, professional development, education, posters, presentations, etc.

2. There must be a minimum of two letters of support from colleagues or associates of the candidate that will strongly support the nomination. Select people who have knowledge of the candidate's exceptional achievements and/or people who provide varying perspectives about the candidate's outstanding qualities (e.g. peers, employers, students,

Outlook

Guidelines for submission

Editorial Policy

1. **Outlook** welcomes the submission of clinical and research articles, case studies, and book reviews relating to the field of emergency nursing.
2. Statements or opinions expressed in the articles and communications are those of the authors and not necessarily those of the editor, publisher 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.
3. Authors are encouraged to have their articles read by others for style and content before submission.

Preparation of Manuscripts

1. The original copy of manuscripts and supporting material should be submitted to the **NENA Outlook** editor. The author should retain one complete copy.
2. Manuscripts must be typed, double-spaced (including references), on 8 1/2" x 11" paper with adequate margins. Manuscripts longer than one page must be submitted in a disk format in Word Perfect or Word. Submissions are accepted via e-mail to the communication officer.
3. Author's name(s) and province of origin must be included.
4. Clinical articles should be limited to six 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) authorization to use the photograph of (subject's name) in the **NENA Outlook**."

Please submit articles to:
NENA Outlook Editor, 34 Bow Street,
Dartmouth, NS B2Y 4P6
valeden@hfx.eastlink.ca

Deadline dates:
February 20 and August 16

patients, other health professionals, other organizations).

3. Provide the contacts with a copy of the appropriate award criteria and ask them to: indicate why they support the candidate and how the candidate is exceptional; give specific examples indicating how the candidate meets the various criteria for the award; indicate their positions, professional relationship (etc.) with the candidate.

4. Develop a summary. Using the candidate's résumé and letters of support, prepare a summary of the candidate's achievement and highlight how the candidate meets the award criteria.

5. Complete and submit a nomination form (included with this issue) with the package.

6. Forward all submissions to the provincial director by January 31 of each year. Incomplete or late applications will not be eligible for consideration. Successful candidates will be presented with awards at the annual general meeting. In order to facilitate the process of the applications, the nominator will involve the nominee in the submission and verification of information.

Award of Excellence in Emergency Nursing Practice

This award recognizes NENA members who excel in clinical care/nursing practice. The nurse must be providing direct care for the clients in an emergency-type setting.

The candidate must excel in all major categories of practice:

1. Nursing knowledge
2. Clinical decision-making
3. Professional accountability and responsibility
4. Application of research
5. Interpersonal relationship and communication skills

Award of Excellence in Emergency Nursing Education

This award recognizes a NENA member who excels in emergency nursing education. The candidate must be providing nursing education in an emergency care setting.

I. The candidate must show outstanding performance in a majority of the following areas:

1. Lecture, demonstration, discussion, clinical or lab instruction
Demonstrates and utilizes the principles of adult learning
2. Consultation, including tutoring, advising and thesis supervision
3. Program, curriculum or course design and development
4. Innovative teaching methods
5. Educational planning and policy-making
6. Production of educational material (study guides, instructional materials and resources, audiovisual, text books).

Award of Excellence in Emergency Nursing Research

This award recognizes a registered nurse who excels in nursing research. In an effort to encourage nursing research, this category is not restricted to emergency nurses, nor is the research restricted to emergency nursing, but the findings may be transferable to the advancement of emergency nursing.

The candidate must show outstanding performance in a majority of the following areas and competent performance in the remaining areas of nursing research.

1. Research with a clinical focus and demonstrated practical application
2. Contribution to the development of nursing research as a principal investigator or research assistant, or a member of a committee receiving grant proposals, or as a member of a nursing research committee
3. Acts as a role model, mentor and a consultant to foster the development of beginning researchers
4. Evidence of external peer review evaluating the outcomes of completed research
5. Contributor to the communication of nursing research findings through presentations at conferences, public speaking engagements, consultations and publications
6. Obtains funding for nursing research based on peer review

Award of Excellence in Emergency Nursing Administration

This award recognizes a NENA member who excels in the administration of emergency nursing. The candidate must be in a management position in an emergency setting.

The candidate must excel in a majority of the following areas and show competent or better performance in the remainder.

