

# Diversion Time

## News from LPENA

*This is a special edition of Diversion Time. Once again, Loma Prieta is sponsoring a resolution, and we wanted to give you a heads up on what we will be presenting on the General Assembly floor.*

We also wanted to provide an educational article. This edition features an article by Dr William Reed, Medical Director from the Northern California Blood Region, American Red Cross. He spoke at one of our meetings and had everyone involved in his presentation. Since we all hang blood products, it is always interesting to see what is new in the world of blood banking.

Garrett Chan also spent a month in Washington, DC and will share some highlights of his assignment.

It is time to elect a new board of directors for 2010. We still only have a single slate of officers to present, but are still looking for people to run for office. It is always more interesting when there is a choice on the ballot. We will vote at the September meeting.

President-elect	Kim Sickler
Secretary:	Leslie Chin
Treasurer:	Jean Parrish
Director at Large:	Cathy Marlatt
Chapter Rep:	Karen Kosmala

Feel free to nominate yourself or someone else; contact Julie Rossie at [Rossie Julie](mailto:RossieJulie) or Diane St. Denis at [dianestd@mac.com](mailto:dianestd@mac.com).

We can draw lessons from the past, but we cannot live in it."  
--[Lyndon B. Johnson](#), 36th U.S. president

### 2009 ENA ANNUAL CONFERENCE

**Baltimore, MD - October 7-10, 2009**

This year, our General and Scientific Assembly will be in Baltimore, MD, just a hop, skip, and a jump from our nation's capitol. Many changes are expected to emerge after this year's General Assembly. In the future, we will not have as many delegates from each state due to changes that are expected to be voted in. It is not too early to think about being a delegate next year. If you have never gone to General Assembly, it is a very intense and rewarding experience. If you plan to attend Scientific Assembly but are arriving early, sit in the gallery of the General Assembly and see what goes on... then plan to go next year!



## HAVE YOU CHECKED OUT THE NEW WEBPAGE DESIGN YET?

ENA has redesigned their webpage. It has a more pleasing look, and seems to be easier to surf the webpage for whatever it is you are looking for. Something that I had never seen before is under the State Councils & Chapter link. There is a News Digest that highlights news, not just from the big cities, but from smaller towns and



cities. In fact, there is an article about our own Dominican Hospital on the link. You can find Position Statements under the Practice link, and you can renew your membership online under the Membership link. Of course, you can sign in to the Members Only area for even more information & resources. Check it out...

PRESIDENT'S MESSAGE....BY JULIE ROSSIE, RN, MS, CNS, CCRN



What a busy time of year! The kiddies are back in school, many are gearing up for another season of fantasy football and the holidays will be here before you know it. Since I'm not ready to let go of summer, I'm going to pretend the days are not getting shorter or the evening's cooler. Instead I am going to focus my energies on the busy months ahead for the Chapter, State and National!

Elections for the 2011 Loma Prieta Chapter Board Officers are underway! We opened nominations for president elect, secretary, treasurer, director at large and state council chapter representative at the August meeting. If you were unable to attend the meeting, do not worry. You can submit your nominations to me at [jrossieca@aol.com](mailto:jrossieca@aol.com) until Monday, September 14<sup>th</sup>. Think about a position

you or one of your co-workers might be interested in. It may sound scary at first but there is always a past board member around to give you tips and pointers! Come to a meeting and see first hand how much fun getting involved can be. Elections will be held at the September 17<sup>th</sup> meeting.

On the heels of the Board election comes the General and Scientific Assembly in Baltimore, October 7<sup>th</sup> – 10<sup>th</sup>. California will have 64 delegates attending General Assembly – yet again, the largest group in attendance! Loma Prieta will have eight delegate representatives. Attending this year are Kelly Johnson, Diane St. Denis, Karen Kosmala, Julie Rossie, Jean Parrish, Garrett Chan, Margaret Burroughs, and Toni Robinson. Congratulations delegates! They will be busy reviewing the proposed bylaw amendments and resolutions. I am proud to report that the Chapter has another resolution accepted – Establishing Standards and

Processes for Healthy and Exemplary Emergency Settings. See more about the resolution in this edition of Diversion Times.

Hopefully many of you will have the opportunity to attend Scientific Assembly. The conference theme really says it all – STAT: Strengthen, Transform, and Transcend. New this year are fast track sessions of 30-

Julie is the Critical Care CNS at Regional Medical Center of San Jose. She has been a presenter at many of our meetings, and is also active in AACN.

minute, rapid-paced education. Talk about the down and dirty! Those sessions cut right to the chase. Check out the entire program online at [www.ena.org](http://www.ena.org). In keeping with tradition, join us for the annual Chapter get together at the host hotel. It's a great time to connect and catch up with old friends. Keep a look out for further details from your planner, Garrett Chan!

See you in Baltimore!