1. Planning and implementing effective and efficient delivery of nursing services
2. Participating in the setting and carrying out of organizational goals, priorities and strategies
3. Providing for allocation, optimum use of, and evaluation of resources such that the standards of nursing practice can be met
4. Maintaining information systems appropriate for planning, budgeting, implementing, and monitoring the quality of nursing services
5. Promoting the advancement of nursing knowledge and the utilization of research findings
6. Providing leadership that is visible and proactive
7. Evaluating the effectiveness and efficiency of nursing services
8. Empowering staff through participatory management

All nominees should also fulfill the following conditions:

I. Supportive documentation must demonstrate outstanding performance in relation to the majority of the standards of nursing practice:

1. Specialized body of knowledge
2. Competent application of knowledge
3. Provision of a service to the public
4. Code of ethics
5. Self-regulation
6. Responsibility and accountability

II. The candidate must also meet all of the following general criteria:

1. Consistently demonstrates excellence as a professional nurse
2. Consistently demonstrates responsibility for professional development
3. Participates in the activities of a professional organization
4. Actively demonstrates innovative and progressive ideas in nursing
5. Acts as a role model and mentor
6. Contributes directly or indirectly to improving the quality of emergency nursing care in one's province/nation



NENA Award of Excellence application form

Forward all submissions to the provincial representatives by January 31 of each year. Incomplete or late applications will not be eligible for consideration. Successful candidates will be presented with awards at the annual general meeting. In order to facilitate the process of the applications, the nominator will involve the nominee in the submission and verification of information.

Award of Excellence in: _____

Nominee: _____ Address: _____

_____ Postal Code: _____

Phone: work (____) ____ - _____; home (____) ____ - _____; fax (____) ____ - _____

E-mail: _____

Employer: _____ Current position: _____

Nominator: _____ Address: _____

_____ Postal code: _____

Phone: work (____) ____ - _____; home (____) ____ - _____; fax (____) ____ - _____

Letter of support (1) from: _____

Letter of support (2) from: _____

Signature of nominee: _____

Signature of nominator: _____ Date: _____

Awards of Excellence

Do you have an idol? Someone who helped you through that long day, evening, or night shift in ER? Well, NENA wants to hear about them! NENA is looking for nominations for Awards of Excellence in emergency nursing. There is no limit to the number of awards that are awarded in four categories: Emergency Nursing Practice, Emergency Nursing Research, Emergency Nursing Administration, and Emergency Nursing Education.

Bosnia

By Capt. Linda Jackson, Greenwood, Nova Scotia

Today, there are military nurses deployed to Bosnia-Herzegovina as part of the Canadian SFOR NATO contingent. I have just recently served a six-month deployment in Bosnia. I was part of a two-nurse team at the Canadian Headquarter camp in Velika Kladusa or VK, its more common name.

There are approximately 300 military members and 150 civilian employees who are stationed in VK. The military members are part of the National Command Element and the National Support Element. They provide leadership, logistic, and administrative support to the Battle Group who are stationed throughout the Canadian area of operations.

The medical facility in VK can be compared to a rural emergency department. It is referred to as the UMS or unit medical station. It is staffed by a medical officer, medical technicians, nursing officers, a lab technician and an x-ray technician. There is also a three-bed holding facility that has cardiac monitoring capabilities. A typical patient will be diagnosed with gastroenteritis and require IV rehydration. However, we also cared for man with septicemia secondary to a cellulitis. He even tested positive for MRSA!

Critically ill and surgical patients are transferred to a civilian hospital two hours away in Zagreb, Croatia. Transfer is either by land or air. The Canadians have two types of ambulances: soft-skin or armour. The armour ambulance, or Bison as it is called, is a tank! Air transfers are done by the Dutch military who provide a Cougar helicopter and a medical flight team. If the patient needs to return to Canada, a Canadian medical flight team comes to pick them up by airbus.

I did get to visit a Croatian civilian hospital. There are no privacy curtains in the patient rooms! Their IV catheters are different than the protecticaths we use in Nova Scotia. They do not have saline locks. Instead, they have a port that is


part of the cathlon. They do not use pumps. They use tubing that has a flow regulator.