*Julie*

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### OLD AND NEW RISKS FROM EMERGENCY BLOOD TRANS- FUSION

by William Reed, MD

Blood transfusion is an integral component of life-saving fluid resuscitation for many patients, but especially for severely injured patients who are cared for first in our Emergency Rooms and Trauma Centers. Approximately 12 million transfusions are given in the United States each year. 2.7 million people are hospitalized for traumatic injury and 9% of them receive blood transfusion. About one third of those transfused require massive transfusion and half of these patients survive. Overall, 15% of the US blood supply is used to support injured patients.

While patients continue to express great concern for the possibility that blood transfusion may transmit a chronic or seasonal viral disease such as human immunodeficiency virus (HIV), hepatitis C virus (HCV) hepatitis B virus (HBV) or, more recently, West Nile Virus (WNV), biovigilance data show clearly that these risks have been greatly diminished over the last decade. For example, since the initiation of nucleic acid-based testing

(NAT) in the early 2000s, there has been just a single case of HIV transmitted by transfusion known in the US. This leaves the risk for HIV transmission too small to study *directly* (not enough cases to study!), but mathematical modeling that considers the dynamics of HIV infection in the population and the period of time (a few days) following exposure until the virus can be detected reliably by NAT shows that the risk is less than 1 case per 2 million to 3 million transfusions. While testing has contributed greatly to this diminished risk, donor selection criteria and rigorous quality systems at the Blood Center also play a key role. Still, in the United States and in other developed nations, there continues to be high-level concern for the safety of the blood supply. Little cost is spared in a continuing effort to bring the most well-recognized infectious and non-infectious risks ever closer to zero. Because of successes in controlling the most well-publicized risks, such as HIV transmission, attention recently has been drawn to lesser known but higher incidence risks, such as bacterial contamination of platelet products (~1/2000), fatal transfusion-related acute lung injury (~1/100,000),

fatal septic transfusion reaction (~1/140,000), and major mismatch of ABO blood group resulting in fatality (~1/600,000 and usually due to error in patient identification or specimen labeling).

With this in mind, current strategies to reduce risk are increasingly focusing on several areas that include direct testing of platelet products for bacterial contamination, identifying donor characteristics that may place recipients at risk for Transfusion Related Acute Lung injury (TRALI), and on rigorous methods for *positively identifying* patients and their blood bank blood samples in the hospital setting. In addition to these efforts, new viruses, protozoa and other pathogens are emerging (as happened with WNV several years ago) and are producing new threats to the safety of the blood supply.

These agents are being carefully investigated along with donor deferral strategies and tests that may identify infectious units. Because of this situation, methods to eradicate viruses, bacteria and other pathogenic microbes in blood are also being investigated currently in clinical trials. All of these methods may be important in keeping the blood supply safe for patients in the future.

## Healthy Work Environment Resolution

### Accepted

*Julie Rossie, President*

When planning the Leadership in Practice committee meeting for this past November's State meeting, little did I know that I would be co-authoring a resolution for the 2009 General Assembly. The topic that November was healthy work environments, initially suggested by Garrett Chan, co-author of the resolution. Participants at that November meeting shared their own stories on how the environment impacted their ability to provide optimum care. As the discussion progressed, it was clear we should move forward. The group developed a list of action items, one of which was a resolution. Initially the plan was to infuse the coming year with healthy work environment concepts and submit the resolution the following year. When Garrett suggested we move forward this year, I didn't have a good argument for waiting. So during our time at the airport and flight home from the ENA Leadership con-

ference in Reno, the resolution came to life.

What is a healthy work environment any way and why should ENA devote energies to promoting it? Essentially, a healthy work environment is one that fosters collaboration, open communication, mutual respect and ultimately excellence in patient care and improved outcomes. It cultivates a culture of safety for staff and patients and promotes staff satisfaction and retention. Core to a healthy environment is the ability to effectively communicate in situations that potentially impact patient safety. Rarely is an emergency nurse labeled as quiet and shy. But are we having the right conversations with the right people? In 2005, VitalSmarts in partnership with the American Association of Critical-Care Nurses (AACN) conducted the landmark study [Silence Kills: The Seven Crucial Conversations in Healthcare](#). The title may well say it all. By not speaking up, our patients suffer. The study identifies seven crucial conversations that healthcare providers too often fail to engage which

contributes to unacceptable error rates. Developing these communication skills is the crux of healthy work environments.

The resolution advocates for the development of a position paper incorporating national standards to foster healthy work environments; incorporate healthy work environment concepts as the foundations of ENA's Exemplary EDs; and include courses that promote healthy work environments at the Leadership Meeting and Scientific Assembly annually over the next five years. We are excited that the resolution will be presented to the delegates at the upcoming General Assembly. Our hope is that the delegation will recognize the importance of emergency nurses having the tools to develop communication skills that foster a healthy work environment.

For more information on healthy work environments, go to the Cal ENA website at [www.calena.us](http://www.calena.us) to review the article on healthy work environments published in the March 2009 edition of *The Monitor*. There is also a link *References to Leadership Article* that provides additional information. Hopefully you

will be inspired to make a change in your little corner of the emergency nursing world!

### *Nurses and Genetics?*

Over the summer, I had the wonderful opportunity to attend the Summer Genetics Institute (SGI) as a Fellow at the National Institutes of Health (NIH) in Bethesda, Maryland (near Washington, DC) to learn more about genetics. NIH and SGI were phenomenal. There were 22 Fellows who came together, learned a tremendous amount, and had fun at the same time. One might ask, "Why, Garrett, would you want to learn about genetics?" That's a great question!

While I had some vague notion that genetics played a part in health and illness, I chose to learn more about it so that I could incorporate genetics into my research and clinical practice.

There were certain conditions and situations that I encountered as a nurse that always confused me. One example is some patients were on warfarin (Coumadin) had wild swings in their INR. Sure, diet played a significant role but I wondered if genetics also played a part in how the drug was being metabolized. Sure enough, I learned that there are scientists out there that found there are a couple of

genes whose mutations in those genes can cause the person to have wild variations in INR.

Another situation I wondered about is why do some people who get morphine get relief from their symptoms while others only get adverse effects like hives, urinary retention, rigors, etc. So, I decided that I was going to write a proposal for a research study to look at patients with acute exacerbations of COPD whether morphine will help their dyspnea. In palliative care, our first line treatment for shortness of breath/dyspnea is morphine. However, in the emergency department, we focus only on disease-modifying therapies such as bronchodilators, steroids, and oxygen. I'm wondering if there is a genetic component whether a patient receives relief from dyspnea and whether they develop adverse effects. It should be an exciting study.

So, that's my story. There is a new world of possibility for personalizing care that will be coming in the near future. I'd love to chat with people who are also interested in genetics.

Garrett Chan, PhD, RN, CNS, NP, FAEN  
Lead Advanced Practice Nurse  
[gchan@stanfordmed.org](mailto:gchan@stanfordmed.org)

**IF YOU WERE OF THE ERMA ERA, YOU WOULD HAVE THOUGHT OF HER AS YOUR BFF... EVEN THO SHE WAS A GENERATION AHEAD OF ME, AS A STAY-AT-HOME MOM, I COULD ALWAYS RELATE TO HER STORIES.**



**IF I HAD MY LIFE TO LIVE OVER**

*- by Erma Bombeck  
(written after she found out she was dying from cancer).*

I would have gone to bed when I was sick instead of pretending the earth would go into a holding pattern if I weren't there for the day.

I would have burned the pink candle sculpted like a rose before it melted in storage.

I would have talked less and listened more.

I would have invited friends over to dinner even if the carpet was stained, or the sofa faded.

I would have eaten the popcorn in the 'good' living room and worried much less about the dirt when someone wanted to light a fire in the fireplace.

I would have taken the time to listen to my grandfather ramble about his youth.

I would have shared more of the responsibility carried by my husband.

I would never have insisted the car windows be rolled up on a summer day because my hair had just been teased and sprayed.

I would have sat on the lawn with my grass stains.

I would have cried and laughed less while watching television and more while watching life.

I would never have bought anything just because it was practical, wouldn't show soil, or was guaranteed to last a lifetime.

Instead of wishing away nine months of pregnancy, I'd have cherished every moment and realized that the wonderment growing inside me was the only chance in life to assist God in a miracle.

When my kids kissed me impetuously, I would never have said, "Later. Now go get washed up for dinner."

There would have been more "I love you's" and more "I'm sorry's."

But mostly, given another shot at life, I would seize every minute...look at it and really see it... live it and never give it back.

*Thoughts to live by....*

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**Direct from the CDC website regarding H1N1 (posted 9/2/09)**

### Vaccine Distribution

*Q. How many manufacturers are producing vaccine?*

**A.** Five manufacturers are producing vaccine for the U.S.: Sanofi Pasteur, Novartis, GSK, Medimmune and CSL.

*Q. Will vaccine be in multi-dose vials?*

**A.** The majority of vaccine will be in multi-dose vials, the remainder in single dose syringes or nasal sprayers. The aim is to have enough vaccine in single dose syringes (i.e. preservative free) for young children and pregnant women.

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*Q. Will two doses of vaccine be required?*

**A.** This will not be known until the late summer- early fall, once clinical trials are completed. For planning purposes, planners should assume that two doses will be needed.

*Q. What will be the recommended interval between the first and second dose?*

**A.** This will not be known until clinical trials are complete. For planning purposes, planners should assume 21-28 days between the first and second vaccination.

### Pneumococcal vaccination:

*Q. Are there any changes in recommendations for pneumococcal vaccines?*

**A.** The ACIP recommends that persons recommended for pneumococcal vaccine receive it in light of the potential for increased risk of pneumococcal disease associated with influenza. There are at present no recommendations to give pneumococcal vaccine to groups for whom it is not currently recommended. ACIP will revisit this question over the summer as epidemiologic data from the Southern hemisphere influenza season and from the U.S. become available.