The Nursing Officers are responsible for running several clinics including immunization, allergy desensitization, blood pressure and nutrition. We also work in the pharmacy dispensing narcotics and other medications. We give all of the intravenous medications in the clinic. The Nursing Officers are also responsible for the medical records stored in the camp! What a paper nightmare!

The medical facilities in the camps are only able to give life-and/or limb-saving care to the local Bosnians. Part of the SFOR mandate is for Bosnia to rebuild its infrastructure including health care. However, I also worked at the R3MIMU facility in Sipovo. This is a hospital that is staffed with British, Dutch, Canadian, and Icelandic military medical professionals. It has general and orthopedic surgical abilities, an ER, 10 ward beds, and a four-bed ICU. The local Bosnians are also cared for at this facility. It is very challenging to provide medical and nursing care when one cannot speak the language. Fortunately, there are interpreters available 24/7.

As a Nursing Officer, I am not only a nurse, but also a soldier. In Bosnia, I had a 'go bag' that I had to take everywhere with me when I travelled in the country. The go bag consisted of a flak vest with bulletproof Kevlar plates, another vest that held emergency supplies including three ration packs, a Kevlar helmet, and a gas mask. I also had to carry a 9 mm pistol with a magazine of 10 bullets. No rounds in the chamber though!

Bosnia was an interesting experience. It made me realize how lucky I am to be a Canadian.

The picture below is the Bison. It is a tank that has been converted to an ambulance. There is room in the back for one nurse to care for two stretcher casualties. It actually rides very smoothly. 



Do you know how to treat someone with a bleeding disorder?

**Morna Brown, Nurse Coordinator,
Hemophilia Clinic, and Emergency Staff Nurse,
Alberta Children's Hospital, Calgary, Alberta**


An event occurred in the emergency department that hopefully will summarize what I would like to communicate to all emergency personnel.

A 20-year-old male with severe factor VIII hemophilia had ridden his bike off a four-foot loading dock, landing face first on the pavement. There apparently was a brief loss of consciousness. An onlooker called 911. Upon arrival of the paramedic crew, the patient explained his condition and asked if he could infuse his clotting factor. The patient's home was nearby. This was denied. On arrival at the emergency department, he was triaged. He was frantic that he infuse his factor right away, stating he was capable of doing so himself. This request was also refused. He was sent directly to the waiting room; no ice was offered. He applied pressure to the laceration on his forehead. At this point, the triage nurse felt he was stable. She saw a laceration that could wait, and there were more urgent cases ahead of this man. This patient was aware of the signs and seriousness of hitting his head but, unfortunately, the health care worker, with little or no awareness of hemophilia, did not understand nor listen. To a person with a bleeding disorder, this is a life-threatening bleed. Delays in administering factor concentrate could have serious consequences.

At a young age, a person with hemophilia learns to recognize and treat bleeding episodes. One bleeding episode that is potentially life-threatening and should always be treated as an emergency is a head injury. Any trauma to the head in a person with hemophilia is considered an emergency, even when there are no obvious signs and symptoms. Bleeding can take place inside the brain several days later. It is very important to treat with factor concentrate as soon as possible, and then further diagnostic tests such as a CAT scan can be ordered later.

When this patient's mother arrived in the emergency department, she explained at triage that she brought his factor with her and explained that she must infuse him. She was denied and told that a physician must assess him first and then the nurses would get the proper orders.

This was a very frustrating and unnecessary experience that could have had serious consequences. Hemophilia treatment comprehensive care centres spend significant time educating patients and their families so that they become better informed about managing their own disease. With education, people with

hemophilia are having fewer emergency room visits. At times, though, individuals will require help in an emergency department. In order to receive appropriate fast management, the Canadian Hemophilia Society has developed guidelines and suggestions such as **The Emergency Room: Prepare to Succeed – a guide to the ER for persons with bleeding disorders**. These guidelines can be found on the website www.hemophilia.ca. The American site, www.hemophilia.org, also has good information. If emergency room staff could read this information and remember Factor First, then they would be prepared to treat someone with a bleeding disorder. 

About the author

Morna Brown is Nurse Coordinator, Hemophilia Clinic, and Emergency Staff Nurse at the Alberta Children's Hospital. She may be contacted at morna.brown@calgaryhealthregion.ca.



The Scarborough Hospital (TSH) is a multi-site urban community hospital that delivers innovative, high quality patient care, advocates for our community's health and wellness issues, and

is a leader in research, teaching and learning. We are currently offering full and part time opportunities for:

EMERGENCY REGISTERED NURSES

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Contact Lucy Sangregorio at lsangregorio@tsh.to or (416) 431-8200 ext.6137 to find out more.

The following article written by Linda McCracken on family violence and bullying is a huge step forward in the recognition of the forensic component to health care when caring for the victims of family violence and bullying. As this commonly occurs in the emergency departments we work in, we can be part of the problem or part of the solution.

Linda's article on what Alberta's actions are going to be should serve as a wake-up call for all of us to check out what we are doing also, or more likely

NOT doing. Forensic nursing is just beginning to realize the impact it can have on the care of victims of trauma, violence and crime. I urge you to read the following article and then send the following information to me which I will compile, summarize and hopefully take forward to the NENA board for national actions to be formulated. Any one of us can be a victim of crime, violence and trauma so this is not only professional, but personal.

1. Does your ER have a domestic violence screening tool for all patients?

2. Does your ER have policies and/or protocols for care management for domestic violence, child abuse/maltreatment (or any others specifically addressing violence issues)?

3. Have you ever received education on forensic nursing as related to ER nursing and the management of victims of crime, violence or trauma?

Please send to: Sheila Early, #4-13964
72 Avenue, Surrey, BC V3W 0M5
E-mail: sheiladawn_early@telus.net
Phone: (604) 590-9315

Family violence and bullying - A nurse's role in the "Framework for Action"

**By Linda McCracken, RN, Nurse Clinician/Forensic
Nursing Consultant, Foothills Medical Centre Emergency
Department, Calgary, Alberta**

*"Family violence and bullying are
not someone else's problem.*

*These are not problems we can keep hidden away, pretending
they do not exist or do not affect all of us in one way or
another. Nor is it someone else's responsibility to take action"*
(Government of Alberta, 2004).

In October 2003, Premier Ralph Klein announced that addressing family violence would be top priority in his agenda. With Mrs. Colleen Klein acting as the honorary chair, Children's Services Minister Iris Evans took the lead and the Alberta Roundtable on Family Violence and Bullying was launched. The goal of the roundtable process was to develop a comprehensive set of recommendations for action based on a broad consultation with Albertans. More than 2,000 people participated in the process through 13 regional workshops, a series of focus groups with specific individuals and groups, and a public questionnaire.

On May 7, 2004, at the Round-Up Centre in Calgary, AB, more than 300 delegates from across the province representing community agencies, public service agencies, justice groups,

youth groups, victims of abuse, and aboriginal community leaders/elders, came together to consider the outcomes of the consultations, to review the proposed Framework for Action and, most importantly, to identify the critical next steps that can and must be taken to eradicate family violence and bullying from our province. Six key areas for action were addressed: social change, provincial leadership, a collaborative, coordinated community response, service and supports, accountability of the abuser, and aboriginal communities – where special needs needed a separate response and strategies addressed – coming from the aboriginal community themselves.

I, a nurse clinician in an emergency department in the city of Calgary, had the honour of being invited to be part of this ground-breaking process addressing an issue near and dear to my heart – that of family violence and bullying. Though never a victim of abuse, over the course of my 31 years of nursing practice, I have come to be all too familiar with the devastating results of interpersonal violence as seen by patients who have come under my care. On the other hand, I have seen the effects of bullying from a personal level. The destruction of self-esteem and self-worth, to the point of self-mutilization because people make fun of you, was an all too familiar scenario in the life of my eldest child. My own personal objectives in dealing with victims of violence/abuse

and bullying coincided with the objectives set by our province to deal with this issue.

- To change societal attitudes with public involvement, and stop family violence and bullying
- To ensure a comprehensive and coordinated approach at all levels of governments and communities
- To ensure availability and easy access to supports and services for all children, youth, family members and people who need them so they can be safe in their homes, schools and communities
- To ensure those who are directly impacted by family violence and bullying are treated with dignity and respect and are directly involved in the decisions that affect them
- To ensure there are appropriate and meaningful consequences for family violence and bullying behaviours that reinforce accountability and support positive change for individuals, families and communities
- To ensure all supports and services are accountable for improving outcomes for the individuals and communities impacted (Government of Alberta, 2004).

As a health care provider working in an emergency department, my objectives reflect all those above, but expand to include the following:


- To raise public awareness that family violence is widespread
- To assist in the identification of abusive behaviour.

Both objectives can be met simply by universal screening of family violence and bullying by all individuals (men and women), adolescents, seniors, caregivers, and parents of children with every visit to the emergency room. By simply asking the question about family violence, an intervention has occurred...the seed has been planted that we live in a society that does not condone such behaviour and that no one deserves to be abused in any manner (physical, emotional, financial, sexual, mental...)

- To prevent further abuse through education of health care providers in recognition of patterns of injury and injury patterns seen in their patients
- To assist my patients with access to resources and safety planning... all the while letting them have control in the decision... maybe for the first time in their lives
- To advocate for the inherent rights of all my patients – victim or victimizer, to provide for dialogue on the issue of family violence in a safe environment and assist in supporting positive changes for both.

What I came away with from the two-day, government-supported seminar (1,000 people attended) and

roundtable discussion was that a continuum of services/supports is paramount on this issue that affects all of us as citizens of this province, of this country. All groups need to fit together like pieces of a puzzle... one to prevent family violence and bullying (education/public awareness), one to intervene and protect those who are victimized (social services, court-mandated system responses) and one piece of the puzzle to be there for continued follow-up for all involved – from the victim and victimizer to the service provider.

The key recommendations from the working group I was part of at the roundtable discussion on May 7, 2004, were that the issue of family violence and bullying be addressed by our government and led by a Premier's Council, one legislative body to oversee, fund and provide all agencies/public with an easily accessible database for information on the topic (resources/supports), a clearinghouse as it were, and provide for an easily accessible route for all the multidisciplinary groups to share information and assist all those affected by this problem. A truly collaborative, coordinated community response to family violence and bullying, to assist in building for all Albertans a common vision of a province free of interpersonal violence ...hope for all! I will be interested to read the outcomes of this roundtable discussion and then to see government taking on the challenge and moving forward with those suggested resolutions. 

About the author

Linda McCracken, RN, is a Nurse Clinician/Forensic Nursing Consultant at Foothills Medical Centre Emergency Department, Calgary, Alberta

Reference

Alberta Roundtable on Family Violence and Bullying. (2004, May). **Framework for Action: Moving Community Consultation to Strategic Action.** Government of Alberta.

outlook

Tidbits & Trivia

👉 **Does this look familiar to you?** An elderly female patient arrived at triage and when the triage nurse asked her medication history, the lady pulled out a piece of paper with the following:

Purple – 2 supper
Blue white cap - breakfast
Yellow - 2 breakfast, 1 supper
Big white - 1 breakfast, 1 bedtime
Blue capsule - 1 breakfast, 1 supper

NENA Bursary application form "A"

Name: _____ Date of Application: _____

Address: _____

Phone numbers: work (____) ____ - _____; home (____) ____ - _____; fax (____) ____ - _____

E-mail: _____

Place of employment: _____

Name of course/workshop: _____

Date: _____ Time: _____ Length of course: _____

Course sponsor: _____ Cost of course: _____

Purpose of course: _____

Credits/CEUs: _____ ENC(C) Certified: Yes No

Previous NENA Bursary: Yes No Date: _____

Please submit a proposal of approximately 200 words stating how this educational session will assist you and your colleagues to provide an improved outcome for the emergency care user: Attached?: Yes No

Ensure photocopies of provincial RN registration and provincial emergency nurses association membership are included with your application: Attached?: Yes No

NENA Bursary application form "B"

I acknowledge that _____ (name of applicant) is currently employed in an emergency care setting. This applicant should receive monies for _____ (name of course).

Reason: _____

Other comments: _____

Signed: _____ Position: _____

Address: _____

NENA Bursary application provincial director's recommendation form "C"

Name of bursary applicant: _____ Province: _____

Length of membership with provincial emergency nurses group: _____

Association activities: _____

Do you recommend that this applicant receive a bursary? Yes No

Reason: _____

Provincial director signature: _____ Date: _